

Fatigue Assessment Checklist/Sheet
Operation/Unit: _____

Date: _____

Occupation: _____

Department: _____

Person Observed: _____

Signature: _____

No.	Question	Yes	No	Remarks	Likelyhood	Consequences	Risk Rating Weighting	Rating Indicator	Risk Rating
1	Do you regularly lose one or two hours' sleep when working shifts or driving due to urgently deliveries or pressue to perform by management.	X			3	3	13	If yes, 13	13
2	Is the quality of sleep you get generally poor - e.g. frequently interrupted by noise or bright light?		X		3	3	13	If yes, 13	-
3	Do you regularly work long shifts or drive long hours - e.g. over 16/17 hours in a 24 hour's circle?	X			3	4	17	If yes, 17	17
4	Do you have enough breaks during the shift/drive hours? This is not - normal sleeping time.				3	3	13	If no, 13	-
5	Are the breaks long enough?		X		3	3	13	If no, 13	13
6	Are rest periods (Sleep time) between shifts/driving, long enough to recover from the previous shift/driving period)?				3	3	13	If no, 13	-
7	Can you rest properly during these breaks/Sleep period/?				3	4	17	If no, 17	-
8	Do you feel generally drowsy a lot of the time?				3	4	17	If yes, 17	-
9	When changing from night shifts to day shifts, do you feel 'rough' for the first few days? For Drivers, when changing to new cycle of driving after rest periods, do you feel 'rough' for the first few days?				3	4	17	If yes, 17	-
10	Are you noticeably absent-minded or forgetful at work/driving or do you find it hard to concentrate?				3	4	17	If yes, 17	-
11	Do you sometimes feel that you just can't move; or don't want to?				3	3	13	If yes, 13	-
12	Do you find it difficult to get a good undisturbed sleep between shifts/breaks (sleep period)?				3	3	13	If yes, 13	-
13	At work or driving, do you often find it hard to concentrate, make clear decisions or take in and act on information or situations?				3	4	17	If yes, 17	-
14	Do you have any medical condition. Are you on medication?				3	3	13	If yes, 13	-
15	Do you have the opportunity and facilities to rest properly (or even nap during breaks)?				3	3	13	If no, 13	-
Totals:							219		
Total Risk Rate score per Individual:									43
									20%
<100 - Probably no matter for concern: Please encourage worker/driver to take care of his health and rest often									46%
>101 <150 - To be investigate and consider solutions:									46% - 68%
151 - 266 - Concern, should be investigated and actioned immediately:									68% - 100%

Auditor: _____

Signature: _____