

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
Work scheduling and planning		
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"/>
Mental and physical work demands		
Does anyone undertake work that is physically demanding? 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? For example, work that requires long periods of vigilance, work 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"/>
Working time		
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? 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"/>
Environmental conditions		

Risk factors	Yes	No
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"/>
For each of the questions — you have answered YES, it indicates that employees/workers may be at risk of fatigue.		
<i>Which positions and job roles are at risk:</i>		
<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

Fatigue Management Practices	Yes	No
Shift work		
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 safeguard 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 checking 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"/>
Driving		
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"/>
Action Plan [to address where ever you answered "NO". List the actions required to make the workstation safe]			
Problem identified:	Corrective action to be taken:	Due Date	
Date checklist completed:			
Date checklist to be reviewed:			
Name of person who completed checklist:			

Completed form to be returned to: *Position*