

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 Fatigue Category is **Red**.

If one or more answer is **Amber**, your Fatigue Category is **Amber**.

Otherwise, if your answers are **Green**, your Fatigue Category is **Green**.

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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

Developed by



Integrated
Safety Support®

Excellence in Fatigue Risk Management

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Fitness for Work	Do you believe you are fit for work?	
	No	
	Yes, with additional risk controls	
	Yes	

Current Fatigue State	How do you feel right now?	
	Very fatigued, having difficulty staying alert	
	A bit tired, effort required to stay alert	
	Very alert - wide awake	

Sleep Quantity	Did you sleep in the last 24 hours?	
	No	
	Yes, but I did not get my ideal amount of sleep	
	Yes, I got at least 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)?	
	Yes	No
	Have you experienced any mental signs of fatigue immediately prior to or during this shift (e.g. difficult concentrating)?	
	Yes	No