

FATIGUE MANAGEMENT
PRACTICAL WORK PLACE APPLICATION (PWA)
Assessment Task 2

Name: (please print)	
Company:	
Supervisors Name:	
Unit name	TLIF2010- Apply Fatigue Management Strategies

	Supervisor Verification		Assessor	
	Signature	Date	S/ NYS	Date
Work Place Applications				
Part 1 Identify and act upon signs of fatigue				
Part 2 Implement strategies to minimise fatigue				

PARTICIPANT COMMENTS

Assessment Task	Satisfactory (S)	Not Satisfactory (NS)
1. On line component		
2. Workplace Application		
Overall Competence	Competent	Not Yet Competent

Participants Signature: _____ Date: _____

Assessor Signature: _____ Date: _____

Instructions to Participant

The attached Practical Workplace Application is the final piece of evidence required for review in order for you to achieve competency. On the successful completion of this, you will be issued with a Statement of Attainment for TLIF2010 Apply Fatigue Management Strategies.

On the following page you will find provisions for you to record workplace examples of where you have applied the elements of this unit. A full description of each performance criteria is located on page 4.

This is an example of how to record the evidence:

Part 1: Identify and act upon signs of fatigue

Daily work task- Tool box meeting with focus on fatigue

Your objective is to collect evidence that shows you have applied each performance criteria in the workplace. **NOTE:** A copy of the evidence must be submitted with this paperwork for review.

You may be able to apply one task from your workplace to multiple performance criteria. For example, you complete the task of loading a vehicle and notice the driver is yawning a lot and appears drowsy, you report this to supervisor/ manager. This example would cover elements 1 & 2 of this unit.

The evidence you provide must be for a task that you have been directly involved in. Your supervisor will need to confirm and sign the 'Supervisor Verification' on page 1 for each of the parts of the unit. E.g. Parts 1 & 2.

Once you have collected the evidence and your Supervisor has signed it off, please return this completed document and copies of your evidence to Barbaro Group.

Instructions to Supervisor

Please review the above instructions to the candidate. Please review what the participant has recorded on page 3 of this document.

The participant should have recorded evidence of a task/s that he or she has been directly involved in. If you are satisfied that this is correct, please ensure that your name is recorded in the space provided and then endorse the 'Supervisor Verification'.

Privacy

All evidence provided will be maintained as confidential. Any reference to names, addresses, financial records or other sensitive information can be blacked out prior to submission.

Fee

Once the evidence has been successfully reviewed, an invoice for \$50 (exc gst) will be sent to you electronically. Upon receipt of payment, you will be issued with a Statement of Attainment for this unit.

If you have any questions in regards to this Practical Workplace Application, please contact The Barbaro Group. info@barbarogroup.com.au

Assessor comments

Part 1: Identify and act upon signs of fatigue

What did you observe?

What did you do about it?

What policy/ procedures are in place?

Sufficient evidence /Further evidence required

Date: _____

Part 2: Implement strategies to minimise fatigue

An example of your workplace procedure for FM-

How is fatigue minimised in your workplace?

What do you do at home to minimise fatigue?

Who do you talk to about fatigue issues?

Sufficient evidence /Further evidence required

Date: _____

1. Identify and act upon signs of fatigue

Performance Indicators:

- 1.1 Show how you identify causes of fatigue in the workplace and what action you take to minimise the effects in accordance with company procedures

2. Undertake appropriate action to achieve compliance

Performance Indicators:

- 2.1 Give an example of workplace procedures used to assess and minimise fatigue
- 2.2 Show how you minimise the factors which increase the risk of fatigue-related accidents and safety incidents eg heat, physical work, long hours, rosters
- 2.3 Demonstrate how strategies to manage fatigue are implemented in accordance with company policy
- 2.4 Demonstrate how you have made lifestyle choices which promote the effective long-term management of fatigue
- 2.5 Personal fatigue management strategies are communicated to other relevant people
- 2.6 Show how you plan to combat fatigue by applying counter measures