

Signs of Unfit for Work Form (WHS-AP002-01)



This form comes from the following procedure: [WHS-AP002 Fitness for Work – Apprentices](#)

This form can be completed by the supervisor/coordinator when a worker is demonstrating behaviour that is consistent with being unfit for work.

If the employee is demonstrating one or more of the following symptoms or behaviours they may be reasonably suspected of being unfit for work and the process outlined in the WHS-AP002 Fitness for Work – Apprentice must be followed.

Care needs to be taken, as some of the symptoms outlined below are similar to those for the onset or occurrence of illnesses therefore these symptoms are listed as a guide only.

Observation Checklist

Are the observed behaviours more or less noticeable compared to the employee's normal behaviour?
Where "Other" is checked, please describe.

Host Business: _____

Employee Name: _____

Time: _____ Date: _____

Location (workplace): _____

Walking: Holding on Stumbling Unable to walk Un-steady Staggering Swaying Falling

Other _____

Standing: Swaying Feet wide apart Unable to stand Rigid Staggering Sagging at knees

Other _____

Speech: Whispering Slurred Shouting Incoherent Slobbering Silent Rambling Mute

Slow Other _____

Demeanour: Uncooperative Overly calm Talkative Aggressive Sarcastic Sleepy Crying

Sleeping Argumentative Excited Other _____

Actions: Hostile Fighting Profanity Drowsy Threatening Hyperactive Erratic Overly

Calm Avoiding communication Other _____

Eyes: Bloodshot Watery Droopy Dilated Glassy Closed

Other _____

Face: Flushed Pale Sweaty

Other _____

Appearance: Unruly Messy Dirty Clothing: Stains on clothing Undue odour Partially dressed

Bodily excrement stains Other _____

Breath: Alcoholic odour Sweet/pungent tobacco odour Heavy usage, breath spray

Other _____

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Movements: Fumbling Jerky Nervous Slow Hyperactive

Other _____

Heavy use of: Gum Candy Mints Chewing

Other

Employee response to reports of the above listed behaviour:

Manager/supervisor assessing the risk of the person continuing work:

What is the likelihood of the employee hurting themselves or others?

What is the level of contact with the public/external visitors?

What equipment is used and how often?

How many co-workers may be directly affected by the actions of this employee?

What is the inherent risk of the activity required to be performed?

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Next course of action

In the event this form is completed by the supervisor, supervisor must attempt to make contact with GTNT – Employment Specialist as soon as reasonably practicable.

Darwin Office: (08) 8980 0600

Alice Springs Office: (08) 8955 6900

Based on the risk assessment questions listed above the supervisor/manager and the employee agree that the following action is to be undertaken:

Third party 'fit for work' assessment to be completed by medical provider: Darwin - Top End Work Fit Liaison: 8930 4900 Alice Springs – Jobfit: 8995 2555 or Bath St Family Medical Centre: 8952 2000 Katherine – Katherine Pathology (Western Diagnostic): 8972 2539 Tennent Creek – Central Australian Health Service: 8962 4633	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Low Risk	Temporary light duties	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Temporary allocate alternative tasks	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Taking a rest break	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Resuming work next day	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Increase awareness by providing further training (hard hat chats)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Provide EASA services	Yes <input type="checkbox"/> No <input type="checkbox"/>
	WHS Commitment – Action Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>

High Risk	Provide EASA Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Allowing leave without pay (LWOP), Annual Leave (AL) or Sick Leave (SL) for agreed period of time	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Suspension to allow suitable time for recovery (Apprentice/Trainee only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	WHS Commitment – Action Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
No Action	Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Sent to GTNT

Please contact and provide GTNT Employment Specialist and/ or GTNT WHSE & Projects Officer with completed forms:

GTNT Reception – (08) 8980 0600

GTNT Safety email – safety@gtnt.com.au

- Contacted ES via phone
- Contacted ES via email with 'Signs of unfit for work form' attached
- Contacted WHSE & Projects Officer
- Contacted WHSE & Projects Officer via email with 'Signs of unfit for work form' attached
- Time & date _____

Post Third Party Assessment

Refer to procedure to assess next course of action.

Supervisor Name: _____ Date: _____

Signature: _____

Employee Name: _____ Date: _____

Signature: _____

Employment Services
Coordinator _____ Date: _____

Signature: _____

This form also relates to the following other forms: [WHS-AP002-02 Fitness for Work – Action Plan](#)