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|  | **29.1 WHS FORM - Workstation ergonomics self-assessment** |

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| Name of person being assessed: | Position: |
| Date: |

The Workstation Ergonomics Self-Assessment is best undertaken in pairs. This enables one person to sit at their workstation while a second person observes and assists them achieve the recommended posture. Then move on to the other person’s workstation.

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| Wholistic Setup |

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| **CHAIR**  | **Yes** | **No** | **NA** | **Suggested actions** |
| Can the height, seat and back of the chair be adjusted to achieve the posture outlined below? |  |  |  | * Obtain a fully adjustable chair
 |
| Are your feet fully supported by the floor when you are seated? |  |  |  | * Lower the chair
* Use a footrest
 |
| Does your chair provide support for your lower back? |  |  |  | * Adjust chair back
* Obtain adjustable chair
* Obtain lumbar roll
 |
| When you sit with your back against the back rest, is there a 2-3 finger width gap between the back of your knees, and the front of the seat? |  |  |  | * Adjust seat pan
* Add a back support
* Chair with smaller set pan
 |
| Armrests in general, are not recommended. However if you do have armrests, do they allow you to get close to your workstation? |  |  |  | * Adjust armrests
* Remove armrests
 |

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| **KEYBOARD & MOUSE** | **Yes** | **No** | **NA** | **Suggested Actions** |
| Armrests in general, are not recommended. However if you do have armrests, do they allow you to get close to your workstation? |  |  |  | * Adjust armrests
* Remove armrests
 |
| Are your keyboard, mouse and work surface at your elbow height? |  |  |  | * Raise / lower workstation
* Raise or lower keyboard
* Raise or lower chair
 |
| Are frequently used items within easy reach? |  |  |  | * Rearrange workstation
 |
| Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface? |  |  |  | * Move keyboard to correct position
 |
| When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? *The keyboard should be flat and not propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.* |  |  |  | * Re-check chair, raise or lower as needed
* Check posture
* Check keyboard and mouse height
 |
| Is your mouse at the same level and as close as possible to your keyboard? |  |  |  | * Move mouse closer to keyboard
* Obtain larger keyboard tray if necessary
 |
| Is the mouse comfortable to use? |  |  |  | * 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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| Desk SetupMonitor Setup |
| **MONITOR & ACCESSORIES** | **Yes** | **No** | **NA** | **Suggested Actions** |
| Is your monitor positioned directly in front of you? |  |  |  | * Reposition monitor
 |
| 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. |  |  |  | * Reposition monitor
* Seek an alternative monitor if necessary e.g. flat screen that uses less space
 |
| Is your monitor height slightly below eye level? |  |  |  | * Add or remove monitor stand
* Adjust monitor height
 |
| Is your monitor and work surface free from glare?  |  |  |  | * Windows at side of monitor
* Adjust overhead lighting
* Cover windows
* Obtain antiglare screen
 |
| Do you have appropriate light for reading or writing documents? |  |  |  | * Obtain desk lamp
* Place on left if right-handed – place on right if left handed
 |
| Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area? |  |  |  | * Rearrange workstation
 |
| Is there a sloped desk surface or angle board for reading and writing tasks if required? |  |  |  | * Obtain an angle board
 |
| Is there a document holder either beside the screen or between the screen and keyboard if required? |  |  |  | * Obtain document holder
 |
| Are you using a headset or speakerphone if you are writing or keying while talking on the phone? |  |  |  | * Obtain a headset if using the phone and keyboard
 |
| **BREAKS** | **Yes** | **No** | **NA** | **Suggested Actions** |
| Do you take postural breaks every 30 minutes? E.g. standing, walking to printer / fax etc.? |  |  |  | * Set reminders to take breaks
 |
| Do you take regular eye breaks from looking at your monitor? |  |  |  | * Refocus on picture on wall every 30 minutes
 |
| **LAPTOP** | **Yes** | **No** | **NA** | **Suggested Actions** |
| In the event of using a laptop computer for prolonged periods of time use of;* A full sized external keyboard and mouse;

Docking station with full sized monitor or a laptop stand |  |  |  | Obtain appropriate laptop accessories |
| **“Hot Desking” (when applicable)** | **Yes** | **No** | **NA** | **Suggested Actions** |
| Provided time, support and supervision to make above adjustments. |  |  |  |  |

Following completion of this checklist, please discuss any concerns or requirements with your manager.

In some cases, using non-standard equipment can cause injury. You may be required to submit a letter from your treating doctor tin order to provide specific ergonomic equipment.