

## FATIGUE MANAGEMENT CHECKLIST

### Part 1: IDENTIFYING FATIGUE RISK FACTORS

Answer the following questions to determine if employees/workers are at risk from fatigue. Each Yes answer indicates the risk of fatigue — the more responses with a YES — the higher the risk of fatigue.

| Risk factors   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>Work scheduling and planning</b>  |                          |                          |
| Does anyone consistently work or travel between midnight and 6:00am?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the work schedule prevent full-time workers having at least one day off per week?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the work schedule make it difficult for workers to consistently have at least two consecutive nights sleep per week?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do work practices include on-call work, call-backs and/or sleepovers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do planned work schedules vary from those actually worked?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the work schedule involve rotating shifts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anyone travel more than one hour to their job?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it possible for workers to vary tasks to minimise fatigue   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a consultation process/opportunity for workers to raise fatigue issues  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Mental and physical work demands</b>  |                          |                          |
| Does anyone undertake work that is physically demanding?<br>For example, tasks which are especially tiring and/or repetitive such as: bricklaying, typing, process work, moving bags of cement, felling trees  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anyone undertake work that is mentally demanding?<br>For example, work that requires long periods of vigilance, work that that requires continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines, emergency callouts, interacting/dealing with the public | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Working time</b>  |                          |                          |
| Does anyone regularly work in excess of 12 hours a day including overtime?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the break between shifts less than 10 hours?<br>For example, split shifts, quick shift changeovers.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is work performed at low body clock times (between 2:00am and 6:00am)?   | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Risk factors</b>  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| <b>Environmental conditions</b>  |                          |                          |
| Does anyone perform work in harsh or uncomfortable conditions (eg hot, humid or cold)?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anyone work with plant or machinery that vibrates?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is anyone exposed to hazardous substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is anyone consistently exposed to loud noise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>For each of the questions — you have answered YES, it indicates that employees/workers may be at risk of fatigue.</b> |                          |                          |
| <i>Which positions and job roles are at risk:</i>  |                          |                          |
| <br><br><br><br>   |                          |                          |
| <i>Have risk assessments been conducted for these roles and their activities that consider fatigue?</i>                  | <input type="checkbox"/> | <input type="checkbox"/> |

## Part 2: REVIEW THE MANAGEMENT PRACTICES

| <b>Fatigue Management Practices</b>  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| <b>Shiftwork</b>   |                          |                          |
| Is information and training provided for shift workers on sleeping, eating and fitness?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Is adequate and glare-free lighting provided for work at night?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are entrances, exits and car parks well-lit and are appropriate security measures in place?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there after-hours canteens or meal preparation facilities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is first aid equipment and training provided for after-hours staff?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are safety procedures and equipment safeguards adequate to protect tired employees working under night lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can dangerous or critical tasks be rescheduled to the daytime wherever possible?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the roster system checked every 12 months?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do shift times take circadian rhythms into consideration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is adequate rest and recovery time provided in between shifts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees exposed to hazards such as noise, heat and chemicals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are prolonged heavy manual handling tasks or repetitive work required?   | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Driving</b>   |                                       |                          |
|--|---------------------------------------|--------------------------|
| Do employees drive long distances to and from work?  | <input type="checkbox"/>              | <input type="checkbox"/> |
| Do long distance drivers take adequate rest breaks?  | <input type="checkbox"/>              | <input type="checkbox"/> |
| Are reasonable deadlines established?  | <input type="checkbox"/>              | <input type="checkbox"/> |
| Are commercial drivers given 24 hours notice to prepare for working time of 14 hours or more?                        | <input type="checkbox"/>              | <input type="checkbox"/> |
| Do continuous periods of work time exceed 5 hours?   | <input type="checkbox"/>              | <input type="checkbox"/> |
| <b>Action Plan [to address where ever you answered "NO". List the actions required to make the workstation safe]</b> |                                       |                          |
| <b>Problem identified:</b>   | <b>Corrective action to be taken:</b> | <b>Due Date</b>          |
|  |                                       |                          |
|  |                                       |                          |
|  |                                       |                          |
|  |                                       |                          |
|  |                                       |                          |
|  |                                       |                          |
| <b>Date checklist completed:</b>   |                                       |                          |
| <b>Date checklist to be reviewed:</b>  |                                       |                          |
| <b>Name of person who completed checklist:</b>   |                                       |                          |

Completed form to be returned to: ..... **Position**