

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.



Name		Date:			
Ergonomic Assessment			Yes	No	Unsure
Chair					
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"/>
Keyboard and Mouse					
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"/>
Monitor					
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"/>
Other					
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"/>

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"/>
Additional Comments:			

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

	Name	Signature	Date
Worker			

PART 2:

To be reviewed by Parish Council Safety Delegate/WHS Officer

	Name	Signature	Date
Date Form provided to Parish Council Safety Delegate/WHS Officer			
Further Assessment Required?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		