



## Inspection - Health and Hygiene Checklist

### Major Hazard\_ Fatigue Management - Checklist

Item #	Prompt	Responses	Comments
1	1.0: Operator/ Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2	Am I eating healthy and staying hydrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Am I doing regular exercises and staying physically fit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Am I getting good quality sleep before work especially when driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Am I taking a 10-minute break or rest stop every two hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Am I using time off from work to recuperate in order to be fit and able for the next shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Am I participating in educating and training in order to gain an understanding of fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Am I avoiding behaviours and practices that contribute to fatigue and that could place myself and others at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Am I reporting fatigue symptoms in myself and others to my manager or supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Am I adhering to camp/residential rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Am I aware and can I recognise signs of fatigue that could place health, safety and well being of myself and others at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12	Am I aware and can easily report to my Supervisor if I am feeling fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13	Am I aware of OTML's "Fit for Work" policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	2.0: Supervisor/ Superintendent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is the company's "Fit for Work" Policy been communicated to all personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Have I checked to ensure that all personnel are "Fit for Work"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Are all personnel taking adequate breaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18	Is information and training on fatigue management provided to personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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19	Where travel time is an issue, is consideration given to alternative options to face-to-face meetings e.g. tele-conferencing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20	Have I ensured alternative transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21	Have I checked that the workplace environments are conducive to minimize fatigue, e.g. well-lit, ventilated, job design are ergonomically safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
22	Have I reviewed incidents, near misses, illnesses and other data reviewed to see if they could be attributed to fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23	As a Supervisor/Superintendent, have I undergone training in fatigue identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
24	Are all personnel aware and encouraged to use OTML's Employee Assistance Program to talk with qualified counsellors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25	3.0: Managers / General Managers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26	Are training systems in place to provide information and training on fatigue management?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
27	Is the Employee Assistance Program established and accessible to all?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
28	Are Workloads, work patterns and rostering arrangements monitored to ensure employees are fit for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
29	Is alternative transport provided at end of overtime/long shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
30	Are processes in place that enable the reporting and review of incidents, near misses and illnesses , to see if fatigue could be a factor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
31	Are work arrangements that provide incentives to work excessive hours eliminated/prevented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
32	Is the Fit for Work Policy and OTML Fatigue Management Standard in place and accessible to all?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
33	Employee Assistance Program is in place with qualified counsellors and accessible to all employee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	