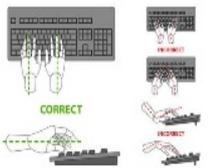
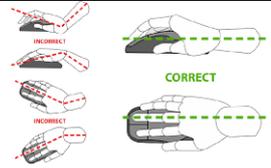
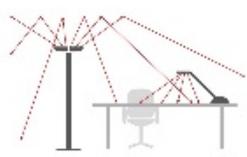




Workstation Self-Assessment Checklist

Name		Date	
If you have any new pain or an injury related to work activity ensure that an Incident Notification (level 1 incident) is completed in Figtree and/or contact the injury Management Team for advice or support. <input type="checkbox"/> Complete <input type="checkbox"/> INC# _____			

Assessment details		
Chair	Seat base height adjusted so knees and hips at or slightly above 90 degrees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Seat base size suitable. (Width supports your hips, depth adjusted to allow a small gap between back of knees and chair)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Back rest height adjusted so lumbar support rests in your lumbar curve	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Back rest angle adjusted to support a relaxed, upright posture	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Seat base tilt adjusted to neutral (flat)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Chair in good condition/good working order	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comfortable seat base height (Floor to top of seat base)	_____ cm
	Comments:	
	Desk	Desk height adjustable to allow arms to be parallel to floor when typing
	Desk size appropriate to task requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Standing desk in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Desk height and design allows appropriate leg clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comfortable seated desk height	_____ cm
	Comfortable standing desk height (Floor to top of desk surface)	_____ cm
	Comments:	
Monitor	Monitor height adjusted so you're looking straight ahead to the top tool bar on screen, or so that your head is in a neutral position (eyes forward, chin level) viewing the screen if using multi-focal glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Monitor distance from user is adjusted to roughly an arms-length, but adjust to individual need to allow comfortable viewing without moving head	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Monitor angle adjusted to suit comfort and minimise reflection or glare	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dual monitors positioned as per graphic according to work tasks to minimise static or repetitive neck movement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Comfortable monitor height (Desk surface to top tool bar of screen)	_____ cm
	Comments:	
Documents	Document holder in place to position documents between monitor/keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Document holder for paper based tasks away from the computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is there adequate storage for hard copy documents without creating clutter	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	

Keyboard	Keyboard positioned centrally between the you and the computer	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Keyboard size/type appropriate to for you (consider short or split keyboards)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Keyboard flat on the desk (feet up) to minimise wrist strain	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Keyboard position (desk height) allows relaxed shoulder posture	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	
Mouse	Mouse positioned as close as possible to keyboard allowing your arm to rest as close as possible to your body	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Consider alternating mouse use between left & right if comfortable	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mouse type appropriate to your work tasks and health history	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you familiar with keyboard shortcuts to minimise excessive mouse use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Headset in place. Headset is recommended for any significant phone use	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone within easy reach while at your workstation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Consider your "phone posture" and alternate hand use during phone tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting/sound	Room lighting appropriate for your needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Task lighting appropriate to your needs (where applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Adjust your monitor brightness and colour to suit your needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Auditory environment appropriate to tasks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breaks	Commit to taking regular posture breaks throughout the day (2 minutes every 30 minutes as well as regular lunch/tea breaks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Use Work Rave software to support taking regular breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Planned frequency of breaks (2 minutes every 30 minutes recommended)	___ mins / ___ mins
Laptop	Use laptop riser, external mouse/ keyboard for extended use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are you familiar with correct laptop postures and use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:		

Outcomes of Self-Assessment	
<input type="checkbox"/>	Implement more frequent rest and posture breaks.
<input type="checkbox"/>	Implement regular visual breaks.
<input type="checkbox"/>	Replace current chair – attend the WEG Chair trial room to trial a range of chairs and follow the instructions provided there to order a new chair.
<input type="checkbox"/>	Follow up with supervisor to source ergonomic equipment if needed (eg mouse, keyboard, document holder).
<input type="checkbox"/>	Book an OSLO Assessment for self to follow up on identified concerns.
<input type="checkbox"/>	Contact Injury Management for further advice on managing an injury (if required).
<input type="checkbox"/>	Lodge an incident in Figtree https://services.anu.edu.au/information-technology/software-systems/figtree-workplace-safety-incident-hazard-reporting-tool if you are experiencing pain in relation to your work activity.
<input type="checkbox"/>	Other Items:

Please keep a copy of this self-assessment checklist for your own records