

RA029-CEN Extension of Hours Risk Assessment


Contract/Job Name & Number:
Please Note The Following:

- This form is to be used to authorise the exceedance of planned hours resulting from an unplanned event. It should be noted that once an employee has signed this form it can still be revised at any time they believe that they are unable to continue work.
- This assessment must only be made if there is an exceptional circumstance's which:
 - Is likely to increase the risks to health and safety of colleagues or the public.
 - Is likely to cause significant disruption to the public and is not reasonably practicable to take alternative steps e.g. by providing relief staff.

The circumstances that have led to this situation are (Tick As Required):

<input type="checkbox"/>	Extreme weather conditions
<input type="checkbox"/>	Equipment failure
<input type="checkbox"/>	Accident or serious Incident
<input type="checkbox"/>	Shortage of staff which was not foreseeable e.g. sudden illness, and which would cause significant operational disruption
<input type="checkbox"/>	Other (provide details)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has member of staff worked more than 78 hours in previous 7 days?
<input type="checkbox"/>	<input type="checkbox"/>	Has member of staff worked more than 13 hours in previous shift?
<input type="checkbox"/>	<input type="checkbox"/>	Has member of staff had less than 11 hours rest between last turn of duty and this shift?
<input type="checkbox"/>	<input type="checkbox"/>	Has member of staff worked 12 consecutive shifts prior to this turn of duty?
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have to drive home? If so, how far?
<input type="checkbox"/>	<input type="checkbox"/>	Can anyone else drive the employee home?
<input type="checkbox"/>	<input type="checkbox"/>	Can the employee be booked into a hotel / B&B after the shift rather than drive home?
<input type="checkbox"/>	<input type="checkbox"/>	Can the employee be put onto non safety critical duties if exceedance cannot be avoided?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee rostered back on duty less than 11 hours after this shift will end? If so, need to ensure a minimum 9 hours rest.

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Owner	Document Issue Date	Next Review Date
Steve Usher	06/08/2025	05/08/2026

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What alternatives have been considered and why have they not been implemented?

Details Of Exceedance

Estimated Exceedance Time:	Additional Hours Or Additional Shifts:
Risk Assessment Number:	Location:
	Date:
	Shift:
Method Statement No:	Operation:
	Start Time:

Details Of The Person Who Is Required To Work Extended Hours

Print Name:	Position:
Company:	Type of Work:

Employees Considerations	Yes	No
Has the employee had their recommended 11 hour rest break prior to the start of this shift?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee show signs of fatigue?	<input type="checkbox"/>	<input type="checkbox"/>

As the person who is required to work extended hours, I confirm that I am not fatigued and am willing to extend my working hours *

Name:	Signature:	Date:
Line Managers Name:	Signature:	Date:

**** This can be reviewed at any period of time during or after the extended period if the person feels that they have become fatigued***

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