



SELF-ASSESSMENT CHECKLIST

Vehicle Ergonomics

This Self-Assessment Checklist is designed to be completed by an employee to ensure their City/Town/Shire provided vehicle is ergonomically setup for them.

Vehicle being assessed:	
Make:	Model:
Type:	Licence Plate:

Begin by pushing your seat all the way back, lower it as much as possible, and recline the back 30°-40°.

Item	Seat	Yes	No	N/A	Recommendations
1	Are you familiar with the features of your seat? (Height adjustment, backrest angle, lumbar support adjustment, seat pan tilt, suspension etc.)				<ul style="list-style-type: none"> Spend 5 minutes becoming familiar with all the features of your seat.
2	Can you comfortably see the road and display panel?				<ul style="list-style-type: none"> Adjust seat height to correct height Use of a seat cushion or wedge can provide additional height if required
3	Can you reach and completely depress all the foot pedals without coming away from the seat back?				<ul style="list-style-type: none"> Adjust seat position forward/backwards
4	Is the seat of adequate width? Should not be <40cm				<ul style="list-style-type: none"> Obtain a seat which provides adequate width
5	Are your elbows positioned by your side when holding the steering wheel? Approx. 120°				<ul style="list-style-type: none"> Adjust seat position forward/backwards
6	Is the backrest at a 95 - 105° angle?				<ul style="list-style-type: none"> Adjust the backrest Adjust the lumbar (lower back) support into the correct position
7	Is the headrest positioned in the middle of your head?				<ul style="list-style-type: none"> Adjust headrest
8	Is the seat pan/cushion evenly supporting your entire thigh?				<ul style="list-style-type: none"> Adjust the tilt of the seat cushion
9	Is the seatbelt sitting in a comfortable position?				<ul style="list-style-type: none"> Adjust seat belt position or tension
10	When your hands are held at 10 and 2 on the steering wheel, are your thumbs in line with your shoulders?				<ul style="list-style-type: none"> Adjust steering wheel tilt to ensure correct positioning.
11	Do you place your wallet inside the vehicle and not sit with your wallet in your rear pant pocket?				<ul style="list-style-type: none"> When driving place wallet in a different position
12	Does the seat cushion provide adequate support?				<ul style="list-style-type: none"> Obtain a seat which provides adequate cushioning
13	Is your seat free of malfunctions?				<ul style="list-style-type: none"> Obtain a new seat and dispose of current seat
14	Is the seat firmly mounted to the floor of the cab?				<ul style="list-style-type: none"> Complete maintenance

Item	Mirrors/Camera	Yes	No	N/A	Recommendations
15	Does the vehicle have practical mirrors for operational demands?				<ul style="list-style-type: none"> Replace with appropriate mirrors
16	Can you easily use the mirrors with no obstructions in view?				<ul style="list-style-type: none"> Remove obstruction
17	Are the mirrors placed in an appropriate viewing position? (easy to view without excessive movements)				<ul style="list-style-type: none"> Reposition mirrors
18	Are the mirrors clean and free of cracks or scratches?				<ul style="list-style-type: none"> Clean mirror Replace mirror
19	Are reverse cameras in use?				
20	Is the camera monitor in a location that doesn't require the twisting of your head to the side to view the camera monitor?				<ul style="list-style-type: none"> Re-position the monitor to reduce neck movements
21	Is your field of view without obstruction?				<ul style="list-style-type: none"> Remove obstruction
22	Is the windscreen easy to view? (no cracks, scratches, peeling tint and clean)				<ul style="list-style-type: none"> Clean windscreen Replace tint Replace windscreen

Item	Access/Egress	Yes	No	N/A	Recommendations
23	Is the initial step at an appropriate height? (30-40cm from ground)				<ul style="list-style-type: none"> Access requires attention
24	Are handrails required/provided and are they adequate?				<ul style="list-style-type: none"> Access requires attention

After completing this checklist, please discuss any questions, queries or equipment requirements with your supervisor/s.

All completed checklists should be submitted to your supervisor.

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

Supervisor	
Name:	Job Role:
Signature:	Date:
Comments	<i>E.g. Purchase of new chair approved – please follow up with relevant manager</i>

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