

Driver Fatigue Risk Assessment Form

Driver Details

Driver Name

Employee ID

Date

Journey Details

Origin

Destination

Estimated Distance (km)

Start Time

Expected End Time

Fatigue Risk Factors

Hours Worked in Last 24 Hrs

Duration of Last Rest Period (hours)

Continuous Driving Planned (hours)

Are you currently taking any medication that may cause drowsiness?

Sleep Quality in Last 24 Hrs

Assessment & Comments

Other Fatigue Risks Observed

Comments / Actions Taken