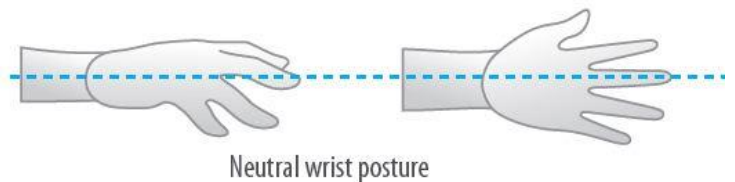
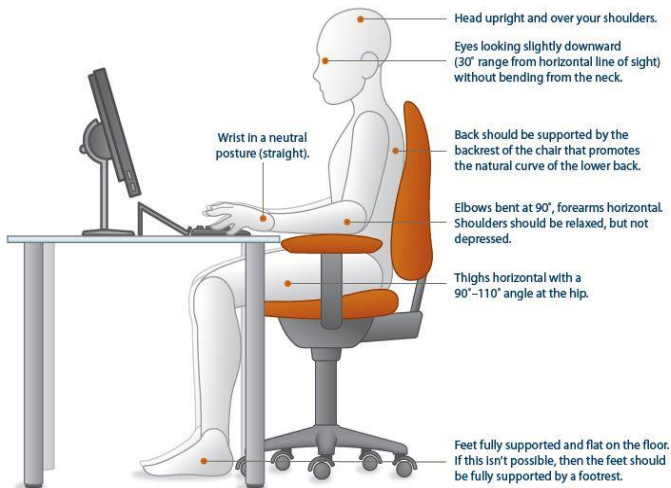


Workstation Ergonomics Self Assessment

The Workstation Ergonomics Self-Assessment is best undertaken by two people e.g. with your supervisor or team member. This enables the person to sit at their workstation while a second person observes and assists them achieve the recommended posture.

Item	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?				<ul style="list-style-type: none"> Obtain a fully adjustable chair
2.	Are your feet fully supported by the floor when you are seated?				<ul style="list-style-type: none"> Lower the chair Use a footrest/book
3.	Does your chair provide support for your lower back?				<ul style="list-style-type: none"> Adjust chair back Obtain proper chair Use a cushion
4.	When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees?				<ul style="list-style-type: none"> Adjust seat pan Add a back support
5.	Do your armrests allow you to get close to your workstation?				<ul style="list-style-type: none"> Adjust armrests Remove armrests

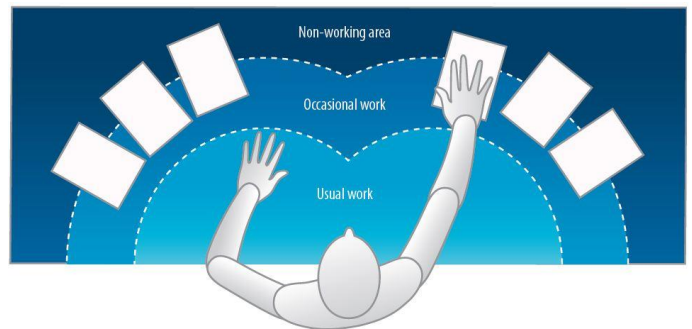
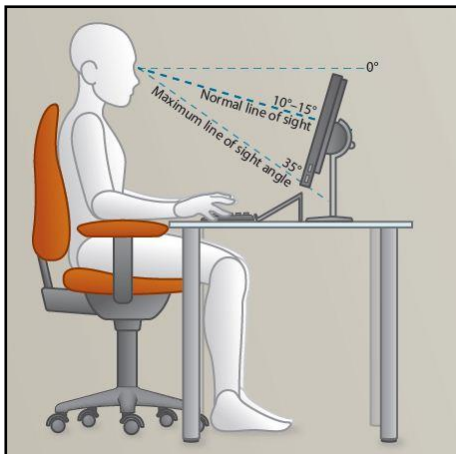


Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
6	Are your keyboard, mouse and work surface at your elbow height?				<ul style="list-style-type: none"> Raise / lower workstation Raise or lower keyboard Raise or lower chair
7	Are frequently used items within easy reach?				<ul style="list-style-type: none"> Rearrange workstation
8	Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?				<ul style="list-style-type: none"> Move keyboard to correct position
9	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? <i>The keyboard should be flat and <u>not</u> propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.</i>				<ul style="list-style-type: none"> Re-check chair, raise or lower as needed Check posture Check keyboard and mouse height
10	Is your mouse at the same level and as close as possible to your keyboard?				<ul style="list-style-type: none"> Move mouse closer to keyboard Obtain larger keyboard tray if necessary

Workstation Ergonomics Self Assessment

11	Is the mouse comfortable to use?				<ul style="list-style-type: none"> Rest your dominant hand by using the mouse with your non-dominant hand for brief periods (mouse buttons can be changed within the computer control panel) Investigate alternate mouse options.
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Item	WorkSurface	Yes	No	N/A	Suggested Actions
12	Is your monitor positioned directly in front of you?				<ul style="list-style-type: none"> Reposition monitor
13	Is your monitor positioned at least an arm's length away? Note: the monitor's location is dependent on the size of the monitor, the font, screen resolution and the individual user e.g. vision/use of bifocal spectacles etc.				<ul style="list-style-type: none"> Reposition monitor Seek an alternative monitor if necessary e.g. flat screen that uses less space
14	Is your monitor height slightly below eye level?				<ul style="list-style-type: none"> Add or remove monitor stand Adjust monitor height
15	Is your monitor and work surface free from glare?				<ul style="list-style-type: none"> Windows at side of monitor Adjust overhead lighting Cover windows Obtain antiglare screen (if possible)
16	Do you have appropriate light for reading or writing documents?				<ul style="list-style-type: none"> Ensure lighting is sufficient. Report all defective lighting to your supervisor
17	Are there any electrical cables/cords visible and not coiled?				<ul style="list-style-type: none"> Rearrange workstation or use cable ties to neatly tie cables together.



Workstation Ergonomics Self Assessment

Item	Breaks	Yes	No	N/A	Suggested Actions
18	Do you take postural breaks every 30 minutes? E.g. standing, walking to printer / fax etc.?				<ul style="list-style-type: none"> Set reminders to take breaks
19	Do you take regular eye breaks from looking at your monitor?				<ul style="list-style-type: none"> Refocus on a picture on the wall every 30 minutes

Item	Accessories	Yes	No	N/A	Suggested Actions
20	Is the top of your desk free from files/folders? Are there files/boxes and other stuff under your desk				<ul style="list-style-type: none"> Prioritise what files/folders you need. All other stuff must be archived. location/Archived
21	Is there a document holder either beside the screen or between the screen and keyboard if required?				<ul style="list-style-type: none"> Obtain document holder
22	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?				<ul style="list-style-type: none"> Obtain a headset if using the phone and keyboard

Item	Telephone	Yes	No	N/A	Suggested Actions
23	Is your telephone located on your desk and easy to reach? Does your job require frequently talking on the phone while you type or write at the same time?				<ul style="list-style-type: none"> Move from its current location and reposition on your desk easy to reach. Replace phone with a headset rather than cradling the phone between your head and neck.

Item	“Hot Desking” (when applicable)	Yes	No	N/A	Suggested Actions
24	Do you have enough moving space/ desk & chair available for your clients/customer/workmates?				Reposition your sitting arrangement/workstation layout. Clear all boxes and files from under/on top of your desk

Item	Lighting	Yes	No	N/A	Suggested Actions
25	Do you experience glare on your computer? Do you have sufficient lighting in your office?				<ul style="list-style-type: none"> Position your monitor so that your line of sight is parallel to the window. Install lights in order to see clearly and perform work safely.



Workstation Ergonomics Self Assessment

Following completion of this checklist, please discuss any concerns or requirements with your supervisor.
All completed assessments should be submitted to your supervisor for implementation. Keep a record of your assessment on file. For any further discussions please contact your OHS officer.

Person Completing Assessment

Name		Position	
Signature		Date	

Supervisor

Name		Position	
Signature		Date	
Comments	<i>E.g. New ergonomic chair approved - please follow up directly with OHS/ E.g. Formal ergonomic assessment</i>		