

# Fatigue Check-In & Supervisor Conversation Guide

Health and Wellness Resource for Trucking, Moving, and Storage Operations

## PURPOSE

Fatigue can affect a worker's ability to stay alert, react quickly, make decisions, communicate clearly, and work safely. In trucking, moving, and storage, this can create serious risks because workers may be driving, backing vehicles, loading freight, operating equipment, lifting heavy items, working around traffic, or making time-sensitive decisions.

This resource helps supervisors and workers have a simple, respectful conversation about fatigue before it becomes a safety issue. It can be used during shift starts, toolbox talks, dispatch check-ins, pre-trip planning, or after a worker reports feeling tired or unwell.

This guide is not meant to diagnose a health condition. It is a workplace safety tool to help identify fatigue-related risk and decide what controls may be needed.

## WHEN TO USE THIS GUIDE

- Use this guide when:
- A worker reports feeling tired, unwell, or unable to focus
- A driver is starting a long shift or difficult route
- A moving crew has a physically demanding job
- A warehouse or storage worker is operating around vehicles or equipment
- A worker is returning from a long day, night shift, or disrupted schedule
- A supervisor notices signs such as slowed reactions, confusion, irritability, poor communication, or repeated mistakes
- Weather, traffic, workload, or schedule pressure may increase risk

## FATIGUE RISK CHECK-IN

The worker and supervisor can complete this section together.

Worker name: \_\_\_\_\_

Date: \_\_\_\_\_

Shift / route / job: \_\_\_\_\_

Supervisor: \_\_\_\_\_

# 1. CURRENT CONDITION

	YES	NO	Notes / Controls Needed
Do you feel alert enough to work safely right now?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you get enough rest before this shift?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you able to focus on the task without difficulty?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you feeling physically well enough to complete the work safely?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you taking any medication or dealing with anything that may affect alertness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel comfortable reporting if fatigue becomes a concern during the shift?	<input type="checkbox"/>	<input type="checkbox"/>	_____

# 2. TASK RISK REVIEW

Fatigue becomes more serious when the work involves higher-risk tasks. Review the planned work before the shift continues.

	YES	NO	Notes / Controls Needed
Driving a commercial vehicle	<input type="checkbox"/>	<input type="checkbox"/>	_____
Backing, parking, or working in a busy yard	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loading or unloading freight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Residential or commercial moving work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operating a forklift, pallet jack, liftgate, ramp, or other equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working around traffic, pedestrians, customers, or the public	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working alone or with limited supervision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working in poor weather, heat, cold, darkness, or low visibility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Making route, load, dispatch, or safety decisions under time pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____

# 3. SUPERVISOR CONVERSATION PROMPTS

Use clear, respectful language. The goal is to manage risk, not blame the worker.

## Helpful questions to ask

- What part of the job feels most difficult right now?
- Is there a specific task that feels unsafe because of fatigue?
- Would a short break, task change, or additional support help?
- Is the route, schedule, or workload creating added pressure?
- Are there any conditions we need to adjust before you continue?
- Do we need to involve dispatch, another supervisor, or another worker?

## Avoid saying

- “Just push through it.”
- “Everyone is tired.”
- “We need to get this done no matter what.”
- “You should have slept more.”
- “It is too late to change the plan.”

## 4. POSSIBLE CONTROLS

Select controls based on the task, the level of risk, and company procedures.

	USE TODAY?	Notes / Controls Needed
Take a short rest break before continuing	<input type="checkbox"/>	_____
Reassign a high-risk task to another qualified worker	<input type="checkbox"/>	_____
Add a second worker or spotter	<input type="checkbox"/>	_____
Adjust the route, schedule, or delivery order	<input type="checkbox"/>	_____
Delay non-urgent work	<input type="checkbox"/>	_____
Increase supervisor check-ins during the shift	<input type="checkbox"/>	_____
Stop driving or operating equipment until safe to continue	<input type="checkbox"/>	_____
Contact dispatch or management for support	<input type="checkbox"/>	_____
Review workload planning for future shifts	<input type="checkbox"/>	_____

## 5. DECISION

Based on the check-in, the worker is:

- |   |  |
|---|--|
| <input type="checkbox"/> Safe to continue with regular duties | <input type="checkbox"/> Taking a break before reassessment                      |
| <input type="checkbox"/> Safe to continue with added controls | <input type="checkbox"/> Not continuing safety-sensitive work at this time       |
| <input type="checkbox"/> Assigned modified duties             | <input type="checkbox"/> Referred to supervisor, manager, or appropriate support |

**Controls selected:** \_\_\_\_\_

Follow-up time: \_\_\_\_\_

Supervisor initials: \_\_\_\_\_ Worker initials: \_\_\_\_\_

## 6. FOLLOW-UP AFTER THE SHIFT

Use this section to identify whether fatigue risk was connected to scheduling, workload, route planning, staffing, weather, or job design.

	YES	NO
Did fatigue affect the work today?	<input type="checkbox"/>	<input type="checkbox"/>
Were any tasks delayed, reassigned, or modified?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any near misses, errors, or concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Was the workload realistic for the crew or driver?	<input type="checkbox"/>	<input type="checkbox"/>
Should future routes, schedules, staffing, or procedures be reviewed?	<input type="checkbox"/>	<input type="checkbox"/>

**Follow-up actions:** \_\_\_\_\_

Assigned to: \_\_\_\_\_ Due date: \_\_\_\_\_