

## Fatigue Report Form

If confidentiality required tick here

Name  Employee No.

**When did it happen?**

Local Report Date  Time of Event (local report time)

Duty Description (trip pattern)

Sector on Which Fatigue Occurred From  To

Hours From Report Time to When Fatigue Occurred  Disrupt?  Yes /  No

Aircraft Type  Flight Number  Location (Fill by Ground Staff)

**What Happened?**

Describe how you felt (or what you observed)

**Please circle how you felt:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> 1 Fully Alert, Wide Awake</p> <p><input type="checkbox"/> 2 Very Lively, Somewhat responsive, but not at peak</p> <p><input type="checkbox"/> 3 Ok, Somewhat Fresh</p> <p><input type="checkbox"/> 4 A Little Tired, Less than Fresh</p> | <p><input type="checkbox"/> 5 Moderately Let Down, Tired</p> <p><input type="checkbox"/> 6 Extremely Tired, Very Difficult to Concentrate</p> <p><input type="checkbox"/> 7 Completely Exhausted</p> |
|--|--|

**Please mark the line below with an 'X' at the point that indicate how you felt**

Alert ----- Drowsy

**Why did it happen?**

Fatigue Prior to Duty?	Yes / No	How long had you been awake when the event happened?	hrs. mins
Hotel	Yes / No		
Home	Yes/No	How much sleep you had in 24 hrs.	
Duty itself	Yes / No	before event?	
In-flight rest	Yes / No	How much sleep did you have in 72 hrs.	
Disrupt	Yes / No	Before the event?	
Personal	Yes / No	Flight Deck Nap? Yes/ No	
		If yes, when	
		Start	
		end	

**Other Comments**

**What did you do?** (Action taken to manage or reduce fatigue (for example, flight deck nap))

**What could be done?** (Suggested corrective actions)