

Defence Air Safety Occurrence Report

Human Fatigue



Indicates Mandatory Field

Original Reference Number	Date of Occurrence (dd/mm/yyyy)
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Details of Reporter

Rank/Title	Full Name
Job Title	
Contact Details	

Human Fatigue

Time Zone	Start of duty
Start of sortie	End of sortie
Sortie Delay	Start of sortie 2
End of sortie 2	Sortie 2 Delay
Start of sortie 3	End of sortie 3
Sortie 3 Delay	End of duty

Workload in the hour prior to the occurrence?

Did you feel pressure to achieve the task?

Sleep/rest diary to time of occurrence

If lack of sleep or rest was relevant, please complete the sleep diary as fully as possible (1 week max), working back from time of occurrence

Awake duration	Sleeping duration
Sleep Location	Sleep Quality
Time Zone Change	
Awake duration	Sleeping duration
Sleep Location	Sleep Quality
Time Zone Change	
Awake duration	Sleeping duration
Sleep Location	Sleep Quality
Time Zone Change	
Awake duration	Sleeping duration
Sleep Location	Sleep Quality
Time Zone Change	
Awake duration	Sleeping duration
Sleep Location	Sleep Quality
Time Zone Change	

Level of Alertness

How alert did you feel immediately prior to the occurrence?

Fully alert; wide awake; extremely energetic

Very lively; responsive; but not at peak

Okay; somewhat fresh

Increase A little tired; less than fresh

Moderately tired; let down

Extremely tired; very difficult to concentrate

Completely exhausted; unable to function effectively

Did you fall asleep or could you have fallen asleep at any time?

Were you told that you appeared fatigued?

Your Health

Did you require time off work or were you unable to perform all your normal duties due to health issues?

Did you visit a doctor, nurse or other healthcare practitioner for other than routine check up e.g. aircrew medical?

Other Factors

Did you take any of the following actions in an attempt to mitigate fatigue?

Caffeine intake

Duty period rest/napping

Increase communication

Increased physical activity

Inform someone you were fatigued

Sugar intake

How many hours of good quality sleep do you normally manage to get at night?

Interruption detail

Do you regularly commute greater than 45 minutes to work?

Commute Detail

Additional comments

Reporting Form - to generate individual or investigator's Fatigue form

Did another person appear to suffer from fatigue?