



Fit for Work Assessment Form

This form is to be completed by a supervising staff member on the day of work to be carried out. A copy of the completed form should be retained in the appropriate folder. Assessments will be completed randomly and without notice.

Day of Week:		Date:	
Staff Member Being Assessed:		Supervisor Performing Assessment:	

Assess the staff member on the following criteria by asking the questions listed. Record the results and make notes where appropriate.

Have you taken any non-prescription medicines or drugs over the last 24 hours?	
Answer:	Notes:

How many hours sleep have you had in the last 24 hours? And in the last 48 hours?	
Answer:	Notes:

Have you consumed any alcohol in the last 8 hours and/or are you likely to have a blood alcohol level higher than zero?	
Answer:	Notes:

Are you suffering from illness, drowsiness, fatigue or any other medical issues?	
Answer:	Notes:

Supervisor Signature: