



WHS F019 Computer Workstation Ergonomic Checklist

It is recommended that you do this checklist with a colleague or family member (if working from home). 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.

Personal Details	
Name	
Location of workstation	
Supervisor	
Date checklist completed	

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 footrest?				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

Phones	Yes	No	N/A	Suggested Actions
Do you use the phone for extended periods while simultaneously using the computer?				Obtain an earpiece
Is the phone on the opposite side to the mouse?				Reposition phone

Document Reference	Guideline Reference	Version	Effective Date	Review Date	Page Number	Date Printed
WHS F019	WHS G001	1.2	23/10/2017	30/08/2024	1	30/08/2024

WHS F019 Computer Workstation Ergonomic Checklist

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

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

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

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

Document Reference	Guideline Reference	Version	Effective Date	Review Date	Page Number	Date Printed
WHS F019	WHS G001	1.2	23/10/2017	30/08/2024	2	30/08/2024

WHS F019 Computer Workstation Ergonomic Checklist

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

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?				For further advice and information, check out Healthy People .

Conclusion	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

Document Reference	Guideline Reference	Version	Effective Date	Review Date	Page Number	Date Printed
WHS F019	WHS G001	1.2	23/10/2017	30/08/2024	3	30/08/2024



WHS F019 Computer Workstation Ergonomic Checklist

Employee Signature	
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.

Supervisor Confirmation and Signature	
Corrective actions required	
Name	
Signature	
Date	

Records Storage Instructions
This completed form must be recorded in TRIM Container A16/3782 by your supervisor. Only the P&C Team is able to view records in this container.

Document Reference	Guideline Reference	Version	Effective Date	Review Date	Page Number	Date Printed
WHS F019	WHS G001	1.2	23/10/2017	30/08/2024	4	30/08/2024