Form Approved

OMB No. XXXX-XXXX

Exp. Date XX/XX/XXXX

**Management Practices (Time Period 2)**

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

**A. {INSERT company Name} Involvement In NAFMP Training YES NO**

1. Module 1: FMP Introduction and Overview was completed at my carrier?  

If Yes to Item 1, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 1, please circle, was it conducted: face-to-face OR web-based

2. Module 2: Safety Culture and Management Practices was completed

at my carrier?  

If Yes to Item 2, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 2, please circle, was it conducted: face-to-face OR web-based

3. Module 3: Driver education was completed at my carrier?  

If Yes to Item 3, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 3, please circle, was it conducted: face-to-face OR web-based

4. Module 4: Driver Family Education was completed at my carrier?  

If Yes to Item 4, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 4, please circle, was it conducted: face-to-face OR web-based

5. Module 5: Train-the-Trainer for Driver Education and Family Forum was

completed at my carrier?  

If Yes to Item 5, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 5, please circle, was it conducted: face-to-face OR web-based

6. Module 6: Shippers and Receivers training was completed at my carrier?  

If Yes to Item 6, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 6, please circle, was it conducted: face-to-face OR web-based

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

7. Module 7: Motor carrier Sleep Disorders Management was completed

at my carrier?  

If Yes to Item 7, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 7, please circle, was it conducted: face-to-face OR web-based

8. Module 8: Driver Sleep Disorders Management was completed at my carrier?  

If Yes to Item 8, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 8, please circle, was it conducted: face-to-face OR web-based

9. Module 9: Driver Scheduling and Tools was completed at my carrier?  

If Yes to Item 9, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 9, please circle, was it conducted: face-to-face OR web-based

10. Module 10: Fatigue Monitoring and Management technologies was

completed at my carrier?  

If Yes to Item 10, how long was the module \_\_\_\_\_\_\_\_\_ minutes

If Yes to Item 10, please circle, was it conducted: face-to-face OR web-based

**B. ALERTNESS STRATEGIES YES NO**

11. Not including the sleeper berth, are there facilities to support rest opportunities (e.g., break room that can be made quiet and dark to take a nap after a duty period, prior

to a driver’s drive home)?  

12. Was the effectiveness of any alertness strategies (e.g., napping, exercise, etc.) evaluated in any way?  

If **Yes** to Item 12, how were they evaluated?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. Do drivers get any training on alertness management in addition

to the NAFMP Training?  

If **Yes** to item 13, how often are these activities performed (e.g., weekly, monthly, quarterly, etc.)?

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**C. SCHEDULING YES NO**

14. 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)?  

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

policies?  

1. Have any additions been made to the number of staff for the purpose of reducing fatigue in response to the NAFMP training?  

If **Yes** to item 16, indicate what changes have been made to staff.

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1. Have any changes been made to the delivery schedule for the purpose of reducing driver fatigue since the NAFMP training?  

If **Yes** to item 17, indicate what changes have been made to the delivery schedule.\_\_\_\_\_\_\_\_\_

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1. Have any changes been made to delivery routing for the purpose of reducing driver fatigue in response to the NAFMP training?  

If **Yes** to item 18, indicate changes have been made to the delivery routing.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If **Yes** to item 19, indicate changes have been made to the work shift schedule.\_\_\_\_\_\_\_\_\_\_\_\_

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**D. HEALTHY SLEEP YES NO**

20. In addition to the NAFMP, 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 20, what information is given?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

duty status of personnel with possible sleep disorders?  

**E. ORGANIZATIONAL YES NO**

22. Do managers provide:

Education to obtain adequate sleep?  

Alertness strategies to reduce fatigue?  

Scheduling practices that reduce fatigue?  

Encouragement to obtain adequate sleep?  

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

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

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

26. Is top management involved in fatigue management activities?  

27. Is there a system that encourages drivers to submit reports of fatigue hazards (excluding a real-time fatigue detection system)?  

If **Yes** to Item 27;

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

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

If Yes to Item 29, 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).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. FATIGUE RISK MANAGEMENT SYSTEM (FRMS) YES NO**

30. Did you implement any procedures from the NAFMP Implementation Manual regarding a Fatigue Risk Management System (FRMS, including a real-time fatigue detection system)?  

If **no to item** **30**, skip to item 36. If **yes to item 30**, go to item 31.

31. Did you apply the FRSM to all of your operations?  

If **no to item** **31**, indicate which operations were subject to the FRMS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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32. Did you use any data to identify specific fatigue hazards?  

If **yes to item** **32**, which data sources were used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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33. Did you identify any specific fatigue hazards?  

If **yes to item** **33**, indicate the fatigue hazards in order of greatest safety risk\_\_\_\_\_\_\_\_\_\_\_\_\_

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34. Did you implement any strategies to reduce/eliminate the fatigue hazards?  

If **yes to item** **34,** indicate the strategies you used to reduce/eliminate these risks\_\_\_\_\_\_\_\_\_\_\_

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35. Did you use data to evaluate the effectiveness of these strategies?  

If **yes to item** **35,** indicate what data were used to evaluate each strategy and the results of those evaluations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**G. BARRIERS TO NAFMP**

36. What challenges did you experience in implementing the NAFMP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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37. What advice would you give to another organization that wanted to implement the NAFMP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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38. What would you do differently (if anything) with respect to the NAFMP training?\_\_\_\_\_\_\_\_\_

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39. What is your opinion on how drivers viewed the NAFMP Training?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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