



# WORKSTATION CHECKLIST

## Instructions:

This checklist should be completed by all employees/casuals/contractors, who are required to spend long periods working on computers and who work from home. If you answer "NO" to any of these questions, you need to adjust your workstation appropriately, or talk to your supervisor about what changes need to be made, to make the workstation safe.

For further information: [Guide to setting up your workstation](#)

<b>Name:</b>	<b>Supervisor's Name:</b>
<b>Phone No:</b>	<b>Supervisor's Phone No:</b>
<b>Email:</b>	<b>Email:</b>
<b>Department:</b>	<b>Date checklist completed:</b>

## PART 1: ASSESSMENT

CHAIR	YES	NO
<b>1. Is the chair easily adjustable from a seated position?</b> (i.e. Seat height, backrest height, backrest tilt)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Is height of chair appropriate? Check:</b>		
<ul style="list-style-type: none"> <li>When shoulders are relaxed, and elbows are by the side and at 90 degrees, are the forearms positioned:           <ul style="list-style-type: none"> <li>(a) just above the desk surface for keying tasks? <input type="checkbox"/></li> <li>(b) just on desk surface for writing tasks? <input type="checkbox"/></li> </ul> </li> <li>Are the thighs now parallel to the floor when the feet are touching the ground or footrest? <input type="checkbox"/></li> <li>If not, a footrest will need to be provided or current one adjusted (do not alter the above arm position) <input type="checkbox"/></li> </ul>		
<b>3. Is height of backrest appropriate? Check:</b>		
<ul style="list-style-type: none"> <li>Is the height of the backrest adjusted so the lumbar support of the chair is positioned in the curve of your lower back? (not around your hips) <input type="checkbox"/></li> </ul>		
<b>4. Is the angle of the backrest appropriate? Check:</b>		
<ul style="list-style-type: none"> <li>Is the backrest angle adjusted so that when you are sitting up straight (approx 90 – 95 degree angle at the hips), the backrest is against your back and touching your shoulder blades? <input type="checkbox"/></li> </ul>		
<b>5. Is the depth of the seat pan appropriate? Check:</b>		
<ul style="list-style-type: none"> <li>When you are seated in the chair, are there 2-3 finger spaces between the back of the knee and the edge of the seat? <input type="checkbox"/></li> </ul>		

DESK	YES	NO
<b>6. Are the desk dimensions appropriate? Check:</b>		
<ul style="list-style-type: none"> <li>Is the desk height between 680mm and 735 mm high (for a fixed height desk) <input type="checkbox"/></li> <li>Is there enough room on the desk to complete computing and writing tasks in separate areas? (AS4442:1997 advises this should be at least 1600mm x800mm) <input type="checkbox"/></li> </ul>		
<b>7. Are you able to sit as close as possible to desk with no impediments?</b>		
<b>If no check:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are there any boxes, old equipment etc, being stored under the desk, or arms on chairs that stop you from getting your chair as close as possible to the desk? <input type="checkbox"/></li> </ul>		
<b>8. Is the desk height adjustable? If yes:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>When the thighs are parallel to the ground and feet flat on the floor and elbow directly under the shoulder adjust desk height so that forearms are parallel to floor or angled down slightly. <input type="checkbox"/></li> </ul>		

KEYBOARD AND MOUSE	YES	NO
<b>9. Is the centre of the alphabetical section of the keyboard positioned directly in front of the user and the computer screen?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Is there enough room between the keyboard and the edge of the desk to rest the wrists, whilst not typing?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Are the wrists elevated off the desk while typing?</b> (ie. Do NOT rest your wrists on desk or wrist rest while typing, only in typing breaks)	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Is the keyboard close enough to allow elbows to remain under the shoulder and close to body?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Are the legs of the keyboard retracted, to ensure flat wrists while typing?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Do your wrists remain in a "neutral" position while typing or using the mouse?</b> (ie. Not angled upwards, downwards or sideways)	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Is the mouse moved using the shoulder as the pivot point not the wrist</b> (wrist should move across the desk with the mouse)	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Is the mouse at the same level as the keyboard and close enough so the elbows remain directly under the shoulders?</b>	<input type="checkbox"/>	<input type="checkbox"/>

MONITOR	YES	NO
<b>17. Is the monitor positioned approximately one arms length away?</b> (ie. You should not have to lean forward to read screen)	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Is the top of the screen positioned at your eye level?</b> (If "No", modify height with an adjustable monitor stand)	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Is the monitor positioned at right angles to light sources (e.g. window) and free from glare?</b>	<input type="checkbox"/>	<input type="checkbox"/>

PHONE AND DOCUMENTS	YES	NO
<b>20. Is the phone positioned within easy reach, on the non dominant side?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21. Do you have to regularly write notes or use the computer while talking on the phone?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. If yes, do you use a headset to prevent neck strain caused by cradling the phone?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. Do you have to refer to documents while typing/entering data? If yes, check:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Do you have a document holder positioned between the monitor and keyboard or adjacent to the screen? (this is to prevent twisting of the neck, looking down.)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

LAPTOPS	YES	NO
<b>24. Do you regularly use a laptop for periods of 1hr or more?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. If YES, do you use a docking station or lap top stand with external monitor, keyboard and mouse?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If NO, you will need to purchase the equipment listed above AND start at the beginning of this checklist to make sure your equipment is set up safely.</i>		

<b>IF YOU HAVE REQUESTED TO WORK REGULARLY FROM HOME, PLEASE TICK 'YES' AND ANSWER THE FOLLOWING:</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

<b>DESIGNATED WORK AREA</b>	<b>YES</b>	<b>NO</b>
<i>1. A work area has been identified that allows work tasks to be undertaken safely</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2. The work area (including work documents and equipment) can be secured to prevent unauthorised access</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3. The work area is segregated from hazards in the home, e.g. hot cooking surfaces in the kitchen</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4. Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>5. Glare and reflection can be controlled e.g. window dressing in place</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6. Ventilation and room temperature are comfortable, regardless of season</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>7. There is no excessive noise affecting the work area</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>8. The work floor and walkways are clear of clutter and trip hazards, such as torn carpet/ rug</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ELECTRICAL</b>	<b>YES</b>	<b>NO</b>
<i>9. Power outlets are not overloaded with double adapters and power boards</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>10. Earth leakage circuit protection is in place for work related equipment</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>11. Electrical cords are safely stowed</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>12. Connectors, plugs and outlet sockets are in a safe condition</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>13. Electrical Equipment free from any obvious external/cord damage</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECURITY &amp; EMERGENCY PROCEDURES</b>	<b>YES</b>	<b>NO</b>
<i>14. Security is sufficient to prevent unauthorised entry</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>15. Telephone and other communication devices are readily available to allow effective communication in emergency</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>16. Emergency contact numbers and details are known</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>17. A communication procedure has been established to ensure regular contact between the staff members and their manager/team and to report any incidents</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>EMERGENCY EXIT</b>	<b>YES</b>	<b>NO</b>
<i>18. Path to exit is accessible, sufficiently wide and free of obstructions or trip hazards</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INDIVIDUAL FACTORS</b>	<b>YES</b>	<b>NO</b>
<i>19. The staff member's fitness and health are suitable to the tasks to be undertaken</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>20. Any special needs to ensure health and safety have been advised to the manager</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>21. Any dependent people have care arrangements in place</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SAFETY EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
<i>22. First Aid Kit (Type C at a minimum) is available</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>23. Smoke detector is installed in /near the work area and is properly maintained.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>WORKSTATION SET-UP AND WORK PRACTICES</b>	<b>YES</b>	<b>NO</b>
<i>24. Work surfaces, chair and equipment are suited to the task and are set-up ergonomically</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>25. Safe posture and work practices are adopted</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MENTAL HEALTH AND WELLBEING</b>	<b>YES</b>	<b>NO</b>
<i>26. Regular catch up with your manager, colleagues and support networks established</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>27. Clear boundaries between home-life and work-life</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>28. The work environment is free from high noise levels</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>29. The work environment is free from psychological hazards *</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PHOTO OF WORKSTATION</b>	<b>YES</b>	<b>NO</b>
<i>30. Photo of the home workstation and employee at the workstation is provided</i>	<input type="checkbox"/>	<input type="checkbox"/>

