

Driver Fatigue Management Policy (non-heavy vehicle)

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|--|--------------------------|---|-----------------------|-----------|--|
| From: | To: | Map attached Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| COMPANY DETAILS | | | | | |
| Company name | Address | Role | | | |
| | | | | | |
| DRIVER AND PASSENGER DETAILS | | | | | |
| Name | Drivers Licence # | Team/Volunteer | Contact Number | | |
| | | <input type="checkbox"/> T <input type="checkbox"/> V | | | |
| | | <input type="checkbox"/> T <input type="checkbox"/> V | | | |
| VEHICLE DETAILS | | | | | |
| Make: | | Colour: | | | |
| Model: | | Registration Number: | | | |
| Vehicle in service period Yes <input type="checkbox"/> No <input type="checkbox"/> | | Vehicle fit for purpose Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| PROPOSED TRIP PLAN (breakdown trip into 2 hr. increments) | | | | | |
| From | To | Estimated Start Time | Working Time | Rest Time | Total Time |
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| The driver is to ensure that all rest breaks are taken. | | | | | |
| FITNESS FOR DUTY CHECKLIST (Completed by supervisor/scheduler) | | | | | |
| Does the plan provide opportunity for the minimum required rest breaks? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the driver been awake for a continuous period of 17 hours | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the driver had more than five hours sleep in the previous 24 hours or 12 hours sleep in the previous 48 hours | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Declarations | | | | | |
| I agree with the route times allowed for this trip and agree to advise my supervisor/ club officer of any changes to this travel plan. | | | | | Date |
| Drivers Signature: I confirm that this travel plan has been discussed with the driver. | | | | | Date |
| Supervisor/Club Officer/Scheduler Signature: | | | | | |