

Fit-for-Duty Check & Escalation Record

A proportionate discussion prompt, not a medical assessment. Avoid unnecessary sensitive health information. Escalate concerns confidentially. Use before the relevant shift/task and whenever circumstances change. A concern must trigger a safe decision and confidential escalation, not a tick-box clearance. This record does not replace statutory work/rest records or medical advice.

English · CoR Australia branded · editable for your operation

Date / shift: _____
 Worker / supervisor: _____
 Task / vehicle: _____
 Organisation / site: _____
 Start time / planned finish: _____
 Applicable work/rest arrangement: _____
 Responsible decision-maker: _____
 Safe alternative agreed: _____
 Follow-up time: _____
 Worker acknowledgement / date: _____
 Supervisor decision / date: _____
 Document version: _____
 Prepared by / date: _____
 Approved by / date: _____
 Next review / change trigger: _____

☐ Adequate opportunity for rest considered

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Current alertness and fatigue concerns discussed

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Applicable work/rest checks completed

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Health or medication concerns referred appropriately

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Secondary work / travel relevant to fatigue considered

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Unsafe to proceed? Pause and notify the responsible person

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Action / alternative arrangements

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

☐ Review before return to task

Status: Yes / Gap / N/A _____ Evidence / reference: _____
 Action / owner / due date: _____ Verified by / date: _____

- ☐ Confirm the actual task, planned duration, driving exposure and foreseeable queuing or delay conditions.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Check work/rest records relevant to the applicable arrangement; resolve discrepancies before relying on them.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Discuss recent rest opportunity and alertness without requesting diagnoses or unnecessary medical detail.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Consider the effect of commuting, second jobs, unexpected delays and a changed roster on the planned task.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Ask whether the worker feels able to perform safely; provide a confidential route for concerns.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ If medications or health concerns are raised, refer appropriately and record only the operational decision and authorised follow-up.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Record a proceed, modify, defer or stop decision and the person authorised to make it.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Arrange a safe alternative such as changed duties, rescheduling or suitable rest; do not allow the form to override a safety concern.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Notify scheduling/dispatch of the operational change without sharing unnecessary health information.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Set a reassessment time and the conditions required before returning to the original task.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Escalate repeated fatigue indicators or scheduling pressures for system-level investigation.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____
- ☐ Store completed records with restricted access under the organisation's privacy and retention procedures.
Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

Close-out and review

Outstanding actions / interim controls: _____

Verification evidence / reviewer / date: _____

Approval / next review date: _____

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Independent 2026 NHVR Master Code implementation template. The NHVR Code is guidance on the existing HVNL Primary Duty; it creates no new legal obligations. Adapt and verify before use. Not an NHVR form, audit certificate or proof of compliance. Source: <https://www.nhvr.gov.au/files/media/document/836/ricp-master-code-2026.pdf>