

	STANDARD CHECKLIST	Document ID:	TNCL-OHS-CHK-0006
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	CONTRACTOR FATIGUE MANAGEMENT AUDIT CHECKLIST	Revision	01
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## CONTRACTOR FATIGUE MANAGEMENT AUDIT CHECKLIST FORM

<b>Auditor Name</b>		<b>Audit Date</b>	
<b>Company</b>		<b>Department</b>	
<b>Company Rep Name</b>		<b>Company Rep Occupation</b>	

SN	Audit Questions	Y/N/NA	Comments
1	Is there a fatigue Management Procedure in place	Choose an item.	
2	Is there a fatigue management training program	Choose an item.	
3	Have employees been trained in fatigue management?	Choose an item.	
4	Does the working hours take into consideration fatigue	Choose an item.	
5	Does the shift pattern take into consideration fatigue	Choose an item.	
6	Do employees work more than 12 hours regularly (including overtime)?	Choose an item.	
7	Is there a compensation break system for employees who work overtime?	Choose an item.	
8	Is there a system for reporting fatigue?	Choose an item.	
9	Is there a fatigue monitoring system installed in all equipment where appropriate	Choose an item.	
10	Are there adequate breaks for employees (especially night shift employees)	Choose an item.	
11	Do workers have to travel more than one hour to get to their job?	Choose an item.	
12	Is there a system in place for workforce consultation on the management of fatigue risks?	Choose an item.	
13	Are clear procedures in place for the provision of overnight accommodation, alternative transport, or a well-rested relief driver/operator where necessary?	Choose an item.	
14	Are periodic drug and alcohol checks conducted for employees?	Choose an item.	
15	Is there a system for employees to go through pre-employment and annual medical checks?	Choose an item.	

