

# Defence Air Safety Occurrence Report

## Human Fatigue



Indicates Mandatory Field

Original Reference  
Number

Date of Occurrence  
(dd/mm/yyyy)

### 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?

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## 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?

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## 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

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

Did another person appear to suffer from fatigue?