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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | WHS FORM | | | WHS45 |
| **WORKSTATION SELF-ASSESSMENT CHECKLIST** | | | |
| **Name:** | | **Workplace:** | **Estimated weekly hours of work:** | **Date of Assessment:** |
| **Description of work performed** (eg. predominantly computer work, data entry, variety of computer/non-computer tasks).  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  **Online Office Ergonomics Training Module Completed:** ❑ YES ❑ NO | | | | |

This checklist is designed to assist you to make the correct adjustments to the equipment and furniture at your workstation. Refer to the *Local Ergonomic Workstation Assessment* *Guidance Note* for detailed information on the university process.

**Use this checklist:**

* when you commence work as part of your induction
* when you relocate to another workstation temporarily or permanently OR your workplace layout changes
* if you have returned to work from an extended leave of absence and/or experience any discomfort or pain symptoms.

*NOTE: If you have sustained an injury or are suffering from a medical condition where there is potential to impact on comfort at your workstation, contact your Divisional or Central Health & Safety Consultant for advice and to discuss your need for support at work.*

**PART A: Self-Assessment** (Complete **PART A** and forward to your supervisor)

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|  | **Key Features of Correct Setup:**   1. **Elbows** above the desk, at right angles 90-110˚. 2. **Shoulders** relaxed and not hunched. 3. **Wrists** in line with forearms. 4. **Hips, Knees, Ankles** at 90˚ when seated. 5. **Feet** flat on the ground or footrest. For prolonged standing consider a mat. 6. **Head** upright with ears aligned with shoulders. 7. **Eyes** looking at top of monitor or slightly below. Consider use of a laptop raiser with your laptop. 8. **Seat length** should be long enough to support the thighs (approx. 5cm clearance between the front edge of the seat and the lower part of the legs). 9. **Backrest** angled at 90-110˚ with adequate lumbar support for the lower back. 10. **Keyboard** positioned flat and as close to the front edge of the desk as is comfortable. Mouse close to keyboard and gripped loosely. 11. **Laptop** used with a raiser, docked into a desktop computer with connecting keyboard and mouse. |

**NOTE: Where ‘No’ is selected, further action may be required to ensure the correct workstation setup.**

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| **Chair & Posture** | **Instructions** | | **Action Taken or Required** |
| Chair  (swivel with minimum 5 castor base) | Can you easily adjust your chair mechanisms to suit you and your workstation?  ❑ seat height ❑ backrest height  ❑ backrest angle ❑ seat tilt | ❑Yes ❑ No |  |
| Seat height | Is the seat height adjusted so that the work surface/keyboard is slightly below elbow height? | ❑Yes ❑ No |  |
| Are feet flat on the floor with knees bent at right angles and thighs parallel to the floor?  ***Note:*** *If feet are not flat on the floor, consider a footrest.* | ❑Yes ❑ No |  |
| Backrest | Is the backrest angle and height adjusted so that the lumbar support fits into the curve of your lower back? – refer to 9 on the above diagram. | ❑Yes ❑ No |  |
| Does the backrest support the upper back region where the user is tall in stature? | ❑Yes ❑ No |  |
| Seat tilt | Is the seat tilted so that your hips and top of your thighs are at right angles? | ❑Yes ❑ No |  |
| Seat length | Is the seat deep enough to support your thighs? - refer to 8 on diagram above. | ❑Yes ❑ No |  |

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| **Chair & Posture** | **Instructions** | | **Action Taken or Required** |
| Armrests | Do armrests interfere with access to the desk? If so, either lower them or have them removed.  ***Note:*** *Armrests are not recommended for keyboard work however may provide support for other activities or purpose.* | ❑Yes ❑ No |  |
| **Desk, keyboard and mouse** | | | |
| Desk | Is the desk height adjusted so that the forearms are horizontal or angled slightly downward?  ***Note:*** *If the desk is fixed, the chair adjustments are relied upon to meet the user and task requirements.* | ❑Yes ❑ No |  |
| Are frequently used items within easy reach and is there sufficient space for documents, completed work or writing? | ❑Yes ❑ No |  |
| Is there a headset provided where tasks involve high volume of telephone calls? | ❑Yes ❑ No |  |
| Leg clearance | Is there sufficient space beneath the desk to allow free leg movement without obstruction? | ❑Yes ❑ No |  |
| Document holder | Is a holder provided for tasks that require frequent reference to hard copy documents and data entry to the computer? | ❑Yes ❑ No |  |
| Is the holder positioned between the keyboard and the screen where possible to reduce repetitive head, neck and eye movement? | ❑Yes ❑ No |  |
| Keyboard | Does the keyboard sit flat and close to the desk edge directly in front of you? ***Note:*** *Refer to 11 in the diagram above for extended laptop use.* | ❑Yes ❑ No |  |
| Mouse | Is the mouse positioned close and directly beside your keyboard on your preferred side? *Note:* Mouse should not be used with an outstretched arm over prolonged periods. | ❑Yes ❑ No |  |
| Does the mouse move easily on the desk surface? | ❑Yes ❑ No |  |
| Does the mouse fit comfortably in the palm of the hand? | ❑Yes ❑ No |  |
| **Monitor** | | | |
| Height | Is the screen positioned so that it is level with your eyes when looking straight ahead, sitting in an upright position? | ❑Yes ❑ No |  |
| Distance | Is the screen at least an arm’s length away and images easily legible from the seated position?  ***Note:*** *For dual screen use, position the main screen directly in front and the less used screen immediately to the right or left, at the same height and distance away.* | ❑Yes ❑ No |  |
| Reflection/glare | Has the monitor screen been placed so that it does not face a window, catching reflections from the window, or have a window directly behind it causing glare from the window? | ❑Yes ❑ No |  |
| Has the monitor screen brightness and contrast controls been adjusted where the screen is too bright or images are too dark? | ❑Yes ❑ No |  |
| **Work and Rest Rates** | | | |
| WorkPace Ergonomic Software | Is the WorkPace program operational on your computer? If not, refer to [WorkPace guidance material](http://w3.unisa.edu.au/safetyandwellbeing/SMS/guidelines/workpace_software.pdf) for information and instruction on installation. | ❑Yes ❑ No |  |
| Have you adjusted the program settings to suit your needs? Seek assistance if unsure. | ❑Yes ❑ No |  |
| Regular rest breaks | **Take short 1-2 minute stretch breaks every 20-30 minutes (refer to stretch exercises on page 3).** After each hour of work, take a break or change tasks for at least 5-10 minutes. Always try to get away from your computer during lunch breaks to reduce static posture. | | |

**Forward a copy of this completed assessment to your supervisor.**

**PART B: Supervisor Action** (Discuss findings with the employee and tick the appropriate box below. Retain completed forms on the local shared drive or SharePoint teamsite).

❑ I have discussed the findings and any action/s required with the employee and local competent staff member (staff who have attended the *Ergonomics of Workstation Assessment* in-house workshop) and have approved actions for completion (retain evidence of action taken);

**OR**

❑ I have referred this employee who has an injury or medical diagnosis to the Divisional/Central Health and Safety Consultants or Rehabilitation Consultant for further early intervention advice. The employee has been informed to submit an online injury report.

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| *Supervisor Name:* | *Position:* |
| *Sign off on action taken:* | *Date:* |

**STRETCH DESK CARD**

