

# How to Report Fatigue

## Why Bother Reporting?

**Providing accurate information on ‘fatigue events’ - i.e. on fatigue or potential fatigue you experience or anticipate - is crucial:**

- It allows your safety department / Fatigue Safety Action group (FSAG) to assess fatigue in your company, to identify trends on individual / series of duties, and to potentially investigate further (e.g. by using Activity Watches, fatigue surveys)
- With this information a more robust & proactive approach to producing rosters that mitigate fatigue can be achieved.
- It makes visible - and puts on record - what otherwise remains hidden. If there are no reports filed some may argue that fatigue is not an issue. You can prevent that.

**Here are some practical tips to fill in a fatigue report, and things to be avoided:**

## The DOs:

**ALWAYS** use factual information only. Less is more: be factual, to the point, and (if possible) avoid using long texts.

Make sure you **fill in essential information**, i.e. see the type of information marked in orange, in the upper part of the attached ‘template form’. All other information (black text in the form) is useful but less crucial (except in certain cases - see below).

The **critical phases of flight** are Take-Off until 30 min after TOC and 60 minutes prior to landing until blocks on. If you indicated a ‘KSS’ fatigue score of 7 or more in these phases, do elaborate in ‘Fatigue Details’ (see bottom of attached form).

**Make sure you provide:**

- **accurate assessment of your alertness** level prior to an event (use the 1-9 score of the scientific ‘Karolinska Sleepiness Scale - KSS’); and if you provide ‘Fatigue Details’, again use identical terms from that scale - e.g. “... during the approach I was sleepy, it was an effort to stay awake (Karolinska 8), and ...”).
- **previous sleep periods & lengths of previous sleep periods** (as best as possible). As the only real effective way to mitigate/lessen any onset of fatigue is to have adequate sleep, it is important to have information on what your sleep length and quality was prior to any event.

- **the main reason for the fatigue event** (e.g. “flight departure delayed and subsequent duties after long period of wakefulness, a series of night duties, hotel room not able to obtain quality sleep, roster change and was not able to plan adequate rest”);
- accurate data of changed flight duties (if applicable).

## The DON'Ts:

Refrain from using **subjective / personal opinions or assumptions**, rather than facts.

Avoid using **wording open to interpretation**.

NEVER use language against company procedures, personnel, processes, and language indicating emotions or feelings (e.g. frustration, anger, low morale, etc.).

## When to report:

**ALWAYS** report fatigue before, during and even after the completion of a fatiguing duty if you feel it is appropriate. Do so especially if your fatigue scores are high (KSS 7-9).

The fatigue report must be used **if you requested / required additional sleep / rest** at layover hotel or home base, to ensure the next duty/duties can be performed safely.

It must be used **after you reviewed your next duty** / duties and are concerned that the fatigue level (potentially) impacts your ability to perform your flights safely.

If in doubt, fill in the report. Each fatigue event must be reported!



# ECA

European Cockpit Association

Discover more  
**ECA Summer  
Campaign**



[www.eurocockpit.eu](http://www.eurocockpit.eu) @EuropeanPilots

© 2025 European Cockpit Association AISBL

# Fatigue Report Template

(This template is given for information only. Always use your company's fatigue reporting channel)

If you wish the contents of this form to remain confidential please tick here: <input type="checkbox"/>					
NAME:		POSITION:		ID NUMBER:	
WHEN DID THE EVENT OCCUR?	Date (DD/MM/YY): ___/___/___		Time (LOCAL OR UTC): ___:___		How long had you been on duty? HOURS _____ MINS _____
WHAT WERE YOU DOING AT THE TIME OF THE EVENT?	<input type="checkbox"/> At home	<input type="checkbox"/> Driving to work	<input type="checkbox"/> In flight	<input type="checkbox"/> Driving home	<input type="checkbox"/> Positioning <input type="checkbox"/> Other _____
IF RELEVANT, ON WHAT FLIGHT DID THE EVENT OCCUR?	Flight No: _____		Route: _____		A/C type: _____ Event sector: _____

CONTRIBUTORY FACTORS <i>Tick all factors that contributed to the event/your general concern</i>			SLEEP HISTORY																														
<input type="checkbox"/> EARLY START Time <input type="checkbox"/> LATE FINISH Time <input type="checkbox"/> EARLY to LATE transition <input type="checkbox"/> LATE to EARLY Transition <input type="checkbox"/> Long duty day <input type="checkbox"/> High sector workload (>4) <input type="checkbox"/> Positioning <input type="checkbox"/> Roster disruption/Changes <input type="checkbox"/> Insufficient rostered rest time <input type="checkbox"/> Deep night <input type="checkbox"/> Delay(s)	<input type="checkbox"/> Home rest <input type="checkbox"/> Home issues <input type="checkbox"/> Hotel rest <input type="checkbox"/> Health <input type="checkbox"/> Illness/Medication <input type="checkbox"/> Long-Term fatigue <input type="checkbox"/> Commute <input type="checkbox"/> Don't know <input type="checkbox"/> OTHER (next column)	<i>If you ticked "OTHER", please specify here:</i> _____ _____ _____	For the 72 hours prior to the reported event, record the start and finish times for all sleep periods (including naps): <table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Time (Local or UTC)</th> </tr> </thead> <tbody> <tr> <td><b>DAY 1</b></td> <td>/ /</td> <td>:</td> </tr> <tr> <td>Start</td> <td>/ /</td> <td>:</td> </tr> <tr> <td>Finish</td> <td>/ /</td> <td>:</td> </tr> <tr> <td><b>DAY 2</b></td> <td>/ /</td> <td>:</td> </tr> <tr> <td>Start</td> <td>/ /</td> <td>:</td> </tr> <tr> <td>Finish</td> <td>/ /</td> <td>:</td> </tr> <tr> <td><b>DAY 3</b></td> <td>/ /</td> <td>:</td> </tr> <tr> <td>Start</td> <td>/ /</td> <td>:</td> </tr> <tr> <td>Finish</td> <td>/ /</td> <td>:</td> </tr> </tbody> </table>		Date	Time (Local or UTC)	<b>DAY 1</b>	/ /	:	Start	/ /	:	Finish	/ /	:	<b>DAY 2</b>	/ /	:	Start	/ /	:	Finish	/ /	:	<b>DAY 3</b>	/ /	:	Start	/ /	:	Finish	/ /	:
	Date	Time (Local or UTC)																															
<b>DAY 1</b>	/ /	:																															
Start	/ /	:																															
Finish	/ /	:																															
<b>DAY 2</b>	/ /	:																															
Start	/ /	:																															
Finish	/ /	:																															
<b>DAY 3</b>	/ /	:																															
Start	/ /	:																															
Finish	/ /	:																															

Tick all **physical & cognitive signs of fatigue** that were apparent in the 2 hours leading up to the event and any counter-measures used

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
How <b>alert</b> did you feel <b>immediately prior</b> to the event (tick one):	Extremely alert	Very alert	Alert	Rather alert	Neither alert nor sleepy	Some signs of sleepiness	Sleepy, but no effort to keep awake	Sleepy, effort to keep awake	Very sleepy, fighting sleep

PHYSICAL SIGNS	COGNITIVE SIGNS	COUNTERMEASURES
<input type="checkbox"/> NO PHYSICAL SIGNS WERE NOTED <input type="checkbox"/> Fidgeting <input type="checkbox"/> Rubbing eyes <input type="checkbox"/> Yawning <input type="checkbox"/> Frequent blinking <input type="checkbox"/> Staring blankly <input type="checkbox"/> Long blinks <input type="checkbox"/> Difficulty keeping eyes open <input type="checkbox"/> Head nodding <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NO COGNITIVE SIGNS WERE NOTED <input type="checkbox"/> Impaired attention <input type="checkbox"/> Involuntary lapses into sleep <input type="checkbox"/> Negative mood <input type="checkbox"/> Reduced communication <input type="checkbox"/> Increased omissions and errors <input type="checkbox"/> Increased reaction time <input type="checkbox"/> Impaired situational awareness <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NO COUNTERMEASURES WERE USED <input type="checkbox"/> Advised colleague of fatigue risk <input type="checkbox"/> Coordinated workload <input type="checkbox"/> Increased communication <input type="checkbox"/> Caffeine <input type="checkbox"/> Food & Drink <input type="checkbox"/> Controlled Rest in Flight <input type="checkbox"/> OTHER: _____

<b>FATIGUE DETAILS</b> (COMPLETE IF REQUIRED)
TITLE:
DESCRIPTION:
CAUSE:
ACTION & RESULTS:
EVENT SEVERITY:    LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/>
SUGGESTIONS: