

# Fatigue Monitoring Log

## Worker Information

Worker Name\*: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department / Team: \_\_\_\_\_ > *Options: Operations, Maintenance, Logistics, Administration, Other*

## Shift Details

Shift Date\*: \_\_\_\_\_

Shift Start Time\*: \_\_\_\_\_

Shift End Time\*: \_\_\_\_\_

Hours Worked in Last Shift: \_\_\_\_\_

Hours Worked in Last 7 Days: \_\_\_\_\_

Hours of Sleep in Last 7 Days: \_\_\_\_\_

(real-time or describe): \_\_\_\_\_

## Fatigue Assessment

Fatigue Level\*: \_\_\_\_\_ > *Options: Low, Moderate, High, Extreme*

Observed Signs / Symptoms: \_\_\_\_\_

Immediate Actions Taken: \_\_\_\_\_

## Supervisor Review

Supervisor Name\*: \_\_\_\_\_

Review Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Supervisor Signature\*: \_\_\_\_\_ (Sign above)