### Part A: Summary of High Fatigue Work Period *– Mandatory to complete*

This form is to be completed if workplace fatigue is expected to be an issue and needs to be controlled. Note that other contributing factors, not only hours per week and number of rest days, can have a significant factor on fatigue. These can be seen on the attached checklist.

This form must also be completed if any of the following conditions are expected to occur or have occurred:

* Working week of greater than 48 hours per week
* If less than two rest days occur per week

|  |  |  |  |
| --- | --- | --- | --- |
| Details of work being conducted |  | | |
| Name |  | Position |  |
| Work Location |  | Directory/School |  |
| Campaign  Start Date |  | Finish Date |  |
| Expected average work hour per week |  | | |
| Scheduled rest days per week |  | | |
| Supervisor |  | | |

### Part B: Overview & Instructions - *Expand to see detail*

The following data is required to complete this assessment:

* Estimate of daily work hours which should include a standard work week on each side of the high fatigue work period
* Ways to meet the minimum standard should be completed first such as bringing additional resources and delaying work load.

The attached check list has been extracted from SafeWork Australia [*Managing the Risk of Fatigue at Work*](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi3u_nM4ov5AhWL8TgGHaRZDg0QFnoECAUQAQ&url=https%3A%2F%2Fwww.safeworkaustralia.gov.au%2Fdoc%2Fguide-managing-risk-fatigue-work&usg=AOvVaw1zx6Z7XdJrTW9khJSZ75fV) dated Nov 2013. Review this list marking note whether each hazard exists or not.

Hazards that exist must be noted on the below table Part B and controls to reduce the risk must be noted. Complete the remaining risk ratings.

### Part C: Identified Hazards which could result in Fatigue *(State NA in table if none of the check lists hazards exist, do not leave table blank)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard Identification and Risk Assessment** | | | | |
| **Hazard**  *What are the hazards?* | **Risks**  *What are the Risks associated with the hazard? There may be several Risks from each Hazard.* | **Risk Rating Before Control**  *What is the Risk Rating before Control and Response?* | **Controls**  *What are the things that will remove or reduce the risk that are required to be implemented? See Step 3 of the Risk Matrix* | **Risk Rating After Control**  *What is the residual Risk Rating after the Control has been implemented?* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Part D: Risk Matrix – *Expand to view matrix*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Assessment Matrix** | | | | | |
| **Step 1 – Determine the Likelihood and Consequence** | | | | | |
| **Likelihood** | | | | | |
| **Consequence** | **Rare**  Likely to occur in very exceptional circumstances | **Unlikely**  Could occur at some time | **Possible**  May occur at some time | **Likely**  Will probably occur or has happened before | **Almost Certain**  Expected to occur |
| **Insignificant** No personal injury, no adverse outcomes | 1-Very Low | 2-Very Low | 4-Low | 7-Medium | 11-Medium |
| **Minor**  Minor injury (first aid treatment) and adverse outcomes | 3-Very Low | 5-Low | 8-Medium | 12-Medium | 16-High |
| **Moderate**  Serious injury (medical treatment) adverse outcomes | 6-Low | 9-Medium | 13-Medium | 17-High | 20-Very High |
| **Major**  Serious injury (long term absence) major adverse outcomes | 10-Medium | 14-Medium | 18-High | 21-Very High | 23-Severe |
| **Catastrophic**  Fatality or permanent impairment, government intervention | 15-Medium | 19-High | 22-Very High | 24-Severe | 25-Severe |
| **Step 2 – Determine the Risk Rating and Response Required** | | | | | |
| **Risk Rating** | **Response Required** | | | | |
| **23-25 Severe** | Highest Priority – stop work and implement controls immediately | | | | |
| **20-22 Very High** | Requires urgent attention - temporary controls to be implemented in interim | | | | |
| **16-19 High** | Requires urgent attention – plan for controls through consultation | | | | |
| **7-15 Medium** | Requires attention – controls to be established through consultation | | | | |
| **4-6 Low** | Requires monitoring - controls to be established through consultation | | | | |
| **1-3 Very Low** | Requires monitoring | | | | |
| **Step 3 – Implement the Highest Control that is available** | | | | | |
| **Hierarchy of Controls** | | | | | |
| **Elimination** | **Highest** - Physically remove the hazard – *This is not always possible* | | | | |
| **Substitution** | Replace the hazard with something less hazardous – *eg: replace lead based paint with water based paint to lessen the risks* | | | | |
| **Engineering** | Isolate people from the hazard by using engineering controls *– eg: install roll-over protection bars on a quad bike* | | | | |
| **Administrative** | Administrative controls – *eg: procedures, training, maintenance programs, safety signage* | | | | |
| **PPE** | **Lowest -** Personal Protective Equipment – *to be used in conjunction with other controls or as a last resort in isolation – eg: steel cap boots, gloves, eye/hearing protection* | | | | |

### Part E: Supervisor & Other Approvals

* I confirm that I am confident that checklist has been reviewed and residual risk is being control adequately: **Yes / No**
* I will ensure that the controls as document in this assessment will be implemented: **Yes / No**
* I will notify my supervisor if the number of hours increases, controls cannot be maintained and/or other factor increases fatigue: **Yes / No**
* I confirm that the completed fatigue Checklist and estimated hours over the period are also attached to this assessment: **Yes / No**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date** | **Signature** |
| Person completing the work |  |  |  |
| **Approvals** | **Name** | **Date** | **Signature** |
| Supervisor |  |  |  |
| Manager (required only if exceeding 48 hours and/or only one rest day or less per week) |  |  |  |

|  |
| --- |
| ***Records Storage Instructions:*** |
| *This completed form must be recorded in TRIM Container ###/#### utilising a TRIM license in your School/Business Unit. The naming convention must include the name of the form.* |

**APPENDIX A – FATIGUE CHECKLIST**

This checklist provides guidance to assist in identifying risks of fatigue but is not an exhaustive list of risk factors. If the answer is yes to any of the questions, fatigue risks may need to be further assessed and control measures implemented.

|  |  |
| --- | --- |
| Mental and physical work demands | |
| Does anyone carry out work for long periods which is physically demanding?  (for example, tasks which are especially tiring and repetitive such as bricklaying, process work, moving bags of cement, felling trees) | **Yes / No** |
| Does anyone carry out work for long periods which is mentally demanding?  (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines, emergency call outs, interacting/dealing with the public) | **Yes / No** |
| Work scheduling and planning | |
| Does anyone consistently work or travel between midnight and 6am? | **Yes / No** |
| Does the work schedule prevent workers having at least one full day off per week? | **Yes / No** |
| Does the roster make it difﬁcult for workers to consistently have at least two consecutive nights sleep per week? | **Yes / No** |
| Do work practices include on-call work, call-backs or sleepovers? | **Yes / No** |
| Does the roster differ from the hours actually worked? | **Yes / No** |
| Does the work roster include rotating shifts? | **Yes / No** |
| Does anyone have to travel more than one hour to get to their job? | **Yes / No** |
| Work Time | |
| Does anyone work in excess of 12 hours regularly (including overtime)? | **Yes / No** |
| Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers) | **Yes / No** |
| Is work performed at low body clock times (between 2 am and 6 am)? | **Yes / No** |
| Environmental conditions | |
| Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures) | **Yes / No** |
| Does anyone work with plant or machinery that vibrates? | **Yes / No** |
| Is anyone working with hazardous chemicals? | **Yes / No** |
| Is anyone consistently exposed to loud noise? | **Yes / No** |
| Non-work factors | |
| Are workers arriving at work fatigued? | **Yes / No** |

[GUIDE FOR MANAGING THE RISK OF FATIGUE AT WORK | NOVEMBER 2013](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi3u_nM4ov5AhWL8TgGHaRZDg0QFnoECAUQAQ&url=https%3A%2F%2Fwww.safeworkaustralia.gov.au%2Fdoc%2Fguide-managing-risk-fatigue-work&usg=AOvVaw1zx6Z7XdJrTW9khJSZ75fV)



13