



Fatigue checklist template

Before I start my shift, I can confirm I:

Have had the recommended amount of sleep for my age group before my shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have had at least one full 24 hour period without driving this week	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have had a minimum of 7.5 hours of continuous rest since my last shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have disclosed other demands on my time	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e.g. other driving jobs, other jobs, study, family responsibilities or use of medication that may affect my concentration and alertness levels) to my operator	YES <input type="checkbox"/>	NO <input type="checkbox"/>

While on my shift, I can confirm I will:

Take short breaks during my shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Not drive for more than 16 hours per shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Get out of my taxi and stretch or walk around when I am tired or have a power nap	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Not drive for long periods of time without eating	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DRIVER'S NAME:	
DRIVER'S SIGNATURE:	
DATE:	

SUPERVISOR'S NAME:	
SUPERVISOR'S SIGNATURE:	
DATE::	