

WORKSTATION CHECKLIST

INSTRUCTIONS

This checklist is to be used to assess a workstation for correct set up. An answer of "no" indicates the presence of a hazard therefore control measures will need to be identified to manage the associated risk/s. Send completed form to ohshelpdesk@saiglobal.com




WORKER DETAILS

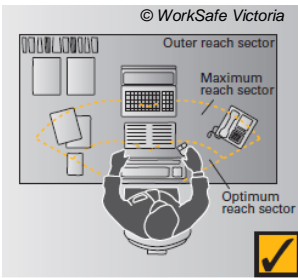


Name:			
Position:		Division:	
Location:		Date completed:	

1.0 WORK POSTURE AND ORGANISATION


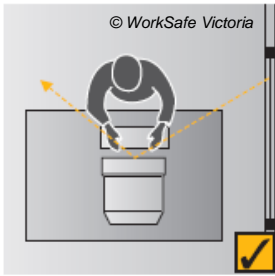




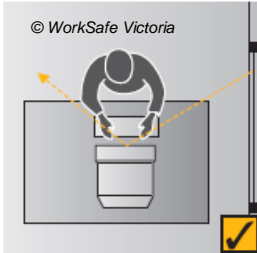
No.	Item	Response (Yes / No / NA)
Does the workstation ensure proper work posture including:		
1.1	Horizontal thighs (i.e. 90-degree angle at the hips)	
1.2	Vertical lower legs (i.e. 90-degree angle at the knees)	
1.3	Feet flat on the floor or footrest	
1.4	Relaxed shoulders	
1.5	Horizontal forearms (i.e. 90 -95 degree at the elbows)	
1.6	Neutral wrists	
1.7	Upright trunk/torso	
1.8	Is the workstation set up to prevent sustained or repetitive twisting of the neck and back?	
Are repetitive manual tasks avoided through:		
1.9	Job rotation	
1.10	Self-pacing	
1.11	Rest breaks	
Software:		
1.12	Is the software suitable for the task?	
Comments:		

2.0 CHAIR		
  		
No.	Item	Response (Yes / No / NA)
Does the chair:		
2.1	Adjust easily (i.e. seat height, backrest height, backrest tilt)	
2.2	Provide lumbar support (i.e. the small of the back is supported by the chair's backrest)	
2.3	Allow the user to get close to the desk without impediment	
2.4	Have a rounded front edge	
2.5	Have an appropriately sized seat pan (width and depth) to accommodate the user (i.e. two to three fingers between the chair and the back of the user's calf muscles).	
2.6	Feel solid and stable to the user (i.e. five-star base for stability)	
2.7	If armrests are used, do they fit under the desk and/or not restrict users from getting close to the desk	
2.8	If the user is unable to place their feet flat on the floor, is a footrest provided	
2.9	If used, is the footrest of an appropriate size and height	
Comments:		


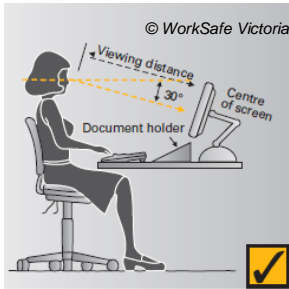
3.0 DESK		
  		
No.	Item	Response (Yes / No / NA)
3.1	Is there sufficient space for legs and feet underneath the desk?	
3.2	Is there sufficient clearance space between the top of the thighs and the desk?	
3.3	Is there sufficient space for equipment and other materials?	
3.4	Is the desk uncluttered?	
3.5	Is the desk surface free from glare and reflection?	



3.0	DESK	
3.6	Are commonly used items located within easy reach of the user?	
Comments:		

4.0	KEYBOARD AND MOUSE	
  		
No.	Item	Response (Yes / No / NA)
4.1	Is the keyboard detachable?	
4.2	Is the centre of the keyboard positioned directly in front of the user and the computer screen?	
4.3	Is the keyboard positioned flat (i.e. keyboard legs retracted)?	
4.4	Is the keyboard close enough to allow elbows to remain under the shoulder and close to the body?	
4.5	Is it possible to find a comfortable keying position?	
4.6	Does the user have a good typing technique?	
4.7	Are the characters on the keys easily readable?	
4.8	Is the mouse located close to the keyboard to prevent reaching?	
4.9	Is the mouse located on the same level as the keyboard?	
4.10	Is the mouse size appropriate to the shape and size of the user's hand? (i.e. not too big or small)	
4.11	Does the device work smoothly at a speed that suits the user?	
Comments:		

5.0	MONITOR	
 		
No.	Item	Response (Yes / No / NA)
5.1	Is the monitor positioned approximately one arm length away from the user?	

5.0	MONITOR	
5.2	Is the top of the monitor positioned at the user's eye level?	
5.3	Is the monitor positioned in a way to minimise glare?	
5.4	Does the monitor have brightness and contrast controls?	
5.5	Are the characters clear and readable? (i.e. is text size appropriate)	
5.6	Is the image stable? (i.e. free of flicker)	
Comments:		

6.0	PHONE AND DOCUMENTS	
 		
No.	Item	Response (Yes / No / NA)
6.1	Is the phone positioned within easy reach and on the non-dominant side?	
6.2	Is the use of a handset telephone whilst typing limited?	
6.3	If the user is required to refer to documents whilst typing, are documents positioned between the monitor/keyboard or adjacent to the screen (to prevent twisting of the neck)?	
6.4	If a document holder is used, is it stable and large enough to hold documents?	
Comments:		

7.0	WORK ENVIRONMENT	
 		
No.	Item	Response (Yes / No / NA)
7.1	Is there adequate lighting?	
7.2	Is the floor area around the workstation free of any trip hazards? (i.e. electrical cords)	
7.3	Are temperature levels comfortable?	

7.0	WORK ENVIRONMENT	
7.4	Are noise levels appropriate? (i.e. no need to shout to be heard)	
7.5	Is ventilation sufficient?	
7.6	Has the checklist covered all problems the user may have working with their workstation?	
7.7	Has the user experienced any discomfort or other symptoms which may be attributed to their workstation?	
Comments:		

CORRECTIVE ACTION PLAN					
No.	Hazard	Risk Level*	Control	Date to be completed	Person Responsible
1.					
2.					
3.					
4.					
5.					
6.					

* Refer to [WHS Risk Level Matrix](#)

Have the corrective actions been entered into SIG? Yes No *(Note: This is mandatory)*

WORKER SIGN OFF			
Signature:		Date:	

COMPLETED BY (DO NOT COMPLETE IF THIS IS A SELF-ASSESSMENT)			
Name:		Position:	
Signature:		Date:	

MANAGER SIGN OFF (REQUIRED IF HAZARDS ARE IDENTIFIED)			
Name:			
Signature:		Date:	

Reference: Officewise – A guide to health and safety in the office 2006 (WorkSafe Victoria).

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