

Extension of working hours or shift assessment



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|--|--------------------------|---|--------------------------|----------------------------------|
| This form must be completed prior to allowing any VGC operatives to work any turns of duty which will exceed the guide lines laid down in 4.SQE.GEN.014. A copy of this form must be forwarded to the HSQE advisor. | | | | |
| Employee's name (s) | | | | |
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| Clients name | | | | |
| Work site | | | | |
| Date | | | | |
| Type of extension required (tick) | | | | |
| Hours in a 7 day period (extension of 72 hours) | <input type="checkbox"/> | Hours in a shift (extension of 12 hours) | <input type="checkbox"/> | More than 13 continuous shifts |
| Extended hours/days required | | | | |
| Assessment | Yes | No | Comments | |
| 1. Can the individual be replaced? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Can the work be suspended? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Is individual fit and prepared to continue? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Have additional rest breaks been agreed? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Will extended hours affect the individuals next turn of duty? <ul style="list-style-type: none"> • Work more than 12 hours per turn of duty • Work more than 72 hours in one week (7 days) • Work more than 13 turns of duty in any 14 day period • Have less than 12 hours rest between turns of duty | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Are any special transport arrangements required? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. Is any additional equipment required? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Total hours/days authorised to be worked | | | | |
| Reason for extending hours | | | | |
| Authorisation to work given (tick) | | Authorised | <input type="checkbox"/> | Declined |
| Authorising line manager | | Ops / project manager (if applicable) | | Head of business (if applicable) |
| Name: _____ | | Name: _____ | | Name: _____ |
| Signature: _____ | | Signature: _____ | | Signature: _____ |
| Please forward to the HSQE department. | | | | |