Fatigue on the Job

Generally, the word “fatigue” implies feeling tired, sleepy, loss of memory, increased errors in judgment, stress to handle the job, poor decision making, attention and communication disorder, etc. It can be acute or chronic. Lack of sleep or short terms of heavy mental or physical work can cause acute fatigue. This can be relieved by resting or relaxing. Chronic fatigue, though the exact cause is unknown, is constant and can be long term. Syndromes of chronic fatigue include difficulty concentrating, unusual headaches, joint pain, inability to recall details, excessive day time sleeping, etc. It can be caused by some health conditions, or it can be genetic. At the work place, fatigue has an impact on work performance, safety, productivity, and efficiency. It increases the risk of injuries or other accidents. According to OSHA, long work hours and workers fatigue are major safety concerns for medical residents and other industries. Long hours of mental or physical work, inadequate rest, and high stress can cause fatigue. Workplaces can help employees by providing a fatigue risk management system to protect employees and encourage work efficiency.

Fatigue can be increased by:
- High noise and high temperature.
- Dim lighting.
- Limited visual acuity (weather).
- Long/difficult/boring work tasks.

Workplaces can help reduce the risk of fatigue by:
- Providing good lighting.
- Maintaining a comfortable temperature.
- Changing tasks throughout the shift.
- Controlling noise levels.
- Providing facilities where employees can take a nap if needed.
- Promoting safety through training, education, and communication.
- Conducting risk assessment and near miss and incident investigation.
- Reviewing processes to achieve improvement.

Work Site Review: Hazards/Safety Suggestions

Company Name: ____________________________ Work Site Location: ____________________________

Date: _______ Start Time: ___________ Finish Time: ___________ Foreman/Supervisor: ____________________________

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor’s Signature: ____________________________

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