

## Fatigue risk assessment questionnaire

This form is a record of the fatigue risk assessment and will be used to determine your ongoing fitness for work.

Assessment type			
Self <input type="checkbox"/>	Random <input type="checkbox"/>	Reasonable suspicion <input type="checkbox"/>	For cause <input type="checkbox"/>

Work schedule		
Planned <input type="checkbox"/>	Call out <input type="checkbox"/>	Extended hours <input type="checkbox"/>

<b>Name:</b>	<b>Date:</b>
<b>Job title:</b>	<b>Location</b>

Section A Commuting	Answer	Score
A1. Do you drive a vehicle to and from work when conducting shift work?	Yes	2
	No	0
A2. How long do your travel arrangements result in you being awake for from when you first leave home?	Less than 16 hrs	1
	16 - 18 hours	3
	18+ hours	5
A3. Do you find you require external stimulus to help stay alert when driving home (coffee, loud music, open windows)	No, never	0
	Yes, sometimes	3
	Yes, most days	5
A4. Have you had a road accident or a near miss in the last month when driving to or from work where you would consider tiredness to be a factor?	No	0
	Yes	7
A5. Have you momentarily nodded off while driving home in the last month? (Losing concentration and suddenly swerving or head dipping and suddenly pulling it back up and opening your eyes)	No	0
	Yes, once	3
	Yes, more than once	5
<b>Section A total =</b>		

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Section B Individual	Answer	Score
B1. Do you have problems getting to sleep after working your shift?	Never	0
	Occasionally	1
	Often	3
	Almost always	5
B2. What is your usual amount of sleep?	8+ hours	0
	6-8 hours	1
	4- 6 hours	3
	Rarely more than 4 hours	5
B3. Do you usually have one interrupted period of sleep or do you have to split your sleep time in a 24 hour period?	One period of sleep	0
	Occasional split sleep	3
	Usually split sleep	5
B4. Do you usually take any medication or have any medical condition, which can increase tiredness?	No	0
	Yes	3
B5. Do you have any personal circumstances, which prevent you from getting adequate rest while off shift? (children, relatives or outside commitments)	No	0
	Yes	3
B6. Do you feel that tiredness has adversely affected your home life in the last month due to your shiftwork? (irritable with family, cancelled social activities as too tired)	Not at all	0
	Once or twice	1
	Several times	3
	Most days	5
<b>Section B total =</b>		

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Section C Shift work	Answer	Score
C1. Are you able to take your specified rest breaks during your shift?	Yes, always	0
	Most of the time	1
	Less than half the time	3
	Hardly ever	5
C2. Do you ever lose concentration or feel sleepy during you shift?	Never	0
	Occasionally	1
	Often	3
	Most shifts	5
C3. Do you find your work shift excessively demanding, either mentally or physically?	Never	0
	Occasionally	1
	Often	3
	Almost every shift	5
C4. Have you made any unintentional mistakes in your work, which you believe could be due to tiredness in the last month?	No	0
	Once or twice	4
	Several times	7
C5. Have you been involved in an incident or near miss at work in the last month where you believe tiredness may have contributed?	No	0
	Yes	10
<b>Section C total =</b>		

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Section D Scoring criteria		
<p>The score for each individual section is to be assessed as follows:</p> <p>0 -8     Low risk</p> <p>9 -14    Medium risk</p> <p>15+     High risk</p> <p>If you score a low risk in all sections, shift work may proceed with no further actions required.</p> <p>If you scored a medium risk in one or more sections for the first time, then the individual, their line manager and health &amp; safety advisor must select some additional control measures from Section E below. The selected controls should be relevant to the questions answered which score highly for fatigue.</p> <p>If you scored a high risk in any section, or a medium risk for the second time following implementation of controls in section E, then fatigue risk assessment should be reviewed and new shift or break pattern should be developed which lowers the individual risk rating.</p> <p>Note: The line manager in conjunction with the health &amp; safety advisor should determine if an individual should stop shift work if they continually score a medium or high risk. Such a decision needs to be made on an individual basis after an assessment of facts, of which the fatigue risk rating is one component.</p>		

Section E Additional controls	Tick
Employee to cease driving to work and use alternate means to commute	
Employee to ensure breaks and rest periods are adhered to	
Employee to make adjustments to home or social commitments to facilitate better sleep pattern	
Employee to make adjustments to home or social commitments to ensure a longer period of sleep if possible	
Employee to seek advice from GP or occupational health to reduce fatigue	
Line manager to schedule increased breaks into work shift	

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Line manager to ensure access to welfare facilities are available at work location	
Line manager to adjust work schedule to reduce work intensity on days of higher fatigue risk	
Other controls (please specify)	
It is the responsibility of the individual and line manager to ensure that the controls ticked above are implemented for the next calendar month until the assessment is retaken.	
<p>Line managers statement:</p> <p>I have checked/completed this assessment along with the individual named above. I will ensure that any controls stipulated in Section E are adhered to:</p> <p>Name: _____ Signature: _____ Date: _____</p>	
<p>Employee's statement:</p> <p>I have answered the above questions honestly and this represented a true reflection of my current fatigue level. If applicable I will adhere to the controls agree in Section E.</p> <p>Name: _____ Signature: _____ Date: _____</p>	