

Appendix 1 – Fatigue hazards identification checklist

This checklist can be completed by a range of parties: employers, supervisors, OHS managers and officers, and health and safety representatives (HSRs) and committees. If you answer yes to **any** of the questions in the shaded areas go to Part 3: “The Risk Management process”, Section 3.2.3 the *Risk Management Matrix*. If yes is ticked three times or more for questions in the non-shaded areas, go to Part 3: “The Risk Management process”, Section 3.2.3 the *Risk Management Matrix*.

WORK-RELATED FACTORS THAT CAN CONTRIBUTE TO FATIGUE	
Mental and physical work demands	
Does anyone undertake work that is physically demanding? For example, tasks that are especially tiring and/or repetitive such as: teaching, bricklaying, typing, process work, moving bags of cement, childcare, felling trees.	<input type="checkbox"/> YES
Does anyone undertake work that is mentally demanding? For example, work that requires long periods of vigilance; work that requires continuous concentration and minimal stimulation; work performed under pressure; work to tight deadlines; emergency callouts; interacting/dealing with the public.	<input type="checkbox"/> YES
Work scheduling and planning	
Does anyone consistently work or travel between midnight and 6am?	<input type="checkbox"/> YES
Does the work schedule prevent full-time workers having at least one day off per week?	<input type="checkbox"/> YES
Does the work schedule make it difficult for workers to consistently have at least two consecutive <u>nights</u> sleep per week?	<input type="checkbox"/> YES
Do work practices include on-call work, call-backs and/or sleepovers?	<input type="checkbox"/> YES
Do planned work schedules vary from those actually worked?	<input type="checkbox"/> YES
Does the work schedule involve rotating shifts?	<input type="checkbox"/> YES
Does anyone travel more than one hour to their job?	<input type="checkbox"/> YES
Working time	
Does anyone regularly work in excess of 12 hours a day including overtime?	<input type="checkbox"/> YES
Is the break between shifts less than 10 hours? For example, split shifts, quick shift changeovers.	<input type="checkbox"/> YES
Is work performed at low body clock times (between 2am & 6am)?	<input type="checkbox"/> YES
Environmental conditions	
Does anyone perform work in harsh or uncomfortable (e.g. hot, humid or cold) conditions?	<input type="checkbox"/> YES
Does anyone work with plant or machinery that vibrates?	<input type="checkbox"/> YES
Is anyone exposed to hazardous substances?	<input type="checkbox"/> YES
Is anyone consistently exposed to loud noise?	<input type="checkbox"/> YES