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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safety Planned Working From Home  workstation assessment checklist |

This checklist has been designed for staff to self-assess their designated home-based computer workstation where in principle agreement to work from home has been provided. It can also be used by an assessor conducting a supplementary assessment or review of an individual. It is designed to provide guidance on undertaking simple workstation adjustments to optimise comfort, health and safety when working from home, and, where necessary, identify the need for any additional equipment or interventions.

**Part A - Assessment Checklist** – self assessment to be completed by an individual.

**Part B - Assessor Assessment and Report** – to be completed byHSBP or equivalent where additional assistance is required.

If working on campus the **On-campus Workstation Assessment Checklist** is to be completed.

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| **PART A ASSESSMENT CHECKLIST** | | | |
| Name |  | Employee ID |  |
| Email |  | Height |  |
| Supervisor Name |  | Dominant Hand |  |
| Department |  | Date |  |

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| **WORKSTATION ASSESSMENT** | | | | |
| 1 CHAIR | YES | NO | N/A | COMMENTS |
| * 1. I have a well-designed, well-fitting, comfortable task chair in good condition. |  |  |  |  |
| * 1. I can sit right back into the chair, so the back rest conforms comfortably to my back and there is 1 to 3 fingers width clearance between the front edge of the seat and the back of my knees for optimum thigh support. |  |  |  |  |
| 1.3 When seated at the desk with my hands on the keyboard I can achieve the following posture:   * + - Shoulders relaxed and symmetrical, head in midline, eyes straight ahead.     - Elbows close to the sides of the body.     - Forearms approximately parallel to the floor.     - Hips slightly higher than knees.     - Thighs not making contact with the underside of the desk.     - Feet flat on the floor or a footrest (not dangling).   Source WorkSafe Victoria  W  Source:  WorkSafe Victoria  **Note:** If feet are not fully supported on the floor a footrest is required.  If standing to work, I can achieve the first 3 bullet points above.  Standing for 15 minutes per hour is recommended. |  |  |  |  |
| * 1. Chair arms, if present, do not interfere with access to the workstation |  |  |  |  |
| 1.5 If the chair has castors it rolls with a suitable level of resistance across the floor.  **Note:** Chair castors on a timber, tiled or concrete floor may roll too freely and pose a  falls risk as well as cause the body to continually tense to keep the chair still. Chair castors on thick pile carpet may mean moving the chair requires a high level of physical effort.  The solution is a low pile carpet square with rubber backing and finished edges (approx. 1m2) |  |  |  |  |
| 2 DESK | YES | NO | N/A | COMMENTS |
| 2.1 The desk is an appropriate height with a thin profile desktop |  |  |  |  |
| 2.2 There are no drawers, shelves, fixed structures or other items under the desk interfering with leg positioning or sitting posture |  |  |  |  |
| 2.3 The dimensions of the desktop surface are sufficient to accommodate all required desktop items |  |  |  |  |
| 2.4 If a sit/stand desk is available it is adjustable without effort and has a height range to comfortably accommodate sitting and standing height |  |  |  |  |
| 3 COMPUTER MONITOR(S) | YES | NO | N/A | COMMENTS |
| 3.1 The monitor is directly in front of me, flat and approximately arms reach away. |  |  |  |  |
| 3.2 Where two monitors are used the selected setup supports the work practice.   * + 1. Equal use: configured side by side with inside edges lined up with nose.     2. Primary and secondary use: primary is directly in front and secondary immediately to one side-either (R) or (L). |  |  |  |  |
| 3.3 The top of the monitor(s) is/are approximately eye level.  **Note:** The monitor may need to be raised on a plastic riser or similar.  If wearing multi focal lenses the monitor/s may need to be lowered and tilted upwards to avoid tilting the head backwards. |  |  |  |  |
| 3.4 The screen brightness, contrast and font size are adjusted for my visual comfort. |  |  |  |  |
| 3.5 The screen is free from glare or reflections from light sources. |  |  |  |  |
| 3.6 There is adequate cable length to position my monitor for postural comfort. |  |  |  |  |
| 3.7 In the event of using a laptop computer for prolonged periods, I use a laptop stand/riser and an external keyboard and mouse to eliminate leaning forwards. |  |  |  |  |
| 4 KEYBOARD | YES | NO | N/A | COMMENTS |
| 4.1 The keyboard is positioned directly in front of me and at a distance from the edge of the desk that feels comfortable and supportive for my arms/shoulders. |  |  |  |  |
| 4.2 When keying I can position my forearms parallel to the floor with wrists slightly bent upwards (10-20 degrees). |  |  |  |  |
| 4.3 I keep my fingers slightly curved and strike the keys softly. |  |  |  |  |
| 4.4 I use short cut keys where possible to reduce mouse use. |  |  |  |  |
| 4.5 Brief pauses (every few minutes) are taken from continuous key work. |  |  |  |  |
| 5 MOUSE | YES | NO | N/A | COMMENTS |
| 5.1 My mouse comfortably fits my hand so that the padded sections of the palm are in contact with the desktop. |  |  |  |  |
| 5.2 My mouse operates smoothly over the desk surface or over a flat mouse pad.  **Note:** Mouse pads with raised gel wrist rest sections are not recommended as they promote an awkward wrist posture and repetitive sideways wrist actions which are risky. |  |  |  |  |
| Illustration of correct arm/hand alignment during mouse use.5.3 I can adopt the following mouse posture/action:   * + 1. Shoulder relaxed     2. Elbow close to side of body     3. Forearm parallel to the floor and  lightly supported on desktop     4. Wrist still-not moving from side  to side     5. Circular, smooth, whole arm movements |  |  |  |  |
| 5.4 Brief rest breaks are taken when performing prolonged periods of mouse work where the hand is taken off the mouse and stretched. |  |  |  |  |
| 6 DESKTOP ITEMS | YES | NO | N/A | COMMENTS |
| 6.1 Options are available for virtual and telecommunications including hands free or a comfortable headset. |  |  |  |  |
| 6.2 If required a document holder is available and can be positioned in the preferred location between the monitor and keyboard. |  |  |  |  |
| 7 PHYSICAL ENVIRONMENT | YES | NO |  | COMMENTS |
| 7.1 Noise levels at my designated workstation are conducive to concentration. |  |  |  |  |
| 7.2 The lighting at my designated workstation is appropriate for the tasks I do and does not influence my posture causing me to peer, lean or squint. |  |  |  |  |
| 7.3 The thermal environment at my designated work environment is comfortable and well-regulated. |  |  |  |  |
| 7.4 There are no trip hazards e.g., cabling, mats, obstacles, poor housekeeping in the immediate environment. |  |  |  |  |
| 7.5 Cabling around the workstation is well managed to avoid inadvertent contact. |  |  |  |  |
| 7.6 All required work items are within comfortable reach (no excessive reaching, twisting, bending, climbing or force exertion required). |  |  |  |  |
| 8 WORK DEMANDS (PSYCHOSOCIAL FACTORS) | YES | NO | N/A | COMMENTS |
| 8.1 Skills and capabilities are well matched to the requirements of the work role. |  |  |  |  |
| 8.2 Work deadlines are realistic and achievable and there is sufficient control over the work pace and workload. |  |  |  |  |
| 8.3 The workplace culture is positive, respectful and supportive.  **Note**: Psychosocial factors are known to influence physiology /physical comfort*.* |  |  |  |  |
| **9 FOLLOW UP** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 9.1 I have been able to implement the above adjustments/ work methods and am comfortable with my workstation set up and environment. |  |  |  |  |
| 9.2 I require equipment and or adjustment to achieve certain aspects of the recommended set up and the work practices outlined.  Contact your supervisor to discuss. |  |  |  |  |
| 9.3 I have answered no to some of these questions and am unable to meet certain criteria.  Contact your supervisor to discuss. |  |  |  |  |
| 10. DECLARATION | YES | NO | N/A | COMMENTS |
| 10.1 The information above regarding my designated workstation and immediate environment is correct to the best of my knowledge. |  |  |  |  |
| 10.2 I agree to conduct my university work exclusively in the designated work environment. |  |  |  |  |
| 10.3 I have attached a photo or sketch as evidence of my current designated workplace. |  |  |  |  |
| 10.4 In the event that there is a change to any aspect of the designated work environment, my work capacity or work demands I will contact my supervisor immediately. |  |  |  |  |

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| **PART B ASSESSOR REVIEW AND REPORT** | | | |
| Assessor Name |  | Assessor Title |  |
| Assessor Email |  | Assessor Department |  |
| Date of the assessment |  |  |  |

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| Reasons for the assessment |
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| Findings and Recommendations |
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| **Additional info /links/references** |

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| This checklist should be completed in conjunction with the “Home-based work for professional staff” arrangements outlined in the [*Flexible Work Arrangements Procedure* *(MPF1155)*](https://policy.unimelb.edu.au/MPF1155) and must be accompanied by a [*Home-based work agreement (HR42)*](https://unimelb.service-now.com/hr?id=kb_article&sys_id=01b1ea3587fb34d45420ab0a0cbb3592)  Section 3.3 requires the workstation assessment to be signed by a “suitably qualified nominee or independent contractor”. An employee can be deemed “suitably qualified” after completing the *Computer Workstation training* in TrainME.  If you require further assistance, adjustments or equipment please contact your supervisor.  For further information refer to the Health & Safety [Ergonomic](https://safety.unimelb.edu.au/safety-topics/ergonomics) website. |

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| Please be advised that the University may ask you to provide further information relating to workstation arrangements in order for the University to consider any reasonable adjustments to enable you to perform the role and that such information may be provided to your relevant supervisor for this purpose.  **PRIVACY STATEMENT**  The University has collected personal information about you in this form for purposes related to administering your employment at the University, and to ensure compliance with relevant laws, including workers’ compensation and equal opportunity laws. The University must comply with the Privacy and Data Protection Act 2014 (Vic) when collecting, using or disclosing personal information. For more information refer to the [Staff privacy statement](https://about.unimelb.edu.au/strategy/governance/compliance-obligations/privacy/privacy-statements/staff-privacy-statement), the [Privacy at the University of Melbourne](https://about.unimelb.edu.au/strategy/governance/compliance-obligations/privacy) and the University of Melbourne [Privacy Policy](http://policy.unimelb.edu.au/MPF1104). |