**Purpose:**

This profile must be completed by managers, in consultation with relevant workers, where shift work and extended hours/arrangements are worked. *As a minimum, the profile must be reviewed annually.*

**Instructions:**

1. Consider each risk factor and tick NO or YES as appropriate.
2. For any YES answers, document the risk controls to be implemented (YES answers indicate a higher risk of fatigue).
3. Line Managers sign the profile to acknowledge the actions required to manage risks to *So Far As Is Reasonably Practicable* (SFAIRP).
4. As a minimum, the profile must be reviewed annually.

|  |
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| Part A – Work details |
| Workgroup  | *Workgroup detail, including the occupational group(s) covered by the profile.* |
| Workers consulted |  |
| Completed by | Name: Position:  |
| Date completed |  |
| Review date |  |

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| PART b – RISK FACTORS AND MITIGATING CONTROLS |
| **RISK FACTORS** | **CONTROLS** |
| **Work Hours** | **NO** | **YES** | *Refer to Table 2 in* [*SMS-08-OP-3129 Manage Fatigue Risks*](http://sms.sydneytrains.nsw.gov.au/trim/sms-sydney-trains?RecordNumber=D2013%2F76251) *for guidance on controls.* |
| Are 12 hour shifts rostered? | [ ]  | [ ]  |
| Do operational requirements extend shifts beyond usual finishing times? | [ ]  | [ ]  |
| Is work performed at night or in the early morning (12am – 6am)? | [ ]  | [ ]  |
| Do rosters include 4 or more consecutive night shifts of 12 hours? | [ ]  | [ ]  |
| Do rosters include 5 or more consecutive night shifts of 10 hours? | [ ]  | [ ]  |
| Do rosters include 6 or more consecutive night shifts of 8 hours? | [ ]  | [ ]  |
| Do average working hours exceed 48 hours a week? | [ ]  | [ ]  |
| Are breaks between shifts less than 12 hours? | [ ]  | [ ]  |
| Is work performed without regular breaks (e.g. crib or otherwise)? | [ ]  | [ ]  |
| Where FAID is used, do scores on master rosters exceed 80? | [ ]  | [ ]  |
| **RISK FACTORS** | **CONTROLS** |
| **Work Demands** | **NO** | **YES** | *Refer to Table 2 in* [*SMS-08-OP-3129 Manage Fatigue Risks*](http://sms.sydneytrains.nsw.gov.au/trim/sms-sydney-trains?RecordNumber=D2013%2F76251) *for guidance on controls.* |
| Does the work involve highly repetitive tasks? | [ ]  | [ ]  |
| Does the work involve little or no interaction with others? | [ ]  | [ ]  |
| Does the work involve constant, intense physical effort? | [ ]  | [ ]  |
| Does the work involve constant, intense mental effort? | [ ]  | [ ]  |
| **Work Environment** | **NO** | **YES** | *Refer to Table 2 in* [*SMS-08-OP-3129 Manage Fatigue Risks*](http://sms.sydneytrains.nsw.gov.au/trim/sms-sydney-trains?RecordNumber=D2013%2F76251) *for guidance on controls.* |
| Does the work involve being exposed to loud noise? | [ ]  | [ ]  |
| Does the work involve operating plant or machinery that vibrates? | [ ]  | [ ]  |
| Is the work performed under hot, cold or humid conditions? | [ ]  | [ ]  |
| **Work Scheduling** | **NO** | **YES** | *Refer to Table 2 in* [*SMS-08-OP-3129 Manage Fatigue Risks*](http://sms.sydneytrains.nsw.gov.au/trim/sms-sydney-trains?RecordNumber=D2013%2F76251) *for guidance on controls.* |
| Are there unpredictable deadlines or changing priorities? | [ ]  | [ ]  |
| Does the work involve backward rotating shifts? | [ ]  | [ ]  |
| Are there less than 2 consecutive days off per week or equivalent? | [ ]  | [ ]  |
| Does the work involve anyone being recalled to duty? | [ ]  | [ ]  |
| Are shifts swapped/exchanged without management approval? | [ ]  | [ ]  |
| **Non-work factors** | **NO** | **YES** | *Refer to Table 2 in* [*SMS-08-OP-3129 Manage Fatigue Risks*](http://sms.sydneytrains.nsw.gov.au/trim/sms-sydney-trains?RecordNumber=D2013%2F76251) *for guidance on controls.* |
| Is anyone engaged in secondary employment or voluntary work? | [ ]  | [ ]  |
| Is anyone engaged in study/sport etc that may increase fatigue? | [ ]  | [ ]  |
| Is anyone reporting difficulty in obtaining sleep? | [ ]  | [ ]  |
| **Specific workgroup factors that may increase fatigue** | **CONTROLS** |
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| PART C – SIGN OFF  |
| Line Manager Name  |  |
| Position |  |
| Branch |  |
| Signature |  |
| Date |  |
| PART C – SIGN OFF |
| Approving Manager Name  |  |
| Position |  |
| Branch |  |
| Signature |  |
| Date |  |