

## Fatigue Management Policy

### Background

CUSTM is committed to the health and safety of our employees, sub-contractors and the general public. Employee fatigue creates risk to workplace safety by impairing judgement, coordination and alertness.

The policy is aimed at eliminating risks in the work environment resulting from employee fatigue. It applies to all employees at CUSTM workplaces

### Policy

Everyone has a responsibility to present for work free from the effects of fatigue. Each person has a responsibility to themselves and their fellow employees that they manage their work and leisure time and activities to enable them to be fit for work.

The following workplace conditions shall be applicable to all employees to minimise the risk of fatigue:

- No employee will work more than 50 hours per week without approval,
- No transportation employee will work more than 10 hours per shift,
- Transportation employees will work to the customer site fatigue management plan, but will not work more than 10 hours per shift without General Manager Approval,
- A minimum of a 10 hour break between work periods except for call outs
- No employee will work more than 60 hours per week and no more than 600 hours in in a 3 month period,
- After a call out, a minimum period of 8 hours off site is required if the call out is less than 4 hours and 10 hours if the call out is greater than 4 hours.

All hours to be worked that are in excess of those listed above require a Directors approval and this is to be received in writing.

Customised Group will provide appropriate training and educational material on fatigue management to all employees.

**Declaration**

I..... of .....

(print name)

(company name)

Acknowledge that I have participated in the Customised Group Induction and fully understand the Occupational Health & Safety requirements of the Customised Group site and agree to abide by them at all times whilst visiting and on site.

Name: .....  
(print name)

Signature: .....

Date: ...../...../.....

Customised Group Representative: .....  
(print name)

Signature: .....

Date: ...../...../.....

**custm**