



Form Number LLCF-026	Issue Date 03/07/13	Revision Date 01/15/25	Form Number LLCF-026
<b>Fatigue Assessment Form</b>			

#### 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 ability to drive and/or work safely.

**Supervisors:** If you recognize any of these symptoms in an employee, discuss the situation with the employee and consultatively determine a course of action that will reduce the risk of an accident or incident and attempt to eliminate a potentially unsafe situation.

- ☐ Chronic tiredness or sleepiness; desire to sleep
- ☐ Micro sleeps (a brief nap that lasts for approximately four to five seconds, but may last up to 60 seconds)
- ☐ Headache
- ☐ Dizziness
- ☐ Appetite loss
- ☐ Blurry vision
- ☐ Inability to see properly, reduced hand-eye coordination
- ☐ Sore or aching muscles
- ☐ Muscle weakness
- ☐ Reduced immune system function
- ☐ Moodiness (e.g., giddy, depressed, irritable, boredom, restless, grouchy, impatient)
- ☐ Low motivation.
- ☐ Slowed reflexes, 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
- ☐ Poor logic and 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. SLEEPINESS SCALE

If any task that requires a high degree of alertness is going to be undertaken, a person should be at rating 1 or 2 on the sleepiness scale. *If rated at 4 or above, a person should not drive or operate machinery.*

Noted	Description	Signs	Rating
<input type="checkbox"/>	Highly Alert	Feel active, energetic, alert, wide awake, attentive to surroundings, and have good coordination	1
<input type="checkbox"/>	Alert	Functioning at high-level if not at peak	2
<input type="checkbox"/>	Relaxed	Awake, but relaxed, respond to things as required but not energetic or fully alert	3
<input type="checkbox"/>	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
<input type="checkbox"/>	Very Fatigued	No longer fighting sleep, dreamy thoughts, groggy, want to lie down, long eye blinks (>2 seconds) slurred speech, trouble holding conversation, forget what you were going to say	5
<input type="checkbox"/>	Dangerously Fatigued	Little or no activity, fixed staring, having to force eyes open, difficulty remaining awake, head falls forward, "nod off", strong desire to sleep	6

#### \* Signoff after assessment is complete

Employee Name / Signature	Supervisor Name / Signature	Date:
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<b>5.</b>	<b>MANAGEMENT REVIEW</b>
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<b>a</b>	<b>What impairment symptoms were recognized?</b>		
<b>b</b>	<b>What immediate actions were taken?</b>		
<b>c</b>	<b>What is the likely cause? E.g. work related or non-work related – Does the task cause fatigue? Can a fatigued person complete the task?</b>		
<b>d</b>	<b>What will be done to correct the cause?</b>		
<b>e</b>	<b>Review and Finalization: Did the action work? Is further action necessary?</b>		
<b>Closure:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Supervisor Signature:</td> <td style="width: 50%;">Date:</td> </tr> </table>	Supervisor Signature:	Date:
Supervisor Signature:	Date:		