NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ✓		External Stakeholder *(Please tick is appropriate)* ☐	
Completed By:	LUKE KING		
Signature:	L. King	Date: 14 / 3 / 2016	

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan		✓
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)	✓	
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)	✓	
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?	✓	
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?	✓	
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)	✓	
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☑		External Stakeholder *(Please tick is appropriate)* ☐	
Completed By:	DANIEL ZHANG.		
Signature:	Daniel Zhang.	Date: 16 / 3 / 2016	

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan	✓	
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)		✓
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)		✓
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?	✓	
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?	✓	
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)	✓	
17. Does anyone work with plant or machinery that vibrates?	✓	
18. Is anyone working with hazardous chemicals?	✓	
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☑		External Stakeholder *(Please tick is appropriate)* ☐	
Completed By:	RAMESH SINGH		
Signature:		Date: 16 / 3 / 2016	

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan		✓
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)		✓
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)		✓
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?		✓
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?		✓
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)		✓
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☑	External Stakeholder *(Please tick is appropriate)* ☐
Completed By:	ANTHONY HARVEY
Signature:	Date: 15 / 3 / 2016

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?		✓
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan	✓	
3. Are the Policies and Procedure easy to follow and provide you with enough information		✓ N/A.
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)		
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)		
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?		✓
11. Does the work roster include rotating shifts?	✓	
12. Does anyone have to travel more than one hour to get to their job?	✓	
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?	✓	
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)		✓
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☑		External Stakeholder *(Please tick is appropriate)* ☐	
Completed By:	Kelly Atkins		
Signature:		Date: 14 / 3 / 2016	

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan	✓	
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)	✓	
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)	✓	
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?	✓	✓
9. Do work practices include on-call work, call-backs or sleepovers?	✓	
10. Does the roster differ from the hours actually worked?	✓	
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?		✓
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)		✓
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☑		External Stakeholder *(Please tick is appropriate)* ☐	
Completed By:	MATTHEW SHORT		
Signature:		Date: 13 / 3 / 2016	

	Yes	No
Organisations Policy & Procedures and Implementation		
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan		✓
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)	✓	
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)	✓	
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?	✓	
10. Does the roster differ from the hours actually worked?	✓	
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?	✓	
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?	✓	
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)	✓	
17. Does anyone work with plant or machinery that vibrates?	✓	
18. Is anyone working with hazardous chemicals?	✓	
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?	✓	

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☐	External Stakeholder *(Please tick is appropriate)* ☑
Completed By:	ALEX, CRAIG (Refrigeration Services)
Signature:	Date: 18 / 3 / 2016

Organisations Policy & Procedures and Implementation	**Yes**	**No**
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan	✓	
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)		✓
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)		✓
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?		✓
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?		✓
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)		✓
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☐	External Stakeholder *(Please tick is appropriate)* ☑
Completed By:	Christopher Roberts (supplier)
Signature:	Date: 17 / 3 / 2016

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan	✓	
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)		✓
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)		✓
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?		✓
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?		✓
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)		✓
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☐	External Stakeholder *(Please tick is appropriate)* ☑	
Completed By:	Brett Gorman	
Signature:		Date: 14 / 3 / 2016

	Yes	No
Organisations Policy & Procedures and Implementation		
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan		✓
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)		✓
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)		✓
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?		✓
11. Does the work roster include rotating shifts?		✓
12. Does anyone have to travel more than one hour to get to their job?		✓
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)		✓
17. Does anyone work with plant or machinery that vibrates?		✓
18. Is anyone working with hazardous chemicals?		✓
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?		✓

Additional Comments *(optional)*

Thanks for your feedback!

NATIONAL CAMPER TRAILERS

Fatigue Management System Feedback Form

Internal Stakeholder *(Please tick is appropriate)* ☑		External Stakeholder *(Please tick is appropriate)* ☐	
Completed By:	DAVID BROWNE		
Signature:		Date: 13 / 3 / 2016	

Organisations Policy & Procedures and Implementation	Yes	No
1. Has the organisation provided you a copy of Policies and Procedures relating to their Fatigue Management System?	✓	
2. Have you been made aware of the organisations Fatigue Management Systems implementation plan	✓	
3. Are the Policies and Procedure easy to follow and provide you with enough information	✓	
Mental and physical work demands	**Yes**	**No**
4. Does anyone carry out work for long periods which is physically demanding? (for example, tasks which are especially tiring and repetitive such as Driving, process work, moving inventory, working machinery)	✓	
5. Does anyone carry out work for long periods which is mentally demanding? (for example, work requiring vigilance, work requiring continuous concentration and minimal stimulation, work performed under pressure, work to tight deadlines)	✓	
Work scheduling and planning	**Yes**	**No**
6. Does anyone consistently work or travel between midnight and 6am?		✓
7. Does the work schedule prevent workers having at least one full day off per week?		✓
8. Does the roster make it difficult for workers to consistently have at least two consecutive nights sleep per week?		✓
9. Do work practices include on-call work, call-backs or sleepovers?		✓
10. Does the roster differ from the hours actually worked?	✓	
11. Does the work roster include rotating shifts?	✓	
12. Does anyone have to travel more than one hour to get to their job?	✓	
Work Time	**Yes**	**No**
13. Does anyone work more than 12 hours regularly (including overtime)?		✓
14. Does anyone have less than 10 hours break between each shift? (for example, split shifts, quick shift changeovers)		✓
15. Is work performed at low body clock times (between 2 am and 6 am)?		✓
Environmental Conditions	**Yes**	**No**
16. Is work carried out in harsh or uncomfortable conditions? (for example, hot, humid or cold temperatures)	✓	
17. Does anyone work with plant or machinery that vibrates?	✓	
18. Is anyone working with hazardous chemicals?	✓	
Non-Work Factors	**Yes**	**No**
19. Are workers arriving at work fatigued?	✓	

Additional Comments *(optional)*

Thanks for your feedback!