

HOW TO USE THIS TOOL:

With respect to the questions on the other side of this card, the colour of the answers indicates the Fatigue Category and the action(s) required in accordance with the table on the back of this tool.

If one or more answer is **Red**, your category is **Red**.

If one or more answer is **Amber**, your category is **Amber**.

If all answers are **Green**, your Fatigue Category is **Green**.

For **Red** category situations it would be considered useful that a minimum of an hour is given as a break, and time should be used to nap (and then wake up), have a drink, go for a walk, etc. Driving should only start again when the individual is feeling fit for duty.

For **Amber** category situations it would be considered useful that a minimum of 15 minutes is given for a break, and time should be used to have a drink, go for a walk, etc. Driving should only start again when the individual is feeling fit for duty.

For **Green** category situations individuals should continue to monitor for signs of fatigue and apply additional risk controls as required.

Fatigue Category	Action Required
Red	As soon as it is safe to do so, suspend any safety-critical tasks that have been started. Report now to your immediate Supervisor or manager.
Amber	Before commencing the shift or task, or before continuing work on a task that has been started, report to your immediate Supervisor or Manager and implement fatigue risk controls as required.
Green	Monitor for signs of fatigue; no additional risk controls required.

Fatigue Self-Assessment Tool

K&S CORPORATION LIMITED

SCOTT

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Developed in conjunction with:



Integrated Safety Support®

Excellence in Fatigue Risk Management

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Breaks	1) How long have you been driving since your last break?
	a. More than four hours
	b. Between two and four hours
	c. Less than two hours

Food and Drink	2) Do you think your hydration and blood sugar is OK?
	a. No
	b. Yes, and I could do with a drink or snack
	c. Yes, and I think it is as good as possible

Fitness for Duty	3) Do you believe you are fit to continue work?
	a. No, not right now
	b. Yes, with additional risk controls
	c. Yes

Fatigue	4) How do you feel right now?
	a. Very fatigued, having difficulty staying alert
	b. A bit tired, effort required to stay alert
	c. Very alert – wide awake

Sleep Length	5) Did you sleep in the last 24 hours?
	a. No
	b. Yes, but I did not get my ideal amount of sleep
	c. Yes, I got my ideal amount of sleep

Sleep Quality	How would you rate the quality of that sleep compared with what you usually get on similar shift patterns?
	Poor
	Average
	Good

Signs of Fatigue	Have you experienced any physical signs of fatigue immediately prior to or during this shift (e.g. microsleeps or difficulty concentrating)
	Yes No