

# HSE Health Engagement



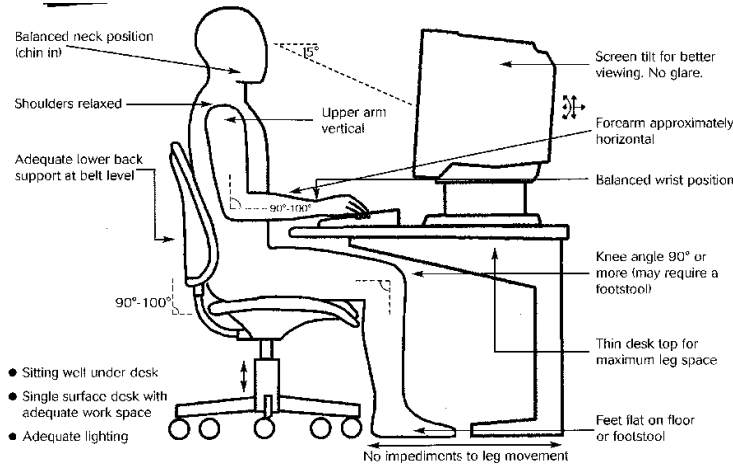
## HSE-GUI-008a - Workstation Ergonomic Checklist

Electronic copies of this checklist are current. All other copies are uncontrolled and currency can only be assured at the time of printing

Employee Name \_\_\_\_\_ Staff Number \_\_\_\_\_

Location of WorkStation \_\_\_\_\_ Date of Assessment \_\_\_\_\_

Manager/Supervisor's Name \_\_\_\_\_





Chair	Yes	No	N/A	Comments / Actions	Corrected at time of assessment
Chair swivels freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Chair has 5 wheel base for stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Chair has adjustable height and backrest for lumbar support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Plastic floor mat if present, removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Seat</b>					
When seated in the chair, with back fully supported by back-rest, there are two to three finger spaces between the back of the knees and the edge of the seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Seat is level and not tilted upwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Back Rest</b>					
Back rest (lumbar support) is adjusted so that it supports the curve of lower back when sitting upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Arm Rests</b>					
If arm rests are present they are adjusted to ensure that movement of chair is not impeded (i.e. can fit under desk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Chair Height</b>					
Chair height is adjusted so that user can sit with elbows at approximately 90° with adequate forearm clearance above the desk surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Thighs are parallel to the floor with feet flat on the floor or raised on a footrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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Desk / Other Workspace and Storage	Yes	No	N/A	Comments / Actions	Corrected at time of assessment
<p>When seated the user can comfortably reach all equipment and papers they need to use frequently</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
There is sufficient leg room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The area under the desk is clear so that stored items do not encroach on space, impede movement or compromise posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Desk height is suitable for individual (if desk height cannot be adjusted, adjust chair height and make use of footrest if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Side desk drawers are positioned on dominant side of your desk (i.e., right handed on right side of desk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Shelving: Frequently accessed or heavy materials are stored between waist and shoulder height to reduce bending and reaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Monitor	Yes	No	N/A	Comments / Actions	Corrected at time of assessment
The main screen is directly in front and approximately one arm length away from user to minimise stretching / craning of neck and twisting (note – make adjustments for users with glasses e.g. bifocals usually require the screen to be lower and/or two screens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Head is in a neutral position when looking at text in top portion of screen i.e. toolbar at top of screen is slightly below line of sight when looking directly ahead (make adjustments for users with multi-focal lenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Screen is free from glare and reflections from light sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Computer contrast and brightness settings are adjusted if required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Keyboard	Yes	No	N/A	Comments / Actions	Corrected at time of assessment
Keyboard is positioned close to edge of desk to allow elbows to remain under shoulders (at 90°) and close to body (approximately 6cm from edge of desk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<p>Wrists are maintained in a straight “neutral” position (i.e. not as pictured) and should not be resting on desk surface when typing</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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Keyboard		Yes	No	N/A	Comments / Actions	Corrected at time of assessment
Keyboard is centred to your chest using the GH keys for letter-key work, reposition keyboard for numeric or other desktop work.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Feet of keyboard are retracted to ensure neutral wrist position when typing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mouse		Yes	No	N/A	Comments / Actions	Corrected at time of assessment
	Mouse is positioned close to user, next to keyboard and on same level, to allow elbows to remain under shoulders (at 90°) and close to body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mouse is of suitable size for user (ie not using small lap-top style mouse for ongoing use)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mouse is operated using the shoulder as the pivot point, rather than the wrist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A laser / optical mouse is used (rather than an old-style ball mouse)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
User has been encouraged to alternate mouse use between right and left hand where possible.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Laptops		Yes	No	N/A	Comments / Actions	Corrected at time of assessment
If a laptop is used for prolonged periods, a docking station and external keyboard and mouse are used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Options for transporting laptop available (e.g. trolley case, backpack)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Telephones		Yes	No	N/A	Comments / Actions	Corrected at time of assessment
Telephone is positioned within easy reach and on non-dominant side if you mostly receive telephone calls. Alternatively, if you make a lot of calls it may be beneficial to place phone on dominant side.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A head-set is available for prolonged or frequent telephone use, or if simultaneous keying/writing is required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Document Holder		Yes	No	N/A	Comments / Actions	Corrected at time of assessment
A document holder is available if frequent transcribing from hard copy to computer is required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The document holder is positioned between monitor and keyboard or adjacent and at same height to screen		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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Environmental	Yes	No	N/A	Comments / Actions	Corrected at time of assessment
Glare control measures are implemented if required (e.g. overhead lighting is diffused, monitor is repositioned, use of anti-glare screen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The lighting is suitable (e.g. not too bright, or too dim – consider the type of tasks performed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Levels of noise are comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Air temperature and humidity is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
There is enough room to change position and vary movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Work Organisation	Yes	No	N/A	Comments / Actions	Corrected at time of assessment
User is able to frequently take short breaks to avoid prolonged, static postures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
User is able to alternate tasks at the computer with non-computer tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
User is able to swivel chair to face their non-computer tasks instead of twisting in their seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
User is able to stretch regularly (generic stretches sheet available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
User to look away from the screen at least every 20 minutes for at least 20 seconds to avoid eye strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Comments on changes to implemented: employee</b>					
<b>Employee Signature</b>			<b>Date</b>		
<b>Actions taken by Manager / Supervisor if required.</b>					
Change to equipment / design:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain		
Equipment Ordered:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:		
<b>Manager Name</b>		<b>Signature</b>		<b>Date</b>	

If you still are having concerns please do not hesitate to contact [rehab@jcu.edu.au](mailto:rehab@jcu.edu.au)