



EXAMPLE DOCUMENT ONLY

**CBTA**

**Fitness for Work - Questions**

**SP/TRN/TM72**

**Candidate's Name:** \_\_\_\_\_

**Candidates Signature:** \_\_\_\_\_

**Assessor's Name:** Assessor's  
**Signature:** \_\_\_\_\_

**Date Completed:**  CBTA  Reassessment: \_\_\_\_\_

For first time candidates, the entire CBTA is to be completed. For the purposes of re-assessment only the demonstrative section requires completion.

**Written**

Question	Answer	Assessor check
Name the three aspects of fitness for work covered in HSE/GEN/PC50?	<i>Fatigue</i> ✓ <i>Medical fitness</i> Fatigue, hours of work and <u>Drug and alcohol</u> policy.	
Give three examples of how fatigue could affect your fitness for work.	Irritable, lacking motivation, difficulty concentrating, memory lapses.	
What is the maximum number of hours you can work on a shift?	Day shift 14hrs, Night shift 12 hrs.	
What is the minimum number of hours break suggested between shifts?	10 hrs	<i>10</i>
When would you consider completing a fatigue management risk assessment?	When expected or required to operate under extreme fatigue/ extra hrs	
What is the fatigue management risk assessment designed for?	It describes steps required to assess fatigue in the workplace	
What is the fatigue management risk assessment not to be used for?	To provide a way to make people work longer hours	
If travelling, when would you assess your fatigue levels?	At the beginning of the shift so suitable arrangements can be made if required, such as a taxi may be called, A nap taken at work or a local stay arranged.	
If carpooling who should drive the vehicle?	The most alert person should drive regardless of whose car it is.	<i>M</i>
What must a supervisor do if an employee chooses to drive their personal vehicle home whilst fatigued?	The supervisor shall document the conversation with the employee.	

**Oral**

Question	Assessor check	
Give three reasons why it's important that we maintain a drug and alcohol free workplace.	Provide a safe workplace, ensure a safe workplace, protect the company's reputation. ➤	
Who monitors compliance regarding proven or suspected drug and alcohol related breaches?	HR department	
Explain how you would deal with a fitness for work related concern in the workplace.	A risk assessment shall be completed by the worker and lead/supervisor <i>Communication with worker &amp; supervisor if needed</i>	
What Lochard Energy Policies outline the method taken by the company if a worker receives a positive drug test?	SP_CPL_PC02 Drug and Alcohol Testing	

**Demonstrative**

Question	Assessor check
Find HSE/GEN/PC50/FM01 Fatigue Risk Assessment in the document management system. Find a worker and conduct a risk assessment so that you're familiar with the process.	TB

The candidate is assessed as being:

Competent

Not yet competent

Areas requiring improvement:

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**For first time candidates only:**

Department Manager's name: \_\_\_\_\_

Department Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How to use this risk assessment tool**

1. This Fatigue Risk Assessment is to be used by a Supervisor if a worker will or is about to exceed the maximum continuous work hours in a 24 hour period. This assessment must be signed and dated to be a valid assessment.
2. If the total score is greater than 23 but less than 25 then the worker must not continue work without taking a 2 hour rest break. At the completion of the rest break the worker will be re-assessed.
3. If the total score is 25 or greater then a minimum of a 10 hour break is required prior to the worker returning to work.
4. This form is aimed at helping workers avoid fatigue and to promote a healthy and safe workplace for everyone.

**1. FATIGUE RISK FACTOR: PRESCRIBED HOURS:**

	SCORE		
1 (a) Has the worker exceeded the suggested continuous work period? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	2
1 (b) Has the worker had the suggested number of rest breaks during the day? Lunch break, etc. <i>If yes the rating is 1 if no the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	1
1 (c) Has the worker returned to work outside of normal working hours? Work undertaken in addition to regularly scheduled hours, evening or night shift work, weekend hours, that significantly increase the total number of hours worked during the week. <i>If no the rating is 1 if yes the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	2
1 (d) Is the worker on days? <i>If yes the rating is 1 if no the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	1
1 (e) Has the worker returned to work after fewer than 10 hours off since the last shift? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1

**2. FATIGUE RISK FACTOR: WORK STYLE INVOLVED:**

	SCORE		
2 (a) Is the worker conducting work at height? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1
2 (b) Is the worker undertaking confined space entry work? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1
2 (c) Is the worker conducting work that requires the use of hazardous substances? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1
2 (d) Is the worker required to drive vehicles? <i>If no the rating is 1 if yes the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	2
2 (e) Is the worker undertaking work that requires a High Risk Work Licence? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1
2 (f) Is the worker undertaking work that requires repetitive manual handling? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1
2 (g) Is the worker undertaking work that is mentally demanding? Work requiring vigilance, continual concentration and minimal stimulation, work performed under pressure and to tight deadlines. <i>If no the rating is 1 if yes the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	2

**3. FATIGUE RISK FACTOR: SLEEP DEBT AND CURRENT CONDITION:**

	SCORE		
3 (a) Is the worker having difficulty staying awake at work? <i>If no the rating is 1 if yes the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	2
3 (b) Is the worker falling asleep during work? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1
3 (c) Has the worker had fewer than 6 to 7 hours sleep before commencing work? <i>If no the rating is 1 if yes the rating is 2.</i>	<input checked="" type="radio"/> Yes	No	2
3 (d) Is the worker currently taking medication to assist with sleep or that could cause drowsiness? <i>If no the rating is 1 if yes the rating is 2.</i>	Yes	<input checked="" type="radio"/> No	1

**4. FATIGUE RISK FACTOR: EXTERNAL INFLUENCES:**

	SCORE		
4 (a) Does the worker currently have an illness or has suffered an illness in the past few days that may contribute to fatigue at work? Includes common colds, headaches, lack of sleep, etc. <i>If no the rating is 1 if yes the rating is 2. Specific details are not required.</i>	Yes	<input checked="" type="radio"/> No	1
4 (b) Has the worker been experiencing loss of concentration or mood changes at work? <i>If no the rating is 1 if yes the rating is 2. Specific details are not required.</i>	<input checked="" type="radio"/> Yes	No	2
4 (c) Has the worker been experiencing external stresses outside of work that could contribute to fatigue at work? <i>If no the rating is 1 if yes the rating is 2. Specific details are not required.</i>	<input checked="" type="radio"/> Yes	No	2
<b>TOTAL SCORE</b>			<b>27</b>

Signature: \_\_\_\_\_