

Driver/Operator Fatigue Management Policy

I, (name of employee)

as an employee of

(name of Company)

am committed to ensuring a safe and healthy work environment.

I believe that all work related injuries and property losses are preventable and that safety and the prevention of injury or ill health is socially responsible and good business.

I will not use or be under the influence of alcohol or drugs at any time while I am in charge of or operating any equipment owned or operated by myself or any company.

I accept and will only operate in accordance with the Fatigue Management for Commercial Drivers Code of Practice.

To ensure that I meet this policy in all respects I will voluntarily and periodically submit myself fitness for duty prior to commencement of work.

Signed:
Operator Date

Signed:
Owner/Director Date