It is recommended that you do this checklist with a colleague or Health and Safety Representative (HSR). It is designed to be printed out, filled in, and scanned to TRIM for records retention. This will enable you to remain in the sitting position and obtain assistance to make required adjustments to your chair and work station if required.

WHS G001 Computer Workstation Ergonomic Guideline is available to all University Representatives and students. It provides information on workstation setup along with other methods for ensuring ergonomic health such as available accessories and stretching/exercises.

The Guideline and suggested actions within this checklist are not compulsory. They are recommendations based on known ergonomic best practises. Personal preferences and body types may impact the way you choose to set your workstation.

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| **Personal Details** | |
| Name |  |
| Location of workstation |  |
| Supervisor |  |
| Date checklist completed |  |

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| **Chair** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Is the chair on a 5-point base? |  |  |  | Obtain 5-point chair |
| If the chair is on a hard surface do the castors have brakes? |  |  |  | Obtain brakes or a mat |
| Does the chair height allow your wrists to be level with the keyboard when typing? |  |  |  | Adjust height |
| Do your feet comfortably sit on the ground or foot rest? |  |  |  | Obtain suitable foot rest |
| Are your thighs parallel to the ground? |  |  |  | Adjust height |
| Is the back rest supporting your lower back? |  |  |  | Adjust back to sit at curve of back |
| Is the back rest at 90-95 degrees? |  |  |  | Adjust angle of back rest |
| Is there 2-3 finger space between back of calves and edge of seat pad? |  |  |  | Slide seat pad back or forward |
| If there are arm rests, do they allow you to sit close enough to your desk? |  |  |  | Remove arm rests if possible |
| If alternate seating (fit balls etc) is utilised is there access to supportive chairs with above features? |  |  |  | Make ergonomic chairs available for intermittent use |

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| **Keyboard and Mouse** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Is the letter section of the keyboard centred in front of your body? |  |  |  | Reposition keyboard |
| Is the mouse directly next to the keyboard? |  |  |  | Reposition mouse |
| Is the keyboard at the same level as the mouse? |  |  |  | Do not use drop down keyboard trays |
| Are your elbows at 90 degrees when using your keyboard/mouse? |  |  |  | Move equipment closer or away |
| Are your wrists straight when using your keyboard/mouse? |  |  |  | Do not use wrist rests when typing |
| Does the mouse track freely on the monitor? |  |  |  | Clean or replace mouse |

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| **Monitor** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Is the main monitor centred in front of your body? |  |  |  | Place monitor 1 in line with the keyboard |
| Is the top of the monitor at eye level or slightly above? |  |  |  | Adjust height of monitor |
| Is monitor 2 (if in use) at the same level as monitor 1? |  |  |  | Adjust height of monitor 2 |
| Is the monitor approximately at arm’s reach? |  |  |  | Adjust so there is no need to lean forward |
| Is your monitor at a right angle or facing away from windows? |  |  |  | Reposition to avoid glare |

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| **Laptops** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Is a stand used to ensure the laptop monitor is at the appropriate height? |  |  |  | Obtain a laptop stand for prolonged laptop use (over 2 hours) |
| Is a secondary keyboard and mouse used for prolonged laptop use (over 2 hours)? |  |  |  | Obtain equipment |

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| **Phones** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Do you use the phone for extended periods while simultaneously using the computer? |  |  |  | Obtain an ear piece |
| Is the phone on the opposite side to the mouse? |  |  |  | Reposition phone |

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| **Desk Space** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Do you often work from hard copy documents? |  |  |  | Obtain a document holder |
| Are all cables and cords managed to avoid trips and/or tangled feet? |  |  |  | Utilise space away from feet and work area |
| Is under desk space used for storage? |  |  |  | Move all unnecessary items |

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| **Standing Desks** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Does the standing desk fit monitor, keyboard and mouse? |  |  |  | Obtain a larger standing desk |
| Is the standing desk easy to adjust? i.e. No bending or awkward positions while straining. |  |  |  | Ensure the desk is working properly via the supplier |
| Does the standing desk allow for workspace set up (height and upper body posture) to be the same as when sitting? |  |  |  | Complete above checklist items in sitting and standing positions |
| Is a mat required to ensure comfort while standing if the desk is on a hard surface? |  |  |  | Obtain a mat if desired |

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| **Additional Resources** | **Yes** | **No** | **n/a** | **Suggested Actions** |
| Have you watched the ‘Ergonomics and Safety’ video available on the UNE web site? |  |  |  | Watch the video |
| If you are not satisfied with your workstation setup, have you read and implemented suggestions from WHS G001 Computer Workstation Ergonomic Guideline? |  |  |  | Read relevant document and implement relevant guidelines |
| Have you downloaded an app to assist you with taking appropriate breaks from your workstation? |  |  |  | Download “Time Out” (Free, for Mac users), “WorkPace” (free one month trial), or “Workrave”. |

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| **Close Out** | **Yes** | **No** | **n/a** |
| Do you feel your workstation is set up sufficiently to ensure your ongoing ergonomic health? |  |  |  |
| If you ‘hot desk’ or work from home do you feel you can adequately apply these guidelines to other work stations? If not, please complete this checklist at other locations where you work. |  |  |  |
| Do you take regular breaks? |  |  |  |
| Do you complete desk exercises for ergonomic health? |  |  |  |
| Do you require further assistance with your workstation setup? |  |  |  |
| Do you have a medical condition, disability or health concerns that may impact your computer workstation setup? |  |  |  |
| **Comments/Corrective Actions required** | | | |
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| **Sign-off** | |
| Name |  |
| Signature |  |
| Date |  |
| Name of person assisting with checklist |  |
| Signature of person assisting with checklist |  |

Following completion of this checklist, please discuss any concerns or requirements with your supervisor. All completed assessments should be submitted to your supervisor for action and/or records retention.

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| **Supervisor Sign-off** | |
| Corrective actions required |  |
| Name |  |
| Signature |  |
| Date |  |

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| ***Records Storage Instructions*** |
| *This completed form must be recorded in TRIM Container A16/3782 utilising a TRIM license in your School/Business Unit. Only the HR Team is able to* ***view*** *records in this container.* |