

# Fatigue Risk Assessment Worksheet - Incident

(To be used in conjunction with webtool: <http://faafatiguerisk.pulsarinformatics.com/>)

## User Information

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Airport Closest to Residence (use airport code): IATA \_\_\_\_\_ ICAO \_\_\_\_\_ Airport Name \_\_\_\_\_

Typical Work Commute: \_\_\_\_\_ hr \_\_\_\_\_ minutes

Typical Sleep Period on Non-work days: Time to Bed \_\_\_\_\_ Time Out of Bed \_\_\_\_\_ (use 24 hr format)

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## Time, Date and Location of Incident

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Incident Number \_\_\_\_\_

Airport closest to Incident (use airport code): IATA \_\_\_\_\_ ICAO \_\_\_\_\_ Airport Name \_\_\_\_\_

Local Date of Incident \_\_\_\_\_ (m/d/yyyy)

Local Time of Incident \_\_\_\_\_ (use 24-hour format)

## Incident Details (Select all that apply)

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### Task Description

- |   |  |
|---|--|
| <input type="checkbox"/> Physically demanding | <input type="checkbox"/> Mentally demanding    |
| <input type="checkbox"/> Complicated          | <input type="checkbox"/> Monotonous            |
| <input type="checkbox"/> Quick turnaround     | <input type="checkbox"/> Other (specify) _____ |

### Work Environment

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Hangar      | <input type="checkbox"/> Sleet        | <input type="checkbox"/> High winds            |
| <input type="checkbox"/> Flight line | <input type="checkbox"/> Ice          | <input type="checkbox"/> Loud/noisy            |
| <input type="checkbox"/> Rain        | <input type="checkbox"/> Extreme heat | <input type="checkbox"/> Poor lighting         |
| <input type="checkbox"/> Snow        | <input type="checkbox"/> Extreme cold | <input type="checkbox"/> Other (specify) _____ |

### Type of Maintenance

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Line  | <input type="checkbox"/> Component             |
| <input type="checkbox"/> Heavy | <input type="checkbox"/> Other (specify) _____ |

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## Brief Description of Event or Situation

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Provide a brief description of the event or situation, how it was discovered, contributing factors, and any human factors (i.e., actions, inactions, decisions, etc.) that may have caused the event. Include what you believe really contributed to the problem, and what can be done to prevent a recurrence, or correct the situation.

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## Work and Sleep History

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**Work History** – Please enter the work shift when the incident occurred, and all work shifts during the previous 72 hours. Check the N/A box if you did not work a shift during that day. Location should correspond to the shift start location and all times should be specified in that timezone, in 24-hour format.

		Location (Code)	Work Start Date (m/d/yyyy)	Work Start Time (24 hr format)	Work End Date (m/d/yyyy)	Work End Time (24 hr format)
Shift of incident						
Shift 1 day prior	<input type="checkbox"/> N/A					
Shift 2 day prior	<input type="checkbox"/> N/A					
Shift 3 day prior	<input type="checkbox"/> N/A					

**Sleep History** – Please enter all sleep periods (including naps) in the 72 hours prior to the incident. Location should correspond to the sleep start location and all times should be specified in that timezone, in 24-hour format.

	Location (Code)	Time to Bed (24 hr format)	Time Out of Bed (24 hr format)	Date Out of Bed (m/d/yyyy)
Last sleep period				
Prior sleep period				
Prior sleep period				