

# TfL Fatigue Reporting Form

The safety and health and wellbeing of our people is paramount. We want to encourage open and honest discussions around fatigue. We want to:

- Encourage staff to raise and discuss fatigue issues with their managers
- Encourage staff to help themselves manage their fatigue
- Support managers in providing support to staff experiencing fatigue issues
- Examine the root causes of fatigue
- Work with staff to help prevent and reduce fatigue
- Provide support for managers to enable honest conversations around fatigue
- Ensure we have a consistent approach to dealing with reports of fatigue

All information on this form will remain confidential and will only be shared with their employing manager. **If you are not the staff member's employing manager you must ensure this form is forwarded to them.** Some information may be anonymised and collated to inform wider analysis but no individual will be identifiable in such analysis.

INSTRUCTIONS: When you leave this questionnaire your answers will be saved automatically, you can reopen the questionnaire using your link to update and edit your answers anytime up to the point of submitting your completed questionnaire. ONCE SUBMITTED you CANNOT change any answers. If you have any questions or queries please email these to [FatigueTeam@tfl.gov.uk](mailto:FatigueTeam@tfl.gov.uk)

\* Required

\* This form will record your name, please fill your name.

This section is related to the business area the employee works in

## 1. Which business area does the employee the work for? \*

- ☐ London Underground
- ☐ Surface Transport
- ☐ TfL Engineering
- ☐ Professional Services (e.g. SHE, HR, Tech & data, Finance, Commercial, Planning) etc.
- ☐ Major Projects Directorate
- ☐ General Counsel
- ☐ Not sure
- ☐ Other

## 2. Which area in the LU organisation does the employee work in? \*

- ☐ Network Operations (Service Control, Line Operations, Customer Services, Network Command, Network Business Services)
- ☐ Asset Performance and Capital Delivery (Renewals and Enhancements, Fleet, Track, Civils, Signals, Stations and Power and Electrical)
- ☐ LU Planning
- ☐ Elizabeth Line
- ☐ Other

3. Which area of Network Operations does the employee work in? \*

- ☐ Service Control
- ☐ Line Operations
- ☐ Customer Services
- ☐ Network Command
- ☐ Network Business Services
- ☐ Other

4. Which line(s) does the employee work on? (select all that apply) \*

- ☐ LU Network wide
- ☐ Bakerloo Line
- ☐ Central & W&C Lines
- ☐ Victoria Line
- ☐ Jubilee Line
- ☐ Northern Line
- ☐ Piccadilly Line
- ☐ District Line
- ☐ Metropolitan Line
- ☐ Circle and Hammersmith Lines
- ☐ Not applicable

5. Which area of Asset Performance and Capital Delivery does the employee work in? \*

- ☐ Fleet Maintenance & Renewals
- ☐ Change & Optimisation
- ☐ System & Infrastructure Maintenance and Renewals
- ☐ Logistics & Manufacturing
- ☐ Track Maintenance & Renewals
- ☐ LU Capital Delivery (Infra & Rolling Stock)
- ☐ Built Environment Maintenance & Renewals
- ☐ Signals Maintenance & Renewals
- ☐ Other

6. Which are of LU planning do you work in? \*

- ☐ Skills Development
- ☐ Performance, Administration & Continuous Improvement
- ☐ Asset & Environment Planning
- ☐ Resource Planning & Change
- ☐ Asset Systems & Reliability
- ☐ Retail Development
- ☐ Other

## 7. Which area of Surface Transport does the employee work in? \*

- ☐ Trams
- ☐ Victoria Coach Station
- ☐ Dial-a-Ride
- ☐ Compliance, Policing, Operations & Security
- ☐ TfL Rail
- ☐ London Overground
- ☐ Sponsored Services
- ☐ Bus Service Delivery
- ☐ Docklands Light Railway
- ☐ Woolwich Ferry
- ☐ Other

## 8. Which area of General Counsel does the employee work in? \*

- ☐ Taxi and Private Hire (Licencing Regulation and Charging)
- ☐ Other

## 9. Employee's base/work location/s \*

10. Employee's Name \*

11. Employee Number \*

12. Employee's Manager / Supervisor \*

13. Job Title [the employee's specific job within their business area]: \*

14. Does the employee usually work a rotating roster or work consistent start times?

A rotating roster contains a mixture of two or more different shift types, e.g. earlies, days, lates, nights.

A fixed roster has a single consistent shift type e.g. permanent days, permanent nights, fixed links, syndicate \*

- ☐ Yes they work their rotating roster
- ☐ No they have consistent start times

15. How many lines (weeks) are in the roster? \*

16. Was the employee working their usual shifts / duties? \*

- ☐ Yes
- ☐ No (e.g. had swapped shifts, was doing overtime, was unable to get preferred shift)
- ☐ Other

17. Please explain what was different about the employees shifts / duties \*

## Fatigue Report Details

18. Has the staff member previously reported a fatigue incident / event? \*

- ☐ Yes
- ☐ No
- ☐ Not sure

19. Please provide summary details for any previous fatigue event(s)

e.g. provide the date, nature of event, mitigation actions previously completed etc. \*

20. What date did the current report of fatigue occur? \*

Please input date (dd/MM/yyyy)



21. What time did the report of fatigue occur? \*



22. What was the employee doing at the time of the fatigue event? \*

- ☐ At work
- ☐ Travelling to work
- ☐ Travelling from work
- ☐ Other

23. Whilst at work what task/s was/were being performed by the employee \*

24. What is the nature of the fatigue report?

e.g. had a near miss on a drive to/from work, found themselves making mistakes at work due to tiredness, feeling overwhelming sleepiness, didn't feel safe to work... etc. \*

25. How long (in hours) did the employee sleep prior to the duty/shift the fatigue event occurred? \*

26. What was the quality of sleep for the employee prior to the duty/shift the fatigue event occurred? \*

- ☐ Excellent
- ☐ Good
- ☐ Okay
- ☐ Poor
- ☐ Very Poor

27. How long had the employee been awake (in hours) before the fatigue event? \*

28. How does the employee typically travel to and from work? \*

29. What is the employee's typical, total commute time (in hours) for one duty/shift?

Note: this is the average COMBINED time for travel from home to AND from work for one duty/shift, in hours. \*

30. What were the employee's daily duty/shift times for 7 days prior to the fatigue event?

e.g. Day 1: 07:00-15:00; Day 2: rest ; Day 3: rest; Day 4: rest; Day 5: rest;  
Day 6: 23:00-07:00  
Day 7: 23:00-0700

Note: these should be **actual** hours worked not scheduled or planned hours and Day 8 is when the fatigue event occurred. \*

31. How many shifts/days in a row had the employee worked since their last rest day? \*

32. How long (in hours) prior to the fatigue event did the employee eat **and** what was this meal? \*

33. How long (in hours) prior to fatigue event did the employee drink **and** what was this beverage?

Note: this is any kind of beverage e.g. water, tea, energy drink, alcohol etc. \*

34. Please select **all** the work factors that the employee thinks contributed to the fatigue event? \*

- ☐ Early start time
- ☐ Late finish time
- ☐ Night shift
- ☐ Long shift
- ☐ Workload
- ☐ Roster changes
- ☐ Work stress
- ☐ Breaks during shifts
- ☐ Overtime
- ☐ Understaffing
- ☐ Don't know
- ☐ Other

35. Please select **all** the personal factors that the employee thinks contributed to the fatigue event? \*

- ☐ Domestic / personal circumstances
- ☐ Health / medical condition
- ☐ Long-term fatigue
- ☐ Poor daytime sleep
- ☐ Poor night-time sleep
- ☐ Commute
- ☐ Don't know
- ☐ Other

36. Please select **all** the physical signs that the employee noticed in the two hours before the fatigue event \*

- ☐ No physical signs were noticed
- ☐ Fidgeting
- ☐ Rubbing eyes
- ☐ Yawning
- ☐ Frequent blinking
- ☐ Staring blankly
- ☐ Long blinks
- ☐ Difficulty keeping eyes open
- ☐ Head nodding
- ☐ Other

37. Please select **all** the cognitive signs that the employee noticed in the two hours before the fatigue event \*

- ☐ No cognitive signs were noticed
- ☐ Impaired attention
- ☐ Impaired memory
- ☐ Negative mood
- ☐ Reduced communication
- ☐ Impaired problem solving
- ☐ Increased risk-taking
- ☐ Impaired situational awareness
- ☐ Other



## Actions to be taken to manage or reduce fatigue

*Actions could include but are not restricted to: shortened shift/early relief, additional rest breaks throughout shift, restricted or alternative duties, time off, additional monitoring and support, action plan, referral for medical assessment, visit GP, shift work / fatigue education, changes in*

38. Please detail any management actions that are agreed

39. Target date for management actions \*

Please input date (dd/MM/yyyy)



40. Please detail any employee actions that are agreed \*

41. Target date for employee actions \*

Please input date (dd/MM/yyyy)



42. Review date to check on progress of actions and reporters general health and fitness for work

Please input date (dd/MM/yyyy)



43. Please add any other notes or comments to supplement any of the questions



## End of Form

You have now come to the end of this form. If you have completed all sections then please submit your form, if you still need to answer some questions or get further information then please just close the form without submitting so you can complete and submit the form at a later time.

Please print or save your completed form so you have a local copy for monitoring and tracking actions etc. If you are not the staff member's employing manager you must ensure this form is forwarded to them.

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