

# MILBRAE 7 DAY FATIGUE REPORT FORM

Person Competing Report

Week Starting

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Hours Worked including Travel														
Estimated Hours Slept on Previous Night														
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Did you feel tired at all today?														
Do you notice yourself yawning?														
Did you notice your eyes were sore?														
Did you have a lack of energy?														
Did you feel angry or less tolerant?														
Did you have any lapses in attention?														
Did any event happen that you would usually notice and stop (eg belt overflowing)														
Did you forget anything you were told?														
Did you make any mistakes?														

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

