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

	YES	NO
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

	YES	NO
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

	YES	NO
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

	YES	NO
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

	YES	NO
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

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?_____
_____
_____
_____

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.)?
_____
_____
_____

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?　☐　☐

15. 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.

_____
_____
_____

16. 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._____

_____
_____

17. 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._____

_____
_____
_____
___

18. 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._____

_____
_____

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)?

     _____

     _____

     How are reports submitted?_____

     _____

     What information is requested in the reports?_____

     _____

     Who are reports submitted to?_____

     _____

     What is the procedure for responding to reports?_____

     _____

     Who receives the responses to the reports?_____

     _____

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, <u>including a real-time fatigue detection system</u>)?
                                                                       ☐ ☐

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_____
_____

32. Did you use any data to identify specific fatigue hazards? 	 ☐ ☐
If **yes to item 32**, which data sources were used_____
_____
_____

33. Did you identify any specific fatigue hazards? 	 ☐ ☐
If **yes to item 33**, indicate the fatigue hazards in order of greatest safety risk_____
_____
_____

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_____
_____
_____
_____

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_____
_____
_____
_____

G. BARRIERS TO NAFMP
36. What challenges did you experience in implementing the NAFMP?_____
_____
_____
_____
_____

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

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

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