



Checklist

Clerical Workstation Ergonomic Assessment

This checklist is provided to assist with the assessment of common ergonomic factors related to computer-based and clerical workstations. It will assist in the collation and prioritisation of identified issues and indicate where there is a need to conduct a full assessment for a workstation based on the risk to the occupier of Occupational Overuse Syndrome (OOS) injury.

When your assessment is complete please fill in the form electronically and lodge it in DataWorks using the following convention.

Index: Human Resource Management – Ergonomic Assessment – Clerical Workstation Ergonomic Assessment

Précis: Occupants Name – Department – Division – Date of assessment. e.g. Fred Bloggs – Corporate Development – Information Services – “date”

Occupant's Name:

Department:

Division:

Facility / Area:

Assessment By:

Date of Assessment:

Ergonomic Considerations

Work Organisation	Yes	No	N/A	Comments	Action
Are a variety of tasks carried out by the employee? (such as keyboard work, photocopying, filing, writing etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If 'Yes', Does the person have some control over the order in which those tasks are completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is care taken to avoid placing the person under undue pressure to meet demanding work targets or deadlines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has there been constancy in workload in recent weeks, i.e. no excessive overtime or a sudden increase in keyboard work? (This is preferable to sudden increases in workload or working excessive overtime.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the person is a new staff member, or has recently returned from long-term leave was a period of time allowed to adjust to the workload? (e.g. a week of gradual increase in the tasks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have work pauses been taken as appropriate? (i.e. short breaks away from keyboard tasks every hour or so – such as a short walk to the photocopier, or a switch to another task on a regular basis, such as an hour of keyboard work, followed by an hour of filing and so on.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Workstation Adjustment and Layout *(for more information about this section, refer to diagram 1.)*

Chair	Yes	No	N/A	Comments	Action
Is the chair easily adjusted from a seated position? (Can the height of the seat, the angle and height of the backrest moving the chair to and away from the desk be easily achieved?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can the chair be moved close to the workstation without impediment? (Check that the desktop is thin, chair arms are not in the way and the area under the desk is clear of obstructions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the seat height adjusted so that the person's thighs are parallel to the floor with feet resting flat on the floor or on a footrest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the backrest height adjusted to fit the small of the person's back and supporting the lower spine? (To find the small of the back, stand with your hands on your waist – your thumbs will indicate where the small of your back is.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the backrest angle adjusted so that the person is sitting upright while keying? (The position of the backrest can be adjusted when performing other tasks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Desk	Yes	No	N/A	Comments	Action
Is there a minimum of 650mm knee space width?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a minimum of 450mm knee space depth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the height to the top of the desk 700mm-720mm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the work surface width 600mm for reading and writing or 800mm where a computer is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the work surface depth 1200mm for reading and writing or 1600mm where a computer is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the person's forearms parallel with the floor or angled slightly downwards? (This can be achieved by either altering the desk/keyboard platform if they are adjustable, or if the desk is fixed by adjusting the chair.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the desk/keyboard platform adjustable? (The height of the desk may be adjustable, or there may be sections of the desk that can be independently adjusted for height.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



If Yes, are the adjustments easily made? (The adjustments should be easily made without excessive force or awkward postures.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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Desk	Yes	No	N/A	Comments	Action
If the person works at a counter (e.g., for customer service), is there a suitable chair and footrest provided so that they can sit in the preferred posture (see Diagram 1)? (For counter work, a combination of sitting and standing postures is desirable to minimise the risk of injuries.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Footrest	Yes	No	N/A	Comments	Action
If the desk/keyboard platform and chair cannot be adjusted to suit the person, has the person been provided with a footrest? (i.e. A footrest must be provided where the person cannot place their feet flat on the floor once the other adjustments have been made.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Where a footrest has been provided, can the angle and height be easily adjusted? (The angle and height of the footrest should be adjustable independently so that the ankles and feet are in a comfortable position.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the footrest large enough to support both feet and allows the person to move their feet position into a comfortable position? (The footrest should allow you to shift your feet slightly whilst sitting to minimise static postures and improve blood flow.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Visual Display Unit	Yes	No	N/A	Comments	Action
When sitting and looking straight ahead, is the top of the screen level with the person's eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Where the person uses bi-focal or multi-focal glasses is the top of the screen approximately 20" (10cm) below their straight line vision? (i.e. with an upright position of the neck.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the screen at a comfortable reading distance? (The screen should be approximately one arms length away (450mm-650mm) when the person is positioned for typing.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Are all characters on the display easily legible and is the image stable? (The display should be set with sufficient contrast and brightness, and characters should be sharp and the image should not shimmer or flicker.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Document Holder	Yes No N/A	Comments	Action
Does the persons work involve the regular transfer of data from hard copy materials to the computer or vice versa? (Data entry from files or lists, word processing etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Document Holder	Yes No N/A	Comments	Action
If Yes, has the person been provided with a document holder? (The holder may be one of several types – see Diagram 2.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Can the document holder be easily adjusted to accommodate different hard copy materials? (Can different hard copy items such as files, reports, lists, etc, be accommodated on the holder with simple adjustments to clamps, cursors, the orientation for the holder (landscape or portrait) etc?)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Is the holder stable and able to support the weight of hard copy items without falling over or coming apart? (The holder should be either fixed to the desk or screen or have a base that is heavy enough to stabilise the holder.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
General Layout (see Diagram 3 attached for more information.)	Yes No N/A	Comments	Action
Are all often-used items such as telephones, document holder, reference documents, stationery, etc, within easy reach? (They should be within normal arm reach with minimum trunk twisting or bending.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Is there sufficient space on the workstation for the computer, telephone, other equipment and hard copy materials? (For workstations that involve both keyboard and clerical tasks, there should be sufficient space to use the keyboard and a separate space to perform writing, reading and other clerical tasks.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		



<p>Is the workstation designed to avoid undue twisting of the neck or trunk? (Are the keyboard, screen and document holder in line, directly in front of your seated position? Can items outside easy reach be obtained without having to bend or twist excessively? Are the items stored at locations that can be reached whilst seated, or are they placed so that you must leave your chair to reach them?)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Telephones	Yes No N/A	Comments	Action
<p>Where there is continuous or frequent telephone operation is a headset available? (if you have to perform other tasks at the same time, such as taking notes, a headset will eliminate the craning of the neck to hold the handset.)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>If a headset is available, is it lightweight, adjustable to suit your face and head shape and size, and comfortable to wear for extended periods of time? (The ear pad(s) should not place excessive pressure on your ears or head and the headband and microphone should be infinitely adjustable.)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Telephones	Yes No N/A	Comments	Action
<p>Does the telephone equipment include easily adjustable volume controls?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Workplace Environment	Yes No N/A	Comments	Action
<p>Is the screen and desk free of glare, reflections or shadows, and documents be read easily? Does the person find the lighting satisfactory?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>Are the noise levels in the area conducive to concentration/conversation? (Noise levels should allow conversations to be held at normal levels and allow concentration to be maintained while performing mentally demanding tasks.)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>Is the temperature and airflow in the area comfortable? (There should be no uncomfortable drafts, excessively hot or cold temperatures, wide variations from place to place, or stuffy offices.)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		



Comments:

Actions and Signoff

All actions were completed during the assessment, no further action is required

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OR

Responsibility for Actions: (name)

All Actions to be Completed by (Date): ____ / ____ / ____

Actions Completed:

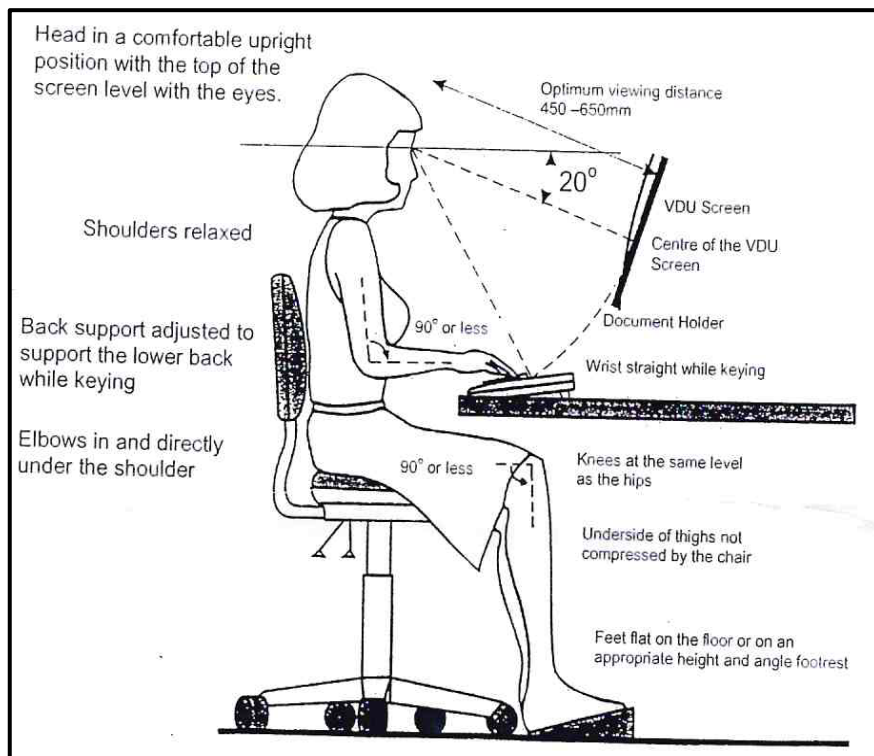
Date all actions were Completed: ____ / ____ / ____

*Signature of Person Responsible for Action



NOTE: The workstation must be adjusted to suit the person, not the person to the workstation.

Diagram 1. Preferred Seating Position



Shown is the preferred seating posture for an ergonomically sound seating position for operators using a computer-based workstation.

The diagram is intended as a guide for staff to set up their workstations in accordance with ergonomic principles – please take into account different types of desk based work or workstation furniture may require slightly different postures.

NOTE: The monitor is different for a person who wears bi-focal or multi-focal glasses.

The top of the screen should be approximately 20° (10cm) below the straight line vision? (i.e. with an upright position of the neck.)

Diagram 2. Document Holders

