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| --- | --- | --- | --- |
| **WORKER NAME** |  | **DATE** |  |
| **ASSESSOR NAME** |  |
|  |
| **SETTING UP THE WORKSTATION (CHAIR)** |
| Your seat height is set so your elbows are at about the same height as your desk | YES / NO / NA |
| The seat width and depth comfortably support your hips and legs | YES / NO / NA |
| There is a 2-3 finger width clearance between the front edge of your chair and the back of your knees | YES / NO / NA |
| You can adjust your seat backrest to best support the curve in your lower back | YES / NO / NA |
| Your seat backrest supports your lower back to the top of your shoulder blades | YES / NO / NA |
| Your chair does not roll away too easily on the flooring (timber/tile floors may be an issue) | YES / NO / NA |
| You can sit close to your desk (if the arm rests prevent this, adjust or remove them) | YES / NO / NA |
| Your feet rest flat on the floor or on a footrest | YES / NO / NA |
| Comments:  |
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| **SETTING UP THE WORKSTATION (DESK)** |
| The desk surface is at your elbow height with forearms supported | YES / NO / NA |
| Desk should be a continuous flat surface | YES / NO / NA |
| There is sufficient depth to position monitor/s for your visual comfort | YES / NO / NA |
| There is adequate leg space under the desk to stretch your legs forwards and easily get in or out of chair | YES / NO / NA |
| Position your frequently used items on the desk (e.g., phone) within comfortable reach | YES / NO / NA |
| There is enough space on the desk to accommodate all necessary work equipment | YES / NO / NA |
| Comments:  |
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| **SETTING UP THE WORKSTATION (MONITOR OR LAPTOP)** |
| Monitor/s are positioned directly and symmetrically in front of you to avoid twisting your neck and spine | YES / NO / NA |
| Monitor/s height is adjustable to your eye level or below, for your visual needs and neck comfort | YES / NO / NA |
| Monitor/s distance is approximately arms’ length and suitable for the size of your monitors and comfort | YES / NO / NA |
| Monitor/s brightness, contrast and font size can be adjusted for your visual comfort | YES / NO / NA |
| Glare and reflections can be controlled | YES / NO / NA |
| Comments:  |
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| **SETTING UP THE WORKSTATION (KEYBOARD / MOUSE)** |
| Your keyboard and mouse are positioned on the same level on the desk, parallel and close to each other | YES / NO / NA |
| Your keyboard is positioned directly and symmetrically in front of you | YES / NO / NA |
| There is about 10-15cm between your keyboard and the edge of the desk (for forearm support) | YES / NO / NA |
| Your mouse comfortably fits in your hand and moves freely over the desk surface | YES / NO / NA |
| Mouse is suitably adjusted for speed and accuracy of task | YES / NO / NA |
| Comments:  |
|  |
| **WORKLOAD, ACTIVITIES, AND INSTRUCTION** |
| Workload, timeframes, expectations and scheduling of work have all been discussed with your supervisor | YES / NO / NA |
| Opportunities for movement and changing positions are available throughout your workday | YES / NO / NA |
| The risks associated with computer work and ways to reduce the risk have been discussed with supervisor | YES / NO / NA |
| You know how to report IT and equipment issues, discomfort, hazards, injuries or incidents | YES / NO / NA |
| Comments:  |
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| **THE ENVIRONMENT** |
| Lighting and fixture placement are adequate to complete tasks without eye strain | YES / NO / NA |
| There is adequate ventilation and air conditioning | YES / NO / NA |
| Workstation location, height, storage and equipment are suitable for the task | YES / NO / NA |
| Walkways are free of clutter and trip hazards like trailing cords | YES / NO / NA |
| Flooring is undamaged and free from issues like uneven tiles or pulled-up carpet | YES / NO / NA |
| Boundaries have been set for your work hours with your partner, children, or housemates | YES / NO / NA |
| Comments:  |
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| **COMMUNICATION** |
| Communication methods have been to with your manager (e.g., morning and afternoon call-ins or emails, to ensure effective communication) | YES / NO / NA |
| You agree to notify your manager of any changes that may impact your health and safety | YES / NO / NA |
| Documented communication arrangements are in place | YES / NO / NA |
| All the necessary and current contact information for your workplace is available | YES / NO / NA |
| Comments:  |
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| **WORK PRACTICES** |
| You agree to stand at least once every hour and take breaks from the keyboard every 30 minutes | YES / NO / NA |
| Keep your wrists straight while typing and avoid resting them on any surface | YES / NO / NA |
| Maintain an upright or slightly reclined sitting posture, ensuring a slight curve in your lower back | YES / NO / NA |
| Use a headset or hold the telephone receiver with your hand (avoid cradling it) | YES / NO / NA |
| Take breaks from prolonged computer use by engaging in other tasks | YES / NO / NA |
| Comments: |
|  |
| **MENTAL HEALTH**  |
| You agree to schedule regular meetings with your manager, team, and clients to maintain contact and build relationships | YES / NO / NA |
| You will stay connected through phone and email to stay informed about work and team updates | YES / NO / NA |
| You will take breaks outdoors and include exercise in your workday routine whenever possible | YES / NO / NA |
| You agree to create a harmonious working environment | YES / NO / NA |
| Your workstation will be separate from the rest of your house | YES / NO / NA |
| You are aware of Employee Assistance Programs | YES / NO / NA |
| Comments:  |
|  |
| **CORRECTIVE ACTIONS OR OTHER CONSIDERATIONS** |
| *List corrective actions or other considerations here:* |
|  |
| **WORKER NAME AND SIGN** |  |
| **ASSESSOR NAME AND SIGN** |  |