



# QUICK ASSESSMENT OF EXISTING FATIGUE CONTROLS

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Conduct this quick assessment of your organization to understand your current state of fatigue management. Give one point for each process your company has in place.

Calculate your organization's score and then decide if you need increased controls to enhance your company's fatigue management strategies.

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Aside from HOS compliance for transportation, does your organization have any fatigue related policies or procedures (a fit for work policy, journey management with fatigue considerations, a fatigue policy, fatigue related SOP's)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has your company made efforts to optimize scheduling to reduce worker fatigue? Do schedules reflect modern scientific understandings?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does your organization currently have any fatigue related training for workers, supervisors, managers, and other stakeholders (dispatchers, schedulers, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is your organization aware of its specific fatigue related risk factors? <ul style="list-style-type: none"><li>• i.e. Could those in safety/management identify what workers and areas of operations are most at risk for fatigue?</li></ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. How informed are individuals in your organization about the science of fatigue and its impact on daily operations? <ul style="list-style-type: none"><li>• i.e. Would most know how to use circadian rhythms to schedule safety sensitive work?</li></ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do employees within your organization feel comfortable identifying and managing fatigue issues? For example, <ul style="list-style-type: none"><li>• i.e. Would a supervisor within your organization feel comfortable identifying worker fatigue and discussing concerns with the worker involved?</li><li>• Would a worker (or driver) feel comfortable self identifying fatigue?</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does your organization currently integrate fatigue management into their existing incident investigation processes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do senior leaders within the company understand the business case for fatigue mitigation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is management able to benchmark their current fatigue risk management? <ul style="list-style-type: none"><li>• i.e. Do they know what others in your industry are doing?</li><li>• i.e. Are they aware of any best practices developed by their industry associations?</li></ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is your organization currently moving forward to improve its Fatigue Risk Management Strategies?   |

### How did your Organization Do?

Score: \_\_\_\_\_/11 \_\_\_\_\_% - To calculate percentage take your total and divide by 10