Form Number LLCF-026	Issue Date 03/07/13	Revision Date 01/15/26	Form Number LLCF-026
	Fatigue Assessment Form		

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 INFORMATION

Employee Name		GIS Company Name		
Date / Time		❒ Day Work	❒Shift Work	❒Overtime / Call out
Supervisor		**GIS Company Name**		

2. IN THE LAST 48 HOURS…….

No of hrs. slept?		Quality of sleep? good / bad	
Average Hours: Hours worked (over the last 7 days)		Consecutive days worked: (over the last 7 days)	

3. QUESTIONS – (*this section to be asked by Supervisor)*

Do you feel impaired?	❒ Yes	❒ No

If Yes, can you explain why you feel impaired and suggest a reason? Fatigue, stress, injury, illness, and the effects of alcohol or drugs (prescribed and not prescribed) could be contributing factors.

What tasks and activities are you expected to perform today? Do you feel fit to safely and effectively perform these duties?

Take into consideration any higher risk tasks and activities that could possibly affect your safety or that of another person.

What tasks and activities have been agreed for you to perform today? Do you feel fit for work to safely perform these duties?

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
❒	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 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
❒	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:

5.	MANAGEMENT REVIEW

a	What impairment symptoms were recognized?

b	What immediate actions were taken?

c	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?

d	What will be done to correct the cause?

e	Review and Finalization: Did the action work? Is further action necessary?

Closure:	Supervisor Signature:	Date: