*This form is a record of the fatigue assessment for a person under Ready Resources for Work procedure. The privacy and confidentiality of that person shall be maintained with respect to the information gained as a result of the fatigue assessment.*

| **Section 1 – Assessment Type** | | | | **Tick appropriate boxes** |
|---|---|---|---|---|
| Assessment Type: | ☐Self | ☐Random | ☐Reasonable Suspicion | ☐With Cause |
| Work Type: | ☐Ops/Maint/Adm | ☐Overhaul | ☐Forced Outage | ☐Projects |
| **Section 2 – Particulars of Person (being assessed) and Work Schedule** | | | | **Tick appropriate boxes** |
| Engagement Type: | ☐Employee | ☐Contractor | ☐Visitor | |
| **If Contractor or Visitor, what organisation:** | | | | |
| Surname: | | First Name: | | |
| Job Role: | | | | |
| Site: | | Department: | | |
| Nature of Duties: | | | | |
| Date: | | Start Time: | | |
| Work Schedule: | ☐Planned Roster | ☐Call Out | ☐Extended Hours | |
| This assessment was undertaken …….. hrs. into the attendance | | | | |

| **Section 3 – Questions** | | **Tick appropriate boxes** |
|---|---|---|
| Have you completed your designated break from previous work period? | ☐Yes | ☐No |
| Will this work keep you within 72 hours worked within 7 days? | ☐Yes | ☐No |
| Have you had a continuous 24 hour break since you last worked greater than 12hrs? | ☐Yes | ☐No |
| Have you had a 10 hour break since your last call out ended? | ☐Yes | ☐No |
| Do you think you are fit for duty? | ☐Yes | ☐No |
| Other Comments: | | |

| **Section 4 – Observation, Signs and Symptoms** | | | | **Tick appropriate boxes** |
|---|---|---|---|---|
| Physical: | ☐Yawning<br>☐Micro Sleeps | ☐Heavy eyelids | ☐Eye rubbing | ☐Head drooping |
| Emotional: | ☐More quiet than usual | ☐Mood changes, decrease in tolerance | ☐Lacking energy | ☐Emotional outburst, aggressive, rage |
| Mental: | ☐Difficulty concentrating on the task<br>☐Failure to anticipate events/actions | ☐Difficulty remembering that you are doing<br>☐Accidentally doing the wrong thing (error) | ☐Lapses in attention<br>☐Accidentally not doing the right thing (omission) | ☐Failure to communicate important information |
| Total number of marked boxes (signs and symptoms score): | | | | |
| *Transfer score to Section 6* | | | | |

| **Section 5 – Prior Sleep Wake History model** | | **Use the prior sleep wake** |
|---|---|---|
| X = sleep in previous 24 hours: | ……hrs [5 or more hrs = 0; add 2 pts for every hour below 5] | ……pts |

| | | |
|---|---|---|
| Y = sleep in previous 48 hours: | ……hrs [12 or more hrs = 0; add 2 pts for every hour below 12] | ……pts |
| Z = time awake; time from waking to present time | ……hrs [Y or less hrs = 0; add 1 point for every hour of wake beyond Y | ……pts |
| Total score (Prior sleep wake score): | | ……pts |
| *Transfer total score to Section 6* | | |

## Section 6 – Assessment and Decision Response

| | |
|---|---|
| Signs and Symptoms Score: | Prior Sleep Wake Score: |
| *Chose the higher score to determine the Fatigue Assessment Score* | |
| Fatigue Assessment Score: | Risk *(From table below)*: |

| Score | Risk | Response/Actions |
|---|---|---|
| 0 | N/A | Remain with working arrangements unless higher level hazards are present. |
| 1-4 | Low | Report to the supervisor and document. Undertake approved individual control measures. Self-monitor for symptoms, team monitoring by colleagues and task rotation. |
| 5-8 | Moderate | Report to supervisor and document. Organise supervisory checks. Complete symptom checklist and task re-assignment. |
| 9 or more | High | Document externally, do not engage in any safety critical work and do not recommence until fit for work. |

| | | |
|---|---|---|
| Relating the fatigue assessment score to the table, plus responses from section 3, is the identified person: | ☐Fit for current duties | ☐Not fit for current duties |
| Action taken: | | |
| ☐Employee Assistance Program recommended | ☐Alternate transport offered | ☐Alternate transport accepted |

## Section 7 – Completion Details

**Observation sheet completed by:**

Name:

Position:

Signature: Date:

**Acknowledgement of person assessed:**

Signature: Date:

***Note:*** *Forward to Ready Resources Management*

**RR Management:**

Name:

Position:

Signature: Date:

***Note:*** *Completed form to be filed*