

SELF-ASSESSMENT CHECKLIST

Machine Ergonomics

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

| Vehicle being assessed: | | | | | |
|-------------------------|----------------|--|--|--|--|
| Make: | Model: | | | | |
| Туре: | Licence Plate: | | | | |

| 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.) | | | | Spend 5 minutes becoming familiar with all the features of your seat. |
| 2 | Has the seat suspension been adjusted to support your weight? | | | | Adjust seat tension to correct setting |
| 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. Angle° | | | | Adjust the seat pan (cushion) tiltAdjust the backrest angle |
| 5 | Is the seat of adequate width? Should not be <40cm | | | | Obtain a seat which provides adequate width |
| 6 | Is the seat height appropriate? Average height 43cm (range 38-48cm) Heightmm | | | | The front edge should be slight lower than the distance from the floor to the thigh when seated |
| 7 | Does the seat swivel to allow multiple working positions, if required | | | | Investigate the use of either full swivel or partial lockable seat rotation |
| 8 | Are your elbows positioned by your side when holding the steering wheel? Or; Are you avoiding excessive forward lean when operating mid-levers? | | | | Adjust seat position forward/backwards |
| 9 | Are armrests available? If so have they been adjusted to comfortably support forearms when operating controls | | | | Adjust armrest to a comfortable and supportive position for forearms. |
| 10 | Do you place your wallet inside the cab and not sit with your wallet in your rear pant pocket? | | | | When operating place wallet in a different position |
| 11 | Does your seat provide a comfortable ride free of vibrations from the machine? | | | | Investigate vibration dampening solutions |
| 12 | Does the seat cushion provide adequate support? | | | | Obtain a seat which provides adequate cushioning |
| 13 | Is your seat free of malfunctions? | | | | Obtain a new seat and dispose of current seat |
| 14 | Is the seat firmly mounted to the floor of the cab? | | | | Complete maintenance |



| Item | Steering/Levers/Cab | Yes | No | N/A | Recommendations |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------------------------------------------|
| 15 | Is there sufficient space in the footwell? | | | | |
| 16 | Can you easily reach and operate levers or controls? | | | | Adjust seat position |
| 17 | Can you easily reach and operate pedals? | | | | Adjust seat position |
| 18 | Is the cab area large enough (e.g. uncramped) for you? | | | | Investigate other machinery and cab dimensions. |
| 19 | Are you elbows or forearms comfortably supported whilst operating? ie not rest your elbow or forearm for long periods on hard or sharp work surfaces? | | | | Avoid leaning postures for extended periods |
| 20 | Can you operate the machine without feeling vibrations through the floor? | | | | Investigate vibration dampening solutions |
| 21 | Can you operate the machine without feeling vibrations through the controls? | | | | Investigate vibration dampening solutions |
| 22 | Do you feel the cab blocks out excessive outside noise? | | | | Maintenance of seals, and use of PPE |
| 23 | Can you control the temperature of the cab? | | | | Maintenance of air-conditioning and heating |

| Item | Mirrors/Camera/Radio | Yes | No | N/A | Recommendations |
|------|----------------------------------------------------------------------------------------------------------------------------|-----|----|-----|------------------------------------------------------------------------------------|
| 24 | Does the machine have practical mirrors for operational demands? | | | | Replace with appropriate mirrors |
| 25 | Can you easily use the mirrors with no obstructions in view? | | | | Remove obstruction |
| 26 | Are the mirrors placed in an appropriate viewing position? (easy to view without excessive movements) | | | | Reposition mirrors |
| 27 | Are the mirrors clean and free of cracks or scratches? | | | | Clean mirror Replace mirror |
| 28 | Are reverse cameras in use? | | | | • |
| 29 | Is the camera placed in an appropriate position that doesn't require awkward positions to view? | | | | Training Investigate other locations for camera |
| 30 | Is the camera monitor in a location that doesn't require the twisting of your head to the side to view the camera monitor? | | | | Re-position the monitor to reduce neck movements |
| 31 | Is your field of view without obstruction (cab guards, pipes/hoses etc)? | | | | Remove obstruction |
| 32 | Is the windscreen easy to view? (no cracks, scratches, peeling tint and clean | | | | Clean windscreenReplace tintReplace windscreen |
| 33 | Are the cab windows free from distracting reflections? | | | | Remove reflection Use tinting |
| 34 | Do you have a good general view of the ground? | | | | Remove obstruction |
| 35 | Can you access the 2-way control box or hand mic without the need of awkward reaching /postures? | | | | Reposition CB control box Reposition hand mic |



| Item | Access/Egress | Yes | No | N/A | Recommendations |
|------|------------------------------------------------------------------------------------------------------|-----|----|-----|---------------------------------------------|
| 36 | Is the initial step at an appropriate height? (<500mm from ground)mm | | | | Access requires attention |
| 37 | Are handrails provided and are they adequate (<1600mm)? Initialmm 2ndmm | | | | Access requires attention |
| 38 | With the current door orientation can you safely access the vehicle? | | | | Access requires attention |
| 39 | Does the surface of steps offer non-slip properties? | | | | Access requires attention |
| 40 | Is the access/egress equipment maintained in a safe and functioning manner? (Steps, rails and doors) | | | | Access requires attention |
| 41 | Is the isolation switch positioned between waist and shoulder height? | | | | Isolation switch requires adjustment |
| 42 | In an emergency can you easily access the fire extinguisher without the risk of harm? | | | | Locate extinguisher in appropriate position |

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.

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|------------------|-------------------------------------------------------|-----------------------|--|
| Worker Assessed: | | | |
| Name: | | Job Role: | |
| Signature: | | Date: | |
| | | | |
| Supervisor | | | |
| Name: | | Job Role: | |
| Signature: | | Date: | |
| Comments | E.g. Purchase of new seat approved – please follow up | with relevant manager | |

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