TOOLBOX TALK

THE DANGERS OF WORKING WHILE FATIGUED

Overview

Fatigue is a significant workplace hazard that can affect concentration, judgement and reaction times, increasing the risk of accidents and injuries. It can result from poor sleep, long working hours, physical exertion, stress or insufficient rest. Recognising the signs of fatigue and taking action is essential to keeping ourselves and others safe.

Why is Fatigue Dangerous?

- Reduced concentration, awareness and loss of focus during tasks
- Slower reaction times when responding to hazards
- Poor decision making, judgement and forgetfulness
- Increased risk of accidents, injuries, near misses and unsafe actions
- Frequent mistakes and errors in work activities
- Excessive yawning, drowsiness and difficulty concentrating which can lead to reduced hazard perception
- Irritability or changes in behaviour
- Potential danger to colleagues, clients and members of the public

Alltask's Expectations

Alltask has a duty of care to protect the health, safety and welfare of employees. Employees must also take responsibility for ensuring they are fit for work.

Alltask does not allow or condone employees undertaking double shifts for Alltask or any other company, as this greatly increases fatigue and the risk of serious incidents.

If you are feeling fatigued, or believe a colleague may not be fit for work, report it immediately.

Points for discussion

- Stop and assess whether it is safe to continue working
- Inform your Supervisor, Black Hat or Manager immediately
- Take a break where appropriate
- Never continue working if fatigue is affecting your ability to work safely
- Look out for colleagues and raise concerns if required

Conclusion: Fatigue can have serious consequences in the workplace, affecting safety, performance and wellbeing. By ensuring we are adequately rested, reporting concerns and looking out for one another, we can help prevent accidents and ensure everyone goes home safely at the end of the day.

BRIEFING ATTENDANCE FATIGUE IN THE WORKPLACE

Given by		**Signature**	
Site Location		**Date**	
Start Time		**Finish Time**	

I HAVE READ OR HAVE BEEN BRIEFED AND UNDERSTAND THE BRIEFING THAT HAS BEEN GIVEN TO ME

Name	Position	Date	Signature

Return to Training Dept.
Training Department Action

Recorded ☐ Training Matrix ☐ Documents Filed Date: .....

FEEDBACK ON SUBJECT

NOTE TO SUPERVISOR/MANAGER/BLACK HATS: PLEASE GIVE ANY FEEDBACK FROM TOOLBOX TALK TO THE SAFETY DEPARTMENT; THANKS.