

# FATIGUE MANAGEMENT POLICY - OWNER/DIRECTOR

I(name of Owner/Director) .....

as the Owner/Director 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 whilst 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 Operators Code of Practice.

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

Signed: ..... Date: .....

Owner/Director