

## 16.13 ERGONOMIC CHECKLIST

### PART 1: Self-Assessment of Workstation

Setting up your workstation is an important part of working safely at the Diocese.

Using the diagram as a guide, complete the below form. If you need to, make adjustments as you go.

Return your completed form to your manager/parish representative.



<b>Name</b>		<b>Date:</b>			
<b>Ergonomic Assessment</b>			<b>Yes</b>	<b>No</b>	<b>Unsure</b>
<b>Chair</b>					
1. Is the seat height adjusted so the arms and forearms are at right angles, and forearms and hands are straight when resting on keyboard?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When feet are on the floor, are thighs parallel to the ground and knees bent at right angles?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the seat back adjusted to support lumbar curvature?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the seat tilted so hips are right angles to thigh?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Keyboard and Mouse</b>					
1. Is the keyboard placed immediately in front of you?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the keyboard at a distance that does not cause strain to shoulders and elbows remain close to the body?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the mouse next to the keyboard?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monitor</b>					
1. Is the monitor height adjustable so that you are looking at the top third of the screen?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the monitor approximately an arms distance from you?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the monitor symmetrically placed with the keyboard?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>					
Do you use a laptop?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, do you require additional ergonomic equipment? (such as a footrest etc)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ergonomic Assessment	Yes	No	Unsure
Do you use the phone for extended periods of time during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you refer to paper based documents or perform data entry related duties for extended periods of time during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel ergonomically comfortable at desk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments:</b>			

I declare the above information is correct at the date of the self-assessment

	Name	Signature	Date
<b>Worker</b>			

**PART 2:**

To be reviewed by Parish Council Safety Delegate/WHS Officer

	Name	Signature	Date
<b>Date Form provided to Parish Council Safety Delegate/WHS Officer</b>			
<b>Further Assessment Required?</b>	Yes <input type="checkbox"/> <span style="margin-left: 200px;">No <input type="checkbox"/></span> <b>Comments:</b>		