**Attachment**

**G**

Form Approved

OMB No. XXXX-XXXX

Exp. Date XX/XX/XXXX

**Management Practices (Time Period 1)**

Your Role in Organization (e.g., safety director):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. EDUCATION YES NO**

1. Are drivers provided training about fatigue?  

If **Yes** to Item 1, what topics are covered in this training?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Are drivers provided training about the safety-related risks of fatigue?  

If **Yes** to Item 2, what topics are covered in this training?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Are schedulers provided training on these issues?  

4. Are management personnel provided training on these issues?  

5. Are dispatchers provided training on these issues?  

6. Was the effectiveness of training activities evaluated in any way (e.g.,

pre-post-training quizzes)?  

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**B. ALERTNESS STRATEGIES YES NO**

7. Are drivers provided training on alertness strategies?  

If **Yes** to Item 7, please indicate which alertness strategies?

Getting 7-9 hours of sleep  

Napping  

Healthy food  

Exercise  

Staying hydrated  

Caffeine as a short-term countermeasure  

Effect of over-the-counter and prescription drugs  

Limit/eliminate nicotine use  

8. Are there written policies regarding the use of alertness strategies?  

If **Yes** to Item 8, do the written policies differ in any way in how they are enforced? If Yes, please indicate how they differ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Are there written policies regarding on-duty rest opportunities?  

10. Not including the sleeper berth, are there facilities to support opportunities to rest in the workplace (e.g., break room that can be made quiet and dark to take a nap after a duty period, prior to your drive home)?  

11. Was the effectiveness of the alertness strategies evaluated in any way?  

If **Yes** to Item 11, how were they evaluated?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12. Do drivers get refresher training on alertness management in addition to any initial training they might receive?  

If **Yes** to Item 12, how often are these activities performed (e.g., weekly, monthly, quarterly, etc.)?

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**C. SCHEDULING YES NO**

13. Are there written organizational policies for drivers regarding basic work/rest

schedules, in addition to federal hours-of-service regulations, (such as

minimum duration of off-periods, maximum work time, maximum number

of consecutive work periods, and recovery time between work cycles)?  

14. Is there an explicit written procedure that is used for exceptions to these

policies?  

1. Have any changes been made to the number of staff for the purpose

of reducing fatigue?  

If **Yes** to item 15, indicate what changes have been made to staff and what year those changes were made.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have any changes been made to the delivery schedule for the

purpose of reducing driver fatigue in the last 3 months?  

If **Yes** to Item 16, indicate what changes have been made to the delivery schedule and what year those changes were made.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have any changes been made to delivery routing for the purpose of reducing driver fatigue.  

If **Yes** to Item 17, indicate what changes have been made to the delivery routing and what year those changes were made.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have any changes been made to work shift scheduling for the purpose of reducing driver fatigue?  

If **Yes** to Item 18, indicate what changes have been made to the work shift schedule and what year those changes were made.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**D. HEALTHY SLEEP YES NO**

19. Is information offered to drivers and other personnel about sleep disorders,

how to recognize sleep disorders, and/or how to get help if they suspect they

have a sleep disorder?  

If **Yes** to item 19, what information is given?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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20. Is there a written policy that addresses diagnosis, treatment, and continued

duty status of personnel with possible sleep disorders?  

**E. ORGANIZATIONAL YES NO**

21. Do managers provide:

Education to obtain adequate sleep?  

Alertness strategies to reduce fatigue?  

Scheduling practices that reduce fatigue?  

Encouragement to obtain adequate sleep?  

22. Is there someone at your company who is responsible for coordinating fatigue management activities?  

23. Is there a napping room at the terminal (reserved location for napping/sleep)?  

24. Is there a gym at the terminal (location for drivers to exercise)?  

25. Is top management involved in fatigue management activities and policy

development?  

26. Is there a system that encourages drivers to submit reports of fatigue hazards?  

If **Yes** to Item 26:,

How does this system work (also indicate if this process is confidential)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How are reports submitted?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What information is requested in the reports?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who are reports submitted to?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is the procedure for responding to reports?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who receives the responses to the reports?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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27. **If yes to Item 26**, have any reports of fatigue hazards been reported?  

28. **If yes to Item 27**, did any report result in a change to reduce the identified hazard?  

If **Yes** to Item 28, could you briefly describe one example of such a change (e.g., either one you consider the most significant, or just the first one that comes to mind)?\_\_\_\_\_\_\_\_\_\_\_\_

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