

SELF-ASSESSMENT CHECKLIST

Office Workstation Ergonomics

This Self-Assessment Checklist is designed to be completed by a worker to ensure their workstation is ergonomically setup for themselves. Some assistance is recommended when adjusting the chair.

On completion of the assessment, please discuss any questions or equipment requirements with your Manager/ Supervisor.

Item	Ergonomic Chair	Yes	No	N/A	Recommendations
1	Are you familiar with the features of your chair? (Height adjustment, backrest angle, lumbar support adjustment, seat pan tilt etc.)				Spend 5 minutes becoming familiar with all the features of your chair.
2	When seated with your hips as far into the chair as possible, is there a 2-4 finger space between the back of your knee and the front of the chair?				 Slide the seat pan to a position which provides adequate space behind the knee. Obtain a chair which provides adequate space behind the knee
3	Is the lumbar (lower back) support in the backrest positioned within the lumbar curve of your spine?				Adjust the lumbar (lower back) support into the correct position
4	Adjust the backrest angle and/or seat pan (cushion) tilt to your comfort level. Recommended to have a 90-100° angle at your hip joint				Adjust the seat pan (cushion) tiltAdjust the backrest angle
5	If the chair has armrests, do they prevent access to your workstation?				Adjust armrests Remove armrests
6	Does the seat cushion provide adequate support?				Obtain a chair which provides adequate cushioning
7	Does the chair have any malfunctions?				Obtain a new chair and dispose of current chair

Item	Desk	Yes	No	N/A	Recommendations
8	Is there sufficient space under the desk? (550mm deep x 800mm wide x 720mm high)				Adjust workstation orientation (if possible) to achieve adequate space
9	Is under the desk free of clutter? (Boxes, personal items etc.)				Remove any clutter which may obstruct the comfortable positioning of your legs
10	When seated at your workstation are your elbows slightly higher than the desk?				Adjust chair heightAdjust desk height
11	Are you able to place your entire foot flat on the ground when seated at your workstation?				Footrest required (Z-rest recommended)
12	Do you experience discomfort in your wrist, forearms or elbows from resting on the desk?				Gel mouse pad requiredGel keyboard pad required



Item	Monitor/s	Yes	No	N/A	Recommendations
13	Are you sitting directly in front of your monitor/s				Adjust monitor position
14	Is your eye line in the top third of the monitor/s?				Adjust monitor heightAdd or remove monitor riseAdd monitor arm
15	Are your monitor/s positioned at least an arm's length away when seated at workstation?				Reposition monitorDesk depth shall be >700mm
16	Have you adjusted the angle of the monitor/s to best suit your eyes?				Adjust angle of monitor
17	If you have multiple monitors, are they positioned to reflect usage? (50/50; 60/40; 70/30 etc.)				Adjust monitor position based on usage
18	Are all monitors adjusted to the same height, distance and angle?				Monitors to be matched
19	Do the monitors have the same brightness and contrast levels?				Brightness matchedContrast matched
20	Are you impacted by glare or reflection issues?				Investigate blinds, curtains or window treatments
21	Is the display size suitable for you and easy to read?				Display size increased to mediumDisplay size increased to large

Item	Keyboard and Mouse	Yes	No	N/A	Recommendations
22	Is the keyboard positioned directly in front of you?				Reposition keyboard
23	Is the keyboard (spacebar) positioned within 10-15cm from the desk edge? (elbows should be aligned with shirt seam)				Reposition keyboard
24	Is the keyboard angle raised and wrist discomfort experienced?				Flatten keyboard angle
25	Is the mouse positioned on the same level and as close as possible to your keyboard?				Reposition mouse
26	Does the mouse fit comfortably within your hand?				Larger mouse required Smaller mouse required
27	Do you experience any discomfort in the wrist, forearm, elbow or shoulder when using the mouse?				 Avoid overuse of mouse scroll function Increase mouse pointer sensitivity Investigate an alternate mouse

Item	Telephone	Yes	No	N/A	Recommendations
28	Is the landline telephone placed on your non-writing side?				Relocate phone
29	Is the landline telephone within easy reach? (<450mm)				Relocate phone
30	Are you on the telephone >45% of your work day or for a duration >20mins?				Headset may be required



Item	Workstation and Paperwork Area	Yes	No	N/A	Recommendations
31	Are all frequently used items (daily) within easy reach (<450mm)?				Relocate items
32	Do you have appropriate storage devices?				Set of drawersWire document rackDocument trays
33	Are all cables and leads routed and secured?				Cable management (Spiral wrap and cable trays)
34	Do you require separate paperwork and computer work areas?				Modify the workstation to include separate work areas
35	Is the lighting at your workstation adequate?				Investigate workstation lighting options
36	Do you require a document holder for data entry computer tasks?				Obtain a document holder. In between monitor and keyboard variety recommended, 3M A3 device preferred
37	When completing paperwork and reading, do you lower chair height to improve posture?				Lower chair height to promote better working posture

Item	Laptop	Yes	No	N/A	Recommendations
38	Do you have an external mouse and keyboard for extended laptop use?				Obtain a wireless keyboard and mouse combo
39	Is the laptop positioned at an appropriate height? (Slightly below eye level)				 Obtain and laptop riser or laptop docking station Use an external full size monitor, rather than laptop screen

All completed checklists should be submitted to your Manager/ Supervisor.

Worker Assessed:		
Name:	Job Role:	
Signature:	Date:	

Supervisor			
Name:		Job Role:	
Signature:		Date:	
Comments	E.g. Purchase of new chair approved – please follow u	p with relevant manager	

Please contact LGIS Injury Prevention Consultants on 9483 8888 for specialist advice or assistance