



work safe home safe

## Instructions:

This Driver Fatigue Management Plan (DFMP) is to be completed by the Scheduler/Dispatcher/Operations Manager prior to the driver/s being allocated a task requiring a DFMP.

1. Retrieve this DFMP template from ANC SharePoint [Here](#).
2. Complete all sections of the form in blue or black ink, or pre-fill in typed text.
3. Advise the driver of this DFMP
4. Consult- Have the driver review, accept and sign this DFMP- edit if required.
5. Sign the DFMP- person who developed this DFMP.
6. Take a copy of this DFMP and hand driver the original.
7. Save the form with the following naming format;
  - Date(xx\_xx\_xxxx) \_State\_Customer\_Driver Name
  - E.g. 20\_02\_2018\_SA\_Bunnings\_John Smith
8. Save the copied DFMP [Here](#) for audit and filing purposes.

## Notes:

- a) ANC uses either ANC Standard Hours, or HVNL Standard Hours at no time does ANC use BFM or AFM.
- b) ANC Standard Hours apply to Light vehicles i.e. 4.5T GVM and Below.
- c) HVNL Standard Hours apply to Heavy vehicles i.e. greater than 4.5T GVM.

**Section 1 – Company and Supply Chain Details**

Name	Address	Role
Example- ABC transport	29 Smith St Blacktown NSW	Driver

**Section 2 – Driver/Vehicle Details**

Date:	Driver Name:
Person completing form:	
Rego. Number/s:	
Tick vehicle type: Light Vehicle: <input type="checkbox"/> <4.5T GVM> Rigid: <input type="checkbox"/> Semi-Trailer: <input type="checkbox"/> B-Double: <input type="checkbox"/>	
Tick Driving Hours Scheme: ANC Standard Hours: <input type="checkbox"/> <4.5T GVM> Standard Hours: <input type="checkbox"/>	

**Section 3 – Proposed Trip Plan**

From	To	Estimated Start Time	Working Time	Rest Time	Total Time

**NOTE:** The driver is to use discretion and rest where or when required provided that regulated driving hours are not exceeded.

**Section 4 – Fitness for Duty / Fatigue Checklist (Completed by Scheduler)**

1. Has the driver had a reset rest break in the preceding 14 days	Yes / No
2. If the driver has worked in the preceding 24 hours: <ul style="list-style-type: none"> <li>Does the shift keep a similar work pattern? (night / day work)</li> <li>Has a minimum of 7 hours continuous rest?</li> </ul>	Yes / No Yes / No
3. Does the driver have sufficient work hours remaining to comply with legal limits?	Yes / No
4. Does the plan provide opportunity for the minimum required rest breaks?	Yes / No
Changes to driving plan made by:	Scheduler (Initials)
	Customer (Initials)
	Driver (Initials)
Driver notified of relevant scheduled changes if any?	Yes / No
	Date: _____ Time: _____

**Section 5 – General Risk Assessment**

Are there any other risks associated with this trip?

1. Vehicle issues:	Yes / No
2. Speed issues or restrictions:	Yes / No
3. Communication or remoteness:	Yes / No
4. Fauna or vegetation:	Yes / No
5. Weather or visibility:	Yes / No
6. Other (Specify):	Yes / No

**Section 6 – Special Instructions/Contingencies**

## **DRIVERS MUST NOT DRIVE WHILST IMPAIRED BY FATIGUE**

Drivers may modify this **Safe Driving Plan** providing work hour / rest requirements are met, and notification of any changes is provided to the Scheduler as soon as possible by telephone.

**Specific fatigue management instructions for this trip are:**


**Section 7 - Declarations**

***Driver acknowledgement***

I understand that I am working under ANC’s DFMP and have had the necessary training to do so.

I agree with the work and rest times allowed for this trip and agree to advise the Scheduler of any changes to this trip plan.

I have inspected the named vehicle/s and have rectified any defects likely to affect its safe operation.

Driver’s Signature: \_\_\_\_\_

***Scheduler acknowledgement***

I certify that this plan has been discussed with the driver and customer.

Scheduler’s Signature: \_\_\_\_\_