## Workstation Ergonomic Checklist

**This form is to be completed by workers conducting computer work on behalf of the Association for each workstation at which they will be working. The aim is to ensure that comfort is optimised and we reduce the likelihood of injury. Please attach a photo of your workspace.**

Worker name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workspace Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please put a check mark √ where an item is true. If you are unable to put a check mark against an item, please get in touch with the CEO before beginning work – they will assist you to optimise your workstation to ensure your comfort and reduce the likelihood of injury.*

|  |  |
| --- | --- |
| **Seated posture** *√* | |
| How is your chair?   * Is it adjustable? Comfortable? Does it have a stable base? Is it in good condition? * If your chair has armrests do they allow your shoulders / arms to remain relaxed and not elevated? * Can you easily reach your work without interference from the arms of your chair? * Does your chair support your lower back? |  |
| When you sit at your workstation are your forearms parallel to the floor with the underside of your elbow at the same height as the top of the desk? |  |
| Are your feet fully supported on the floor or on a footrest and are your thighs approximately parallel to the floor? |  |
| When typing or using your mouse are your wrists in line with your forearms and not bent up or down? |  |
| Is your mouse in line with and at the same level as your keyboard ? |  |
| Is the viewing distance to the screen between 40 and 70 cm? If you have a second screen is this placed to reduce head / body twisting? |  |
| Is the top of your computer screen at, or just below, eye level? |  |
| If you wear corrective lenses are you able to look at the screen without tilting your head? |  |

*When sitting in your chair you should have your back against the backrest for ultimate support. If you have your feet flat on the floor or a footrest it also provides great spine support. If your arms are bent at a 90’ (or greater) angle with your elbows close to your side and wrists straight this also provides optimum support for your spine while you work. Chair arms should not force your arms away from your body. A padded wrist rest can help support your wrists in a neutral (straight) position and keeps them off the hard edge of your desk / work surface.*

*Screen placement is also important to help with spine health. Often people wearing corrective lenses (especially bifocals or trifocals) find themselves tilting their head back to see the screen. Lowering the monitor can help with this.*

*Make sure that you have any accessories you are using close to your space so that you minimise twisting and reaching.*

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| **Surroundings** *√* | |
| Are light levels suitable for you to comfortably view your desk / computer work? Consider glare from outside / neon lights, and whether hard copy documents can be easily read. |  |
| Do you have enough power points / internet connections / power bars available to make sure that your workstation can be set up correctly? |  |
| Is the room at a comfortable temperature? Are you able to adjust the temperature if required? |  |

*The work environment can be as important as the workstation set-up. If there are any frustrations in your surroundings speak to the chief executive – for example noise cancelling head phones can reduce ambient noise if this is a problem for you.*

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| **Work habits** *√* | |
| Do you ensure you take frequent breaks while completing computer work? You should be taking a short break every 30 minutes or so. |  |
| Do you alternate your work activities if working for more than hour at a time? |  |
| Are you minimising repetitive mouse work through the use of keyboard shortcuts? |  |
| Do you use a document holder when working with hard copy documents? |  |
| Do you have a hands free headset if you use your telephone for extended periods? |  |
| Are you comfortable and free of pain while working? |  |
| Are you able to manage your workload without stress? |  |

*Breaks help to stop you getting tired, and straining your eyes or body. Taking a break doesn’t mean you have to stop working – is just means mixing it up by making phone calls, running errands, talking with a co-worker, or heading to the copier. Using a headset if you are going to be on the phone for a while is important as cradling the phone with your neck can cause neck, shoulder, and back pain. Also try and keep accessories and documents close to you so you don’t have to reach far while working. Note that if you are feeling pain or discomfort change position immediately and alert the CEO.*

*Working overtime or if you’re feeling stressed can contribute to feelings of pain or discomfort. Please alert the CEO if you are feeling stressed at all.*

*Also pay attention to the pain signals your body if sending. If you are experiencing pain that is continuous notify the CEO immediately – it’s easier to treat a problem in its early stages. Ignoring pain can lead to serious harm down the track.*

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| Approved by CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Comments:*** |

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## Working from Home Checklist

**This form is to be completed by workers conducting work on behalf of the Association at their place of residence. The aim is to ensure that comfort is optimised and we reduce the likelihood of injury. Please attach a photo of your workspace.**

Worker name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workspace Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work to be conducted in the workspace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note that if work is completed at a workstation the workplace ergonomic checklist needs to be completed. Where a worker will only be completing computer work at home they may note this above and complete only the ergonomic checklist.*

*Please put a check mark √ where an item is true. If you are unable to put a check mark against an item, please get in touch with the CEO before beginning work – they will assist you to optimise your workstation to ensure your comfort and reduce the likelihood of injury.*

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| **CHECKS** |  | *√* | | **Comments** |
| Does the location offer you a clear and uncluttered space in which to work? | | |  |  |
| Have you been able to address the hazards that you have identified? | | |  |  |
| Are the exits clear and unobstructed? | | |  |  |
| Are others aware of your whereabouts? | | |  |  |
| Do you feel safe working in your current location? | | |  |  |

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| **Emergency plan for location** | |
| Location of first aid kit: |  |
| Location of fire extinguishers (if present): |  |
| Have you identified a safe assembly area: |  |
| Nearest emergency civil defence location is: |  |
| Nearest medical centre is: |  |

PLEASE COMPLETE A HAZARD IDENTIFICATION

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## Hazard Identification

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| --- | --- | --- | --- | --- |
| **Item** | **Job / Tasks Step**  (Break the job down into steps) | **Potential Hazard**  (What can harm you) | **Controls**  (What are you going to do to make the job as safe as possible) | **Person Who Will Ensure This Happens** |
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