

## Fatigue Awareness Employee Checklist

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Description		Yes	No
Reason for additional work hours or work days in excess of service limits			
<b>1.0 Administration/Orientation</b>			
1.1	Company orientation completed	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Employee has reviewed fatigue awareness information	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0 Shift Duration Requirements</b>			
2.1	Employee is aware of the importance of 8 hours of rest between shifts	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Employee will report to work in a fit and rested condition	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Employee will report fatigue, illness, or inability to perform work safely to supervisor	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Employee will not be expected to work more than their established work set without a rest period or management approval	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0 Fatigue Awareness</b>			
3.1	Employee has received fatigue awareness training	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Employee understands that fatigue is a state of mind and body that might have a negative effect on worker and co-worker safety	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Understands that the effect of fatigue can be compounded by the use of alcohol or medication, poor diet, lack of exercise, person problems, depression, lack of sleep, or sickness	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Employee will not undertake situations that might create hazards for him/herself, co-workers, or the public while fatigued	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Employee understands that high physical demands can have a significant impact on body fatigue	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0 Other Considerations</b>			
4.1	List project, office or site specific considerations	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Evaluation Comments and Acknowledgement:** \_\_\_\_\_

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_