



CHECKLIST

Ergonomic Self Assessment

A well-designed workstation can help to reduce the risk of discomfort, pain and injury. The following checklist is provided to assist you in setting up and assessing your own workstation ergonomics.

If you answer 'no' to a question, further action may be required and should be discussed with your supervisor.

Worker details

Name of worker _____

Staff number _____

Position _____

Name of Manager _____

Date of assessment ____/____/____

Location _____

Daily tasks

List your main daily tasks

Could your daily tasks be varied to help overcome repetitive and prolonged activities?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you change your posture at least every hour?

<input type="checkbox"/>	<input type="checkbox"/>
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Are rest breaks taken regularly as needed?

<input type="checkbox"/>	<input type="checkbox"/>
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Have you incorporated stretching exercises into your workday routine?

<input type="checkbox"/>	<input type="checkbox"/>
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Recommendations:

Chair

It is essential to have a suitable chair. You should be able to adjust the seat height, the back rest (both vertically and horizontally) and the tilt of the seat. AS/NZS 4438:1997

	Yes	No	If No, actions required
Is the seat adjustable and (if any) chair arms not in the way of access to workstation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can you adjust the height of the chair to the height required for the correct keying position? (i.e. forearms parallel with the floor and elbows bent at 90 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can the backrest be adjusted to sufficiently support your lower back and fit into the small of your back at waist level?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the depth of the seat support your thighs so they are parallel to the floor with feet resting on footrest or floor?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your sitting posture support and maintain the natural curves of your spine when you are keying?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recommendations:			_____ _____ _____

Footrest

When making your assessment consider your height and the height of your desktop.

	Yes	No	If No, actions required
If your feet do not comfortably reach the floor when you are in the correct keying position do you think a footrest would help?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recommendations:			_____ _____

Document Holder

Document holders come in all shapes and sizes from holding a single piece of paper to a large textbook.

	Yes	No	If No, actions required
Would a document holder help to alleviate neck/shoulder tension?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recommendations:			_____ _____ _____

Monitor

To avoid twisting it is recommended that the computer be set up so that you sit directly in front of both the keyboard and monitor.

	Yes	No	If No, actions required
Is the top of the monitor (toolbar) at eye level when you are seated in the chair and looking straight ahead?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the characters on the computer display set at an appropriate size and colour for easy reading?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the monitor at least an arm's distance when seated in front?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations:

Desk

See [Workstation Tips](#).

	Yes	No	If No, actions required
Is your desk large enough for all your work activities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there sufficient room on your desk to set up your computer correctly?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are your forearms parallel with the floor or angled slightly downward? (<i>This can be achieved by lowering the desk to suit the user, or, with a fixed desk, raising the chair</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your desktop free from clutter?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are frequently used items within comfortable reach?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is access to the desk free from obstacles or trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	_____

What are your recommendations for improving your desk setup?

Keyboard

It is recommended that the keyboard be about 6-7cm in from the edge of the desk with the ideal position of your wrist (whilst typing) straight with the hand in line with the forearm.

	Yes	No	If No, actions required
Is there enough desk space in front of your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the keyboard parallel with the desk edge and in line with your body and the monitor?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the keyboard detached from the screen to ensure a comfortable working position?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the keyboard thin enough for comfortable positioning of the arms? (It should be less than 30mm thick at the home run of keys)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations:

Mouse

Using the ergonomic features will assist with physical overuse

	Yes	No	If No, actions required
When on the desk is the mouse as close as possible to and level with the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the mouse have a scroll button feature and is it used?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use keyboard shortcuts to reduce mouse use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you set up desktop shortcuts to reduce mouse use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
When using the mouse, do you think a wrist rest would be of benefit?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations:

Telephone Operations

Repeatedly reaching for the telephone, which is too far away, may result in strain on the shoulder, neck and arm. Consider a headset or speakerphone if your work entails a great deal of time on the phone. Take into consideration the quantity of notes taken when on the phone; for example, taking notes at a teleconference

	Yes	No	If No, actions required
Is your telephone in an ideal position on your desk?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you think a headset or speaker phone would make it easier for you to take telephone calls?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you have a headset is it lightweight, adjustable and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations:

Laptop

If using a laptop for extended periods (more than one hour) a full-sized keyboard and mouse must be used, and don't forget take a break and look away from your screen every so often.

	Yes	No	If No, actions required
Is your laptop only used for short periods of time (less than one hour)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you need an external mouse and/or keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you need a full-sized monitor or laptop riser?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations:

Environment

Your office environment influences your personal comfort and wellbeing at work. AS/NZS 1680.2.2:2008: Interior and workplace lighting - Specific applications - Office and screen-based tasks AS/NZS 4442:1997: Office desks.

	Yes	No	If No, actions required
Do you find lighting appropriate for the tasks?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is glare adequately controlled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you find temperature, noise and airflow comfortable and conducive to concentration?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Recommendations:

Manager Review

This request is for your manager to review the following equipment and should be completed in consultation with your manager:

- | | |
|---|---|
| <input type="checkbox"/> Document Holder (type) | <input type="checkbox"/> Extension Cord for Telephone |
| <input type="checkbox"/> Speaker Phone | <input type="checkbox"/> Gel Wrist Rest / Mouse Mat |
| <input type="checkbox"/> Headset | <input type="checkbox"/> Gel Keyboard Wrist Rest |
| <input type="checkbox"/> Footrest | <input type="checkbox"/> Monitor Riser |
| <input type="checkbox"/> Desk Lamp | <input type="checkbox"/> Chair for use at second desk |
| <input type="checkbox"/> Laptop Docking Station | <input type="checkbox"/> Laptop Stand / Laptop Riser |

Other

- Log maintenance request

Give details re replacing furniture, removing furniture, modifying furniture/workstation, repairs to items etc.

- Move computer equipment (advise IT if necessary)

Special Needs Equipment

If you need additional equipment this can be organised through your purchasing officer on approval by your manager

	Yes	No		Yes	No
Desktop Ergo Tilt	<input type="checkbox"/>	<input type="checkbox"/>	Keyboard - various	<input type="checkbox"/>	<input type="checkbox"/>
Document Copy Holder - various	<input type="checkbox"/>	<input type="checkbox"/>	Laptop Riser	<input type="checkbox"/>	<input type="checkbox"/>
Gelerciser	<input type="checkbox"/>	<input type="checkbox"/>	Monitor Riser	<input type="checkbox"/>	<input type="checkbox"/>
Gel Mouse Mat	<input type="checkbox"/>	<input type="checkbox"/>	Mouse - various	<input type="checkbox"/>	<input type="checkbox"/>
Gel Wrist Rest	<input type="checkbox"/>	<input type="checkbox"/>	Type Right CD - MAUS	<input type="checkbox"/>	<input type="checkbox"/>
Headset	<input type="checkbox"/>	<input type="checkbox"/>	Voice Recognition Software	<input type="checkbox"/>	<input type="checkbox"/>

Other:

To minimise the spread of COVID-19 limit sharing of equipment and workstations between people and ensure equipment has been thoroughly sanitised before use.

Please note it will be a case of trial and error to determine if new work practices are appropriate and of benefit. It is important that you recognise, and do not ignore possible warning signs of injury such as experiencing pain and discomfort, by seeking medical advice.

If after completing this self-assessment form and discussing any issues with your manager you still have concerns or require further assistance please contact the HR Manager.

A copy of this self-assessment should be retained on the workers file.

Worker's Signature:

Date

_____ / /

Manager's Signature:

Date

_____ / /



This resource was proudly created in collaboration with Trinitas Group

If you would like further information about Ergonomics, please contact the Risksupport Helpdesk on:

1300 660 827
helpdesk@risksupport.org.au

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