



# WHITEHAVEN COAL

Document Owner:	Health Superintendent - Group
Document Approver:	Group Manager WHS
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## WHC-FRM-JOURNEY MANAGEMENT

Name:		Employer:	
Site:		Department:	
Current roster:		Contact number:	
Shift Length:		Time of travel:	

This journey management plan has been developed in accordance with WHC-STD-Fatigue Management.

Journey Purpose:	<input type="checkbox"/> Daily commute	<input type="checkbox"/> Commute at beginning/end of series of shifts	<input type="checkbox"/> Other
Journey Summary:	To: <input style="width: 100%;" type="text"/>	From: <input style="width: 100%;" type="text"/>	Distance: <input style="width: 100%;" type="text"/>
Estimated travel time:	Estimated travel and work time: <input style="width: 100%;" type="text"/>		
Proposed Method of Travel:	<input type="checkbox"/> Car – Single Driver	<input type="checkbox"/> Car pool	<input type="checkbox"/> Fly <input type="checkbox"/> Other:

I will manage my fatigue by (tick all that apply):

- Travelling the day prior to first rostered shift
- Resting prior to travelling home after last rostered shift
- Resting if rostered shift including travel reaches 14 hours
- Travelling with another person
- Sharing my driving with another person
- Resting at set points - specify rest points: \_\_\_\_\_
- \_\_\_\_\_
- Opportunity to rest while travelling (e.g. airplane or train)
- Contact Supervisor upon arrival
- Other:

### AUTHORISATION

Employee (Signature):		Date:	
Manager/Delegate (Name):		(Signature):	
Date:		Comments:	

Provide a copy to Employee, Supervisor and site Safety department. Record to be uploaded into training database.