Fatigue Mitigation Assessment Form

This form is to be completed by the supervisor after a fatigue discussion with the affected employee. The form must be completed before the employee's extended workdays/hours. The employee must conduct a continuous, undocumented self-assessment utilizing this form and immediately bring up any concerns Supervision.

Date: _____ Time: _____

Employee Name: _____ Supervisor Name: _____

Check the appropriate response for each question:

Physical Signs		Mental Signs		Emotional Signs	
Repeated yawning	☐ Yes ☐ No	Difficulty concentrating on tasks	☐ Yes ☐ No	More quiet than usual	☐ Yes ☐ No
Heavy Eyelids	☐ Yes ☐ No	Lapses in attention	☐ Yes ☐ No	Lacking energy	☐ Yes ☐ No
Eye-rubbing	☐ Yes ☐ No	Slowed reaction time	☐ Yes ☐ No	Mood changes and/or decreased tolerance	☐ Yes ☐ No
Increased rate of blinking	☐ Yes ☐ No	Accidental wrong thing (making an error)	☐ Yes ☐ No	Emotional outburst and/or aggressive behavior	☐ Yes ☐ No
Head drooping	☐ Yes ☐ No	Accidental not doing the right thing (making an omission)	☐ Yes ☐ No		
Short periods of involuntary sleep	☐ Yes ☐ No				

Count the number of "Yes" responses above and follow the control measures below:

# of "Yes" Responses	Risk	Control Measures	
		Self-Assessment Conducted by Worker	Assessment Conducted by Supervision
1 to 4	Low	Continue to monitor own fatigue level.	Reassess worker within 2 hours.
5 to 8	Moderate	Report to Supervisor to discuss continued work in a fatigued state.	Determine appropriate option for action in conjunction with worker. Reassess within 1 hour.
9+	High	Cease work immediately and report to Supervisor. Coordinate a safe return to place of accommodation or residence.	Ensure worker ceases work immediately. Ensure worker's safe return to place of accommodation or residence.