Level 1 – Fatigue Risk Trajectory

Fitness for Work Exceedance Assessment

Part 1: Approval for a work extension shall only be granted after completing the following exceedance assessment.

Date:

Extension Requirement: Up to \_\_\_\_ hours (Example: Up to 2 hours)

| Record Keeping Process |
| --- |
| Yes to one or more questions – Worker is approved with acceptance of control strategies as indicated on the Approved Strategies document. The more Yes responses, the more strategies should be employed. Proceed to Step 3. |

Step 1. Confirmation of Need for Work Extension

| F**or completion by Supervisor** |
| --- |
| Upon completion of overtime, employee shall have a minimum of \_\_\_\_ hours\* off before reporting to next shift assignment. |
| Non-essential high-risk tasks can be deferred. |
| Employee must not work alone. |
| Exceedance is limited to \_\_\_\_ hours maximum. |

\*Recommendation is minimum 10 hours off after any assignment of 14 hours or longer

Upon completion of overtime, employee shall have a minimum of \_\_\_\_ hours\* off before reporting to next shift assignment.

Step 2. Confirmation of Employee Fitness for Work

| F**or completion with Employee – Part A** | Yes | No |
| --- | --- | --- |
| Have I exhibited any of the following signs or symptoms in the last hour? | Heavy or drooping eyelids | 🞏 | 🞏 |
| Head dropping or bobbing | 🞏 | 🞏 |
| Drifting off or microsleeps | 🞏 | 🞏 |
| Forgetting or ignoring of procedures | 🞏 | 🞏 |

\*Recommendation is minimum 10 hours off after any assignment of 14 hours or longer

|  |  |  |
| --- | --- | --- |
| F**or completion with Employee – Part B** | Yes | No |
| Have I had less than 5 hours of sleep in the past 24 hours? | 🞏 | 🞏 |
| Have I had less than 12 hours of sleep in the past 48 hours? | 🞏 | 🞏 |
| By the time my extended shift ends, will I have been awake for more than 17 consecutive hours? | 🞏 | 🞏 |
| Will the scheduled overtime occur between the hours of midnight and 6 a.m.? | 🞏 | 🞏 |

Yes to one or more questions – Worker is approved with acceptance of control strategies as indicated on the Approved Strategies document. The more Yes responses, the more strategies should be employed. Proceed to Step 3.

No to all questions – Employee is approved and can continue duties as normal while monitoring for ongoing symptoms of fatigue.

Approved Strategies

Step 3: Select the appropriate strategies from the following individual and supervisor controls.

The employee must immediately communicate any increase in drowsiness or decrease in alertness levels.

| **Individual Controls** t**o** **Boost Alertness and Safety** | **Supervisor Controls**t**o Reduce Errors and Incidents** |
| --- | --- |
| 🞏 Ingest caffeine, but limit use 5-6 hours before bed | 🞏 Allow for napping/recovery time  |
| 🞏 Increase check-in frequency when working alone | 🞏 Defer non-urgent work |
| 🞏 Increase physical activity  | 🞏 Defer safety sensitive tasks  |
| 🞏 Defer to a second opinion | 🞏 Delay decision-making where appropriate |
| 🞏 Delay decision-making where appropriate | 🞏 Employee to check in every \_\_\_\_ minutes |
| 🞏 Consider alternatives to driving home | 🞏 Employee has safe transport home |
| 🞏 Reduce temperature where possible | 🞏 Identify need for additional breaks throughout shift |
| 🞏 Use light therapy device | 🞏 Increase cross-checking of work by \_\_\_\_\_\_ |
| 🞏 Increase hydration  | 🞏 Increase face-to-face supervision |
| 🞏 Avoid sugary drinks and snacks | 🞏 Increase length or frequency of breaks |
| 🞏 Try stimulating aromas (e.g., spearmint gum, peppermint tea, citrus drinks, eucalyptus oil) | 🞏 Reallocate duties to another person or another time |
| 🞏 Ingest high protein, low carbs (e.g., energy bar, nuts, yogurt, peanut butter, etc.) | 🞏 Remove worker as primary operator |
| 🞏 Utilize checklists to minimize errors  | 🞏 Utilize job rotation  |
| 🞏 Increase social interaction with co-workers | 🞏 Utilize task rotation |
| 🞏 Try brain games to keep you engaged during monotonous work (e.g., crosswords, Sudoku) |  |

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Supervisor Signature Employee Signature