Form Number	Issue Date 03/07/13	Revision Date 06/15/23	Form Number
LLCF-026	Fatigue Asses	ssment Form	LLCF-026

An employee, in conjunction with a supervisor must complete this form. All information in this form is treated as confidential.

1. EMPLOYEE AND ASSET MANAGER / SUPERVISOR	OR INFORMATIO)N	
Employee Name			
Date / Time	□ Day Work	☐ Shift Work	☐ Overtime / Call out
Supervisor			
2. IN THE LAST 48 HOURS			
	ity of sleep? l / bad		
Hours worked lover the	secutive days worked: the last 7 days)		
last / uays)		_ 	
3. QUESTIONS – (this section to be asked by Supervisor)			
Do you feel impaired?		☐ Yes	s 🗖 No
If Yes, can you explain why you feel impaired and suggest a reason? I and not prescribed) could be contributing factors.	atigue, stress, injury,	illness, and the effects	s of alcohol or drugs (prescribed
and not presentedly could be continuing factors.			
What tasks and activities are you expected to perform today? Do you	feel fit to safely and of	factively perform the	co dutios?
Take into consideration any higher risk tasks and activities that could p			
What tasks and activities have been agreed for you to perform today?		k to safely perform th	nese duties?

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		•			
	4. S	YMPTOMS (DE FATIGUE		
	4. SYMPTOMS OF FATIGUE Fatigue can cause a vast range of physical, mental, and emotional symptoms. One or more of the following symptoms could impair a person's				
		drive and/or w		ison s	
			ognize any of these symptoms in an employee, discuss the situation with the employee and consultatively determ reduce the risk of an accident or incident and attempt to eliminate a potentially unsafe situation.	nine a	
			dness or sleepiness; desire to sleep		
			s (a brief nap that lasts for approximately four to five seconds, but may last up to 60 seconds)		
		J Headache			
		Dizziness Appetite les			
		Appetite losBlurry visio			
			see properly, reduced hand-eye coordination		
	_	Sore or achi			
		Muscle wea			
			mune system function		
		Low motiva	(e.g., giddy, depressed, irritable, boredom, restless, grouchy, impatient)		
			exes, reactions, and responses; reduced visual perception		
	☐ Impaired decision making and judgment; inability to solve problems				
	☐ Short term memory problems				
	Poor concentration, including wandering thoughts				
	☐ Hallucinations☐ Reduced ability to pay attention to the situation at hand				
	Automatic behaviour (where you do routine tasks but not having any conscious thoughts)				
	Decreased alertness, watchfulness, and performance capacity.				
	☐ Inability to remember things just done, seen, or heard				
	☐ Inability to notice things you usually would notice				
	☐ More mistakes than usual, reduced vigilance				
	Failure to respond to changes in surroundings or situation				
			nd judgment, including taking risks you usually would not take		
	 Inability to respond quickly or correctly to changes Inability to communicate well 				
	☐ Inability to handle stress				
		•			
	5. S	LEEPINESS	SCALE		
	•	•	gh degree of alertness is going to be undertaken, a person should be at rating 1 or 2 on the sleepiness scale. If rate	ted at 4	
0			ot drive or operate machinery.	D-4*	
		Description	Signs Final parties appropriate plant reids avealing attention to grammoundings, and have good accordination.	Rating	
		Highly Alert	Feel active, energetic, alert, wide awake, attentive to surroundings, and have good coordination	1	
		Alert	Functioning at high-level if not at peak	2	
		Relaxed	Awake, but relaxed, respond to things as required but not energetic or fully alert	3	
		Fatigued	Eyes tired, long eye blinks (1-2 seconds), difficulty focusing eyes, yawning, trouble understanding instructions, clumsy, errors in speech, effort to stay awake	4	
		Very	No longer fighting sleep, dreamy thoughts, groggy, want to lie down, long eye blinks (>2 seconds) slurred		
		Fatigued	speech, trouble holding conversation, forget what you were going to say	5	
		Dangerously	Little or no activity, fixed staring, having to force eyes open, difficulty remaining awake, head falls forward,	6	

Fatigued	"nod off", strong desire to slee	р	,	6
* Signoff a	fter assessment is complete			
Employee Name / Signature		Supervisor Name / Signature	Date:	

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L	5.	MANAGEMENT REVIEW
	a	What impairment symptoms were recognized?
	b	What immediate actions were taken?
		What is the likely cause? E.g. work related or non-work related – Does the task cause fatigue? Can a fatigued person complete the
(c	task?
(d	What will be done to correct the cause?
	e	Review and Finalization: Did the action work? Is further action necessary?
		Supervisor Signature: Date:
		Closure: Date.