

To be used when:

- Individual reports they are fatigued
- Supervisor or peers observe signs of fatigue or have concerns that an individual is fatigued
- Other situations where there may be a fatigue risk, for example:
 - First night or day shift where there has been an extended commute;
 - After hours call outs; etc

Supervisor shall discuss with the individual and complete assessment together.

TICK THE MOST APPROPRIATE RISK CATEGORY FOR EACH QUESTION LISTED BELOW		Low Risk	Medium Risk	High Risk	
How many hours sleep have you had in the last 24 hours?		<input type="checkbox"/> 7 or more	<input type="checkbox"/> 5 to <7	<input type="checkbox"/> Less than 5	
How many hours sleep have you had in the last 48 hours?		<input type="checkbox"/> 14 or more	<input type="checkbox"/> 12 - <14	<input type="checkbox"/> Less than 12	
How many hours have you been awake (or how long will you be awake by the end of your shift - including travel)?	A:	<input type="checkbox"/> A - B is 0 or negative	<input type="checkbox"/> A - B is equal to 1 or 2	<input type="checkbox"/> A - B is 3 or more	
How many hours sleep in the last 48 hours?	B:				
A-B					
Do you feel alert?		<input type="checkbox"/> 1- 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 – 5	
Rating	Description				
1	Feeling active, alert or wide awake				
2	Functioning at a good level, but not at peak, able to concentrate				
3	OK, but not fully alert				
4	A bit groggy, hard to concentrate				
5	Sleepy, groggy, would like to lie down				
How many alcoholic drinks did you have before your sleep?	Male	<input type="checkbox"/> 0 – 4	<input type="checkbox"/> 5 – 6	<input type="checkbox"/> 7 or more	
	Female	<input type="checkbox"/> 0 – 2	<input type="checkbox"/> 3 – 4	<input type="checkbox"/> 5 or more	
Are you on any medication or other substances that could cause drowsiness or cause you to be unfit for work?		<input type="checkbox"/> No		<input type="checkbox"/> Yes	
Do you have any stress, health problems or other personal problems that are significantly affecting your concentration and/ or sleep?		<input type="checkbox"/> No		<input type="checkbox"/> Yes	
Score the responses as instructed:		Number of Low Risk boxes ticked	Number of Medium Risk boxes ticked	Number of High Risk boxes ticked	
<ul style="list-style-type: none"> • Add up the number of answers circled in each risk category • Times this number by the multiplier number to get a Risk Score for each risk category 		Multiplier	x 0	x 1	x 2
		Risk Score			

Add your Risk Scores together and use this number to follow the Recommended Action listed on the following page

Level of Risk	Recommended Action
<p>LOW RISK Total Score = 0 - 2 AND individual is</p> <ul style="list-style-type: none"> • Alert • Normal eye blinks (less than 1 second) • Coordinated body movements <p>Tolerant of others</p>	<ul style="list-style-type: none"> • Continue to monitor. • Remind individuals about fatigue and alertness management strategies (interaction with others, coffee, exercise, cold air on face, etc).
<p>MEDIUM RISK Total Score = 3 - 7 OR The individual reports they are fatigued and/or are showing some of the following signs: Irritable/impatient Longer eyelid closure (1-2 seconds) Wandering thoughts Rubs eyes or face Facial contortions Restless movements Yawning</p>	<p>As above plus ...</p> <ul style="list-style-type: none"> • Discuss possible reasons for fatigue • Rotate tasks • Encourage the use of alertness strategies • Provide opportunity for a short breaks/brief nap of no more than 15 minutes. • Have personnel work together (if possible). • Remove from safety sensitive work. • Assess fitness for work before you allow person to return to work. • Schedule regular supervision for remainder of shift.
<p>HIGH RISK Total Score = 8-14 OR</p> <ul style="list-style-type: none"> • The individual reports they are significantly fatigued and/or may be showing the following serious signs: • Quiet and withdrawn • Long eyelid closure (2 or more seconds) • Fixed staring • Frequent yawning • Micro sleeps 	<ul style="list-style-type: none"> • Immediately prevent person from working and discuss the possible causes and action required. • Determine if the individual can be placed on alternate duties for the remainder of shift and managed at work. • If unable to be managed on alternate duties, send the individual home (provide transportation) and report event in Greentree.

I have had a one-on-one discussion with my Supervisor and have responded honestly to all questions. I agree to follow the controls listed below to manage any identified fatigue issues:

Action Taken:

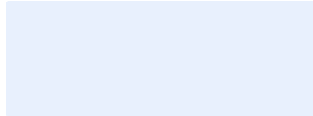
No action required –individual to report any further fatigue issues to supervisor

Controls implemented as detailed below:

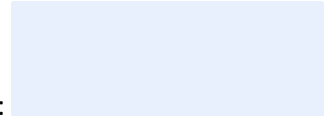
Individual placed on the following alternate duties for the remainder of shift:

Individual sent home. Transport arrangements:

Employee Signature:



Supervisor Signature:



Employee Name:

Supervisor Name:

Date:

Time:

Please email the completed form to operations@purerail.com.au