

Date: _____

Job Name: _____

Report and discuss any incidents pertaining to fatigue with your supervisor.

Many people ignore or simply do not recognize the symptoms of fatigue. Fatigue is the result of the body being physically or mentally exhausted; in extreme cases, it can lead to significant reduction of a person's physical and mental abilities. It is one of the leading causes of injury in the workplace and at home.

Fatigue is a decreased capacity or complete inability of a person to function normally because of excessive stimulation or prolonged exertion. Many factors may affect the level of fatigue a person may experience such as long work hours and interrupted or low quality sleep. When these factors are combined, the level of fatigue increases. Some factors include:

- Sleep quality and duration
- Diet and nutrition habits
- Change of diet
- Individual demographics such as age, physical condition and health
- Periods of high stress
- Harsh working conditions

Individuals suffering from fatigue may not realize they are experiencing symptoms until it is too late; therefore it is important to be on the lookout for signs of fatigue in the people around us. Some of the signs and symptoms of fatigue include:

- Instability while walking
- Drooping eyes
- Reduced memory
- Decreased reaction time
- Short attention span
- Increased risk tolerance (such as omitting tasks)

Some symptoms can be identified by the individual experiencing fatigue. Listed below are a few self-diagnosing symptoms of fatigue.

- Headaches
- Moodiness
- Back, neck and muscle pain
- Trouble thinking
- Difficulty waking up

Because fatigue is a serious issue and can lead to accidents and injuries it is important to know how to combat fatigue.

- Get at least six to eight uninterrupted hours of sleep before starting a work shift
- Take scheduled work breaks
- Replenish resources such as proteins and sugars for muscles and fats and minerals for the brain and nerves

Supervisor Signature: _____

WEEKLY SAFETY MEETING

Vol.24 | No.25 | Week of 06-18-24

MEETING ATTENDEES

Date:

Job Name:

Print:

Signature: