WORKSTATION ASSESSMENT AND INFORMATION ATTACHMENT

***SECTION 4*** *Operational Procedures and Guidelines*

ASSESSMENT

This checklist should be completed by workers on an annual basis, or whenever they relocate workstations or are experiencing discomfort whilst performing their normal work duties.

***ATTACHMENT***

Advice on completing a workstation self-assessment can be provided by the health and safety manager and/or coordinator. If employees continue to experience discomfort after completing a workstation self-assessment, and after monitoring for several days, they should speak with their immediate supervisor to complete a further assessment.

Name......................................................................................................Phone/Ext No...............................................................................................

Desk location................................................................................................................................................................................................................

Date of self-assessment.............................................................................................................................................................................................

Supervisor/Manager name..........................................................................................................................................................................................

*If you respond ‘no’ to any of the following questions, adjust your workstation by following the suggested actions*.

|  |  |  |  |
| --- | --- | --- | --- |
| **SELF-ASSESSMENT CHECKLIST** | **YES/ NO** | **ADJUSTMENT MADE?** | **POSSIBLE ADJUSTMENTS** |
| **CHAIR** | | | |
| Seat Height | | | |
| Are your thighs approximately horizontal, with feet flat on the floor or footrest? |  |  |  Obtain a footrest via HSE   Lower the chair   Raise the chair   Remove the arm rests |
| Are your shoulders relaxed, with your arms hanging freely? |  |  |
| Is there clearance between your thighs and the underside of the desk? |  |  |
| Are your forearms in a horizontal position whilst typing, or on a slight downwards slope? |  |  |
| Back Support | | | |
| Is the lumbar support positioned snugly into the inwards curve of your lower back? (near the top of the waistband on your pants) |  |  |  Raise the back rest   Lower the back rest   Adjust the back rest angle |
| Is the backrest in contact with your mid-back, when you are in your working position? |  |  |
| Chair Condition | | | |

***SECTION 4*** *Operational Procedures and Guidelines*

***ATTACHMENT***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SELF-ASSESSMENT CHECKLIST** | **YES/ NO** | **ADJUSTMENT MADE?** | **POSSIBLE ADJUSTMENTS** | |
| Is your chair on castors and can it swivel freely? |  |  |  | Assess suitability for repair |
| Do all the levers and adjustment mechanisms function properly? |  |  |  | Consider replacement |
| Does the gas lift/seat stay at the height at which you set it? (i.e. gas lift does not leak) |  |  |  | chair |
| Is the cushioning provided by the chair adequate? (i.e. is the cushioning thick enough to prevent you from feeling the frame, when pushing your thumb into the seat) |  |  |  |  |
| Are chair arms low enough to clear the desktop? (if chair is model with arms present) |  |  | Preference is for chairs without arm rests | |
| **MONITOR** | | | | |
| Is the monitor positioned directly in front of you, to prevent torso or neck rotation? |  |  |  | Re-position/centre the |
| When you are sitting up straight, in your working position, are your eyes aligned with the top 1/3rd of the monitor? |  |  |  | monitor |
|
|  | Raise the monitor |
| Is the monitor position at approximately arm’s length away? |  |  |  | Lower the monitor |
| Is the monitor positioned/tilted to avoid glare from natural or artificial light sources? |  |  |
|  | Adjust monitor tilt |
| Is the screen adjusted to a comfortable level of brightness, contrast and font size? |  |  |
|  | Arrange purchase of |
|  | monitor riser |
|  | Contact IT for further |
|  | assistance re monitor |
|  | controls |
| **KEYBOARD** | | | | |
| Is the keyboard aligned directly in front of you, to prevent twisting? |  |  |  Re-position/centre the keyboard   Pull the keyboard closer   Tuck the keyboard legs in/ out | |
| Is the keyboard within reach, whilst your upper arms hang freely by your side? |  |  |
| Have you considered the angle of the keyboard (i.e. legs up or tucked in), to allow a flat wrist position whilst keying. |  |  |
| **MOUSE** | | | | |
| Is the mouse positioned close to the keyboard within easy reach and on the same level as the keyboard? |  |  |  Re-position the mouse   Alternate use of mouse from most dominant hand to least used hand   Adjust the mouse settings for left/right handed use   If an alternative mouse is recommended, IIT to be consulted to ensure  mouse is compatible with computer equipment   Obtain a mouse pad from stationery supplier | |
| My mouse pad is flat and in good condition |  |  |
| Mouse setting can be adjusted via Start->All Programs ->Utilities->Left Hand Mouse buttons (or Right Hand Mouse buttons) |  |  |
| **ACCESSORIES** | | | | |
| Is the telephone within arm’s reach, on the opposite side to your mouse? |  |  |  | Relocate your telephone |
| Do you have a hands-free head set, if you are frequently on the telephone and/or need to type whilst on the phone? |  |  |  | Obtain a hands-free |
|  | headset (dependent on |
| If you are required to refer to documents whilst typing, do you have a document holder placed between the keyboard and the monitor? |  |  |  | phone model) |
|  | Obtain a document holder |
| If you are required to alternate between reading/writing and typing, do you have a micro-desk placed between the keyboard and the monitor? |  |  |
|  | or micro-desk holder |
|  | Rearrange storage of items |
| Are all items that you access regularly within your immediate reach zone? (i.e. do not require you to reach to full arm’s length or twist to access) |  |  |
|  | (most frequently used |
|  | items closest) |

***SECTION 4*** *Operational Procedures and Guidelines*

***ATTACHMENT***

|  |  |  |  |
| --- | --- | --- | --- |
| **SELF-ASSESSMENT CHECKLIST** | **YES/ NO** | **ADJUSTMENT MADE?** | **POSSIBLE ADJUSTMENTS** |
| **DESK** | | | |
| Is the desk height between 690 mm and 720 mm? |  |  |  Clear any clutter from your desk   Contact Facilities to have cables secured   Contact IT if computer cables are required to be moved |
| Is there sufficient desk space for non-computer based tasks? (if required) |  |  |
| Is the area beneath the desk clear of obstructions, with sufficient leg room? |  |  |
| Are cords and cables secured out of the way? |  |  |
| **THE TASK** | | | |
| Do you have opportunity to vary your tasks? |  |  |  Plan tasks that need to be completed, and spread throughout the day, to enable changes in posture   Consider standing when talking on the phone   Utilise ‘micro-pauses’ in your tasks to adjust your posture/ roll your shoulders etc   Complete a selection of stretches every 30 minutes |
| Do you have opportunity to change your posture? |  |  |
| Do you have opportunity to take short breaks? |  |  |
| Is your work balanced between your left and right side? |  |  |
| Do you complete various stretches throughout the day? |  |  |
| **OUTCOME** | | | |
| I have been able to implement the above adjustments/work methods and am comfortable with my workstation set up and environment |  |  |  |
| I require equipment to achieve optimum posture and work methods |  |  |
| I require assistance with: |  |  |

**SUMMARY OF ADJUSTMENTS MADE/REQUIRED (WORKER TO COMPLETE):**

|  |  |
| --- | --- |
| Employee Name: Employee Signature: | Date: |

**EQUIPMENT ORDERED (MANAGER TO COMPLETE):**

|  |  |
| --- | --- |
| Employee Name: Employee Signature: | Date: |