**Workstation Risk Assessment**

A well designed workstation can reduce the risk of injury. The following checklist is provided to assist in setting up and assessing your own workstation. The outcomes of this assessment should be discussed with your **Workplace** **Manager** and/or **Management OHS Nominee**. The **Workplace Manager** and/or **Management OHS Nominee** should be notified if there is pain or discomfort.

For further information contact the **OHS Advisory Service** on **1300 074 715**.

| **Assessment Details** | | | |
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| **Employee name:** |  | | |
| **Workplace Manager name:** |  | | |
| **Location of workstation:** |  | | |
| **Date of assessment:** |  | | |
| **Expert assessor name**:  **(if required)**[[1]](#footnote-1) |  | | |
| **Completed Ergonomics eLearning Module** | **Yes** | **No** | If no, please proceed to the [LearnED](https://edupay.eduweb.vic.gov.au/psp/hoadmin/?cmd=login&languageCd=ENG&) to complete the module and then proceed to complete this form. |
| 1. **Hazard Identification** | | | |
| **Nature of tasks undertaken on a daily basis** | | | |
| List your main daily tasks:   | Do you change your posture (e.g. move away from your workstation, stretching) at least every 30 minutes? | **Yes** | **No** | | --- | --- | --- | | Are rest breaks and micro pauses taken regularly? | **Yes** | **No** | | Do you vary and rotate the types of tasks you undertake? | **Yes** | **No** | | Do you look away from the screen every 20 minutes for at least 20 seconds? | **Yes** | **No** |   **Current issues/comments** | | | |

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| 1. **Chair**   *Refer to manufacturer’s instructions that are provided with the chair.* | |
| Correct way to adjust the chair seat pan  Correct way to adjust the back rest, in the curve of lower back for lumbar support. | | Can you adjust your chair height so that your feet are flat on the floor and thighs are horizontal? | **Yes** | **No** | | --- | --- | --- | | Can you adjust the seat tilt to be horizontal or slightly forward, to your own preference? *Refer to dotted lines on diagram?* | **Yes** | **No** | | Can you raise the backrest until the lumbar support fits with the curve of your lower back?  N.B Whilst seated adjust the forward/backward lever on the chair until the position of the backrest exerts a comfortable pressure on the lower back | **Yes** | **No** | | Is there a 2-3 finger-width gap between the front of the seat and the back of your knee? | **Yes** | **No** | | Can you place your chair at a comfortable typing or viewing distance from the screen?  N.B Chair armrests should be positioned to fit under the desk. | **Yes** | **No** |   **Comments** |

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| 1. **Desk** | |
| Picture with person feet sitting firmly on the floor  and elbows are at ninety degrees to the desk  Picture of ergonomic desk setup. | | Do you have an adjustable keyboard shelf, if yes, is it elevated to the desk height to ensure a level work surface? | **Yes** | **No** | | --- | --- | --- | | Is your desk at an appropriate height whereby your shoulders are relaxed and elbows are slightly above the level of the desk, bent at 90 degrees?  **If the desk is too high and cannot be adjusted**  Adjust the height of the chair and make use of a footrest, if required.  **If the desk is too low**  Consult with your Workplace Manager about modification or replacement if your desk is too high/too low. | **Yes** | **No** | | Is there adequate clearance under your desk to accommodate your chair and legs? | **Yes** | **No** | | Are objects such as rubbish bins, storage boxes, and bags stored under the desk? If yes, remove the objects to ensure you are positioned directly in front of your monitor to avoid twisting or awkward posture of the spine. | **Yes** | **No** | | Are the frequently used items on the desk stored no more than an arm’s length away? | **Yes** | **No** | * **No** | |
| **Comments** |  |

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| 1. **Footrest** | |
| If feet do not touch the floor a footrest is required | | Can you comfortably place your feet flat on the floor after adjusting your chair, If no, you may require a footrest. | **Yes** | **No** | * **N/A** | | --- | --- | --- | --- | | Can you adjust the footrest? | **Yes** | **No** | * **N/A** | | Is the footrest stable when your feet are resting on it? | **Yes** | **No** | * **N/A** |   **Comments** |

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| 1. **Single monitor set-up** | |
| Single Monitor Set-up Picture. Top of the monitor is postitioned with your eyes. | | Is the top of the monitor (including laptops positioned so that it is level with your eyes?  N.B: If you wear bi or trifocals, the monitors will usually be positioned lower so that you do not have to tilt your head up to view the screens. | **Yes** | **No** | | --- | --- | --- | | Are you able to adjust your monitor to the correct height? If no, a monitor stand may be required. | **Yes** | **No** | | Is your monitor approximately arm’s length away from your seated position? | **Yes** | **No** | | When looking at the screen, is your head upright (not bent forward or backward)? | **Yes** | **No** | | Is the screen set to an appropriate brightness, size, colour and contrast? | **Yes** | **No** | |
| **Comments** | |

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| 1. **Dual monitor set-up** | |
| **Dual Monitor Set-up Diagram. Diagram 1**  Diagram 2 setup of two monitors. One primary monitor to be palced directly infront of you . second monitor to the right or left at about thirty degrees angle.  **Diagram 2**  **Comments** | | Are both monitors the same size and height? | **Yes** | **No** |  | | --- | --- | --- | --- | | Are both monitors adjusted to the correct height, see section 5. | **Yes** | **No** |  | | Can both monitors be placed at approximately arm’s length away from your seated position? | **Yes** | **No** |  | | Are both monitors set to the same resolution to minimise eyestrain? | **Yes** | **No** |  | | Do you use both monitors for an equal amount of time?  If yes, set the monitors next to each other. The monitors should be positioned directly in front of the user in a slight outward “V” shape. *Refer to diagram 1* | **Yes** | **No** | * **N/A** | | Do you use one monitor as the primary monitor?  If yes, position it directly in front of you and place the secondary monitor to the right or the left at about a 30-degree angle to the primary monitor. *Refer to Diagram 2* | **Yes** | **No** | * **N/A** | |

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| 1. **Keyboard** | |
| Picture of correct keyboard set-up.  Picture of correct position of hands on keyboardPicture of incorrect position of hands on keyboard  **✓**  **X** | | Is your keyboard aligned with the monitor and placed directly in front of you near the front edge of the desk? | **Yes** | **No** | | --- | --- | --- | | Are the feet of the keyboard lowered to reduce the height and angle of the keyboard to prevent bending of the wrists? | **Yes** | **No** |   **Comments** |

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| 1. **Mouse** | |
| Picture of mouse staright in line with wrist as the correct position.Picture of person using mouse at desk with wrist in straight position. | | Is your mouse and keyboard on the same level and used as close to you as possible? | **Yes** | **No** | | --- | --- | --- | | Do you use keys on the keyboard to reduce mouse use? | **Yes** | **No** | | When using the mouse do you keep your wrist as straight as possible? | **Yes** | **No** | | Is your mouse and keyboard close to one another? | **Yes** | **No** | | Do you alternate between hands to reduce time spent using your dominant hand? | **Yes** | **No** |   **Comments** |
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| 1. **Referencing documents** | |
| Picture of document holder in between keyboard and monitor used for referencing documents. | | Do you regularly reference documents?  If yes, you may require a document holder or should try to place the document directly between the keyboard and the computer monitor to reduce neck and back twisting. | **Yes** | **No** | | --- | --- | --- |   **Comments** |

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| 1. **Telephone** | |
| Picture of Telephone on desk within optimum reach sector. | | Is your telephone within your optimum reach sector?  It should be placed so that you do not have to twist your back to reach or operate it. Try moving your chair if the telephone is not directly in front of you. | **Yes** | **No** | | --- | --- | --- | | Can you maintain a comfortable, upright head posture when using the telephone? (E.g. not holding the phone between neck and shoulder). | **Yes** | **No** |   **Comments** |

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| 1. **Standing workstation** | |
| Picture of a Standing Workstation, with head, neck, torso and legs in line. | | Is the height of the desk just below elbow height?  N.B: Your shoulders should be relaxed and your elbows bent at approximately 90 degrees. | **Yes** | * **No** | | --- | --- | --- | | Is the top of monitor just below or at eye level? | **Yes** | * **No** | | When standing, are the head, neck, torso and legs should be in line | **Yes** | * **No** | | Is the keyboard and mouse on the same level? | **Yes** | * **No** | | Are alternated postures adopted (e.g. standing and sitting?  N.B: To minimise leg fatigue, alternate between standing and sitting approximately every 20-30 minutes, or as needed and utilise an anti-fatigue mat. | **Yes** | * **No** |   **Comments** |

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| 1. **Notebook or laptop computers** | |
| Picture of Notebook and Laptop | | Can your laptop be placed on an adjustable stand or attached to a docking station? | **Yes** | **No** | | --- | --- | --- | | Do you have an external monitor, keyboard and mouse? | **Yes** | **No** |   **Comments** |

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| 1. **Workstation Environment**   *Your office environment influnces your personal comfort and plays a role in your productvity.* | |
| Picture of Office Environment | | Is your computer monitor in a position so as to maximise light cast over your desk and to avoid reflections on the screen or glare behind the screen. | **Yes** | * **No** | | --- | --- | --- | | Is your working environment too loud?  Please provide comments below. | **Yes** | * **No** | | Is your working environment too hot / cold?  Please provide comments below. | **Yes** | * **No** | | Does your working environment have adequate ventilation?  Please provide comments below. | **Yes** | * **No** | | Is the electrical equipment in your working environment in good condition -no frayed cords, no double adaptors, adequate electrical equipment ventilation?  Please provide comments below. | **Yes** | * **No** | | Is there a Residual Current Device (RCD) installed at the workplace?  Please provide comments below. | **Yes** | * **No** | | Is there a smoke alarm installed and fire extinguisher available?  Please provide comments below. | **Yes** | * **No** |   **Comments** |

The following section is to be completed by the **Workplace Manager** or **Management OHS Nominee** and in some instances an Expert Assessor in consultation with the employee. The controls implemented should be trialled for a week and if discomfort persists, please contact the OHS Advisory Service to arrange an Ergonomic Assessment. Please see risk matrix below for further guidance on conducting the risk assessment.

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| **Risk Assessment and Controls** | | | | | | |
| **Hazard identification (use references from previous sections)** | **C** | **L** | **Risk**  **Level** | **Controls** | **Date Implemented** | **Date Reviewed** |
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| **Review Controls in consultation with employee.** | |
| Verification in consultation with employee and **Workplace Manager** and/or **Management OHS Nominee** that controls are effective. | |
| Workplace Manager and/or Management OHS Nominee  Effective Not effective Date: / / | **Name:**  **Signature:** |
| Employee  Effective Not effective Date: / / | **Name:**  **Signature:** |

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| **Using the Matrix**   1. Evaluate the **consequences** of a risk occurring according to the ratings in the top row. 2. Evaluate the **likelihood** of an incident occurring according to the ratings in the left hand column.   Calculate the **level of risk** by finding the intersection between the likelihood and the consequences. | 1. **Consequence**  | **Descriptor** | **Level** | **Definition** | | --- | --- | --- | | **Insignificant** | **1** | No injury | | **Minor** | **2** | Injury/ ill health requiring first aid | | **Moderate** | **3** | Injury/ill health requiring medical attention | | **Major** | **4** | Injury/ill health requiring hospital admission | | **Severe** | **5** | Fatality | | | 1. **Likelihood**  | Descriptor | Level | Definition | | --- | --- | --- | | Rare | 1 | May occur somewhere, sometime (“Once in a life time / once in a hundred years”) | | Unlikely | 2 | May occur somewhere within the Department over an extended period of time | | Possible | 3 | May occur several times across the Department or a region over a period of time | | Likely | 4 | May be anticipated multiple times over a period of time.  May occur once every few repetitions of the activity or event | | Almost  Certain | 5 | Prone to occur regularly  It is anticipated for each repetition of the activity of event | |
| 1. **Risk level**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Likelihood** | **Consequence** | | | | | | **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** | | **Almost Certain** | Medium | High | Extreme | Extreme | Extreme | | **Likely** | Medium | Medium | High | Extreme | Extreme | | **Possible** | Low | Medium | Medium | High | Extreme | | **Unlikely** | Low | Low | Medium | Medium | High | | **Rare** | Low | Low | Low | Medium | Medium | | | **Key**   |  |  | | --- | --- | | **Descriptor** | **Definition** | | **Extreme:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. | | **High:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification | | **Medium:** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, OHS Representative / OHS Committee is to follow up that corrective action is taken within 7 days. | | **Low** | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, HSR / OHS Committee is to follow up that corrective action is taken within a reasonable time. | | |

1. If required: When working from home, an expert assessor is not required. [↑](#footnote-ref-1)