

MILBRAE FATIGUE ASSESSMENT

Principal Contractor

Milbrae Quarries, Collinroobie Rd, Leeton, NSW 2700
A.B.N. 680 879 35 313

Location

Person Conducting Assessment

Contact Number

Person Being Assessed

Work Activity

Fatigue Assessment

Assessment Type:

Self Assessment

Random

Reasonable Suspicion

Causal

Questions:

Will this shift keep you within 60 hours worked within 7 days?

Yes

No

Have you had a 10 hour break since you last completed any work internally or externally?

Yes

No

Do you believe you had a good nights sleep last night?

Yes

No

Do you think you are fit for duty?

Yes

No

Comments: _____

MILBRAE FATIGUE ASSESSMENT

Observations, Signs and Symptoms: Tick all that are observed

- | | | |
|--|---|--|
| <input type="checkbox"/> Yawning | <input type="checkbox"/> Quieter Than Usual | <input type="checkbox"/> Lapses in Attention |
| <input type="checkbox"/> Heavy Eyelids | <input type="checkbox"/> Appears to Lack Energy | <input type="checkbox"/> Failure to Anticipate Events |
| <input type="checkbox"/> Eye Rubbing | <input type="checkbox"/> Mood Changes, Less Tolerant | <input type="checkbox"/> Difficulty Remembering Tasks |
| <input type="checkbox"/> Head Drooping | <input type="checkbox"/> Emotional Outburst, Anger, Rage | <input type="checkbox"/> Accidentally doing wrong thing (Error) |
| <input type="checkbox"/> Micro Sleeps | <input type="checkbox"/> Appears to Have Difficulty Concentrating | <input type="checkbox"/> Accidentally Not Doing Correct Thing (Omission) |

Total Ticked Boxes: _____

Prior Sleep Score:

Hours Slept in Past 24 Hours _____	5 Hours or more = 0 points, for every hour under 5 add 2 points	_____ Points
Hours Slept in Past 48 Hours _____	12 Hours or more = 0 points, for every hour under 12 add 2 points	_____ Points
Hours Awake Since Last Sleep _____	If less than hours slept in past 24 hours = 0 points, over add 1 point	_____ Points
Total	Add all points together	_____ Points

Total Scores:

Observations, Signs and Symptoms:

Prior Sleep Score:

The higher of the two scores will be the Fatigue Assessment Score

MILBRAE FATIGUE ASSESSMENT

Assessment and Decision:

Fatigue Assessment Score

Score	Risk	Responses / Actions
0	None	Worker to continue with duties
1 – 4	Low	Consider monitoring worker, ensure supervisor is aware
5 – 8	Medium	Notify supervisor, assess duties available, and assign to low risk tasks. Monitor employee through shift
More Than 9	High	Notify supervisor and line manager. Worker not fit for duty.

Risk Rating

Decision:

As a result of the risk rating and the answers given in section 1 the worker is assessed as:

- Fit for Duty Unfit for Duty

Action Taken:

- Employee Offered Transport Transport Offer Accepted Employee Referred to HR For Follow Up

MILBRAE FATIGUE ASSESSMENT

Observation Sheet Completed By:

Name: _____

Job Title: _____

Date: _____

Acknowledgement of Person Assessed:

Name: _____

Job Title: _____

Date: _____

NOTE: This document must be returned to the WHSE Co-ordinator for filing once completed.

