



WORK SETUP CHECKLIST

This document includes information on workstation setup, work practices & posture.

It has been adapted from Gassett, Hearne & Keelan, 1996; Hottes, 1997; Occupational Therapy Department, Tamworth Base Hospital; Worksafe Australia, 1989; Worksafe Australia, 1992.

WORKSTATION SETUP

		Yes	No
Chair:	Is the backrest and seat height easy to adjust whilst you are sitting in the chair?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the outward curve of the backrest sitting comfortably in the natural hollow of your lower back?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the backrest angled to be upright (between 90-100°)	<input type="checkbox"/>	<input type="checkbox"/>
	Does your chair have a padded seat?	<input type="checkbox"/>	<input type="checkbox"/>
	Does your chair have a five-point base with castors for support?	<input type="checkbox"/>	<input type="checkbox"/>
	If your chair has armrests does it still allow a close approach to your desk to your work? (NB: Frequent typists should use a chair without arms)	<input type="checkbox"/>	<input type="checkbox"/>
	Does the chair glide easily over the floor when moving away from the desk?	<input type="checkbox"/>	<input type="checkbox"/>
Monitor:	Is the top of the screen level with your eyes? (i.e. so you don't need to bend or stretch your neck to see it) (NB: If you wear bifocals the top of the screen should be below eye height)	<input type="checkbox"/>	<input type="checkbox"/>
	Is it at least an extended arms distance from you?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it directly in front of you?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the screen free from glare at all times and easy to read?	<input type="checkbox"/>	<input type="checkbox"/>
Document Holder:	Is this the same height as the monitor?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it to one side of the monitor? (NB: It is preferable to use a document holder that sits between the keyboard and monitor to avoid twisting your neck – otherwise remember to change the document holder from side to side of the monitor)	<input type="checkbox"/>	<input type="checkbox"/>
Desk:	Is the desk high enough to provide room for your legs to go underneath without hitting your knees?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it at least 55cms deep to allow for adequate leg room?	<input type="checkbox"/>	<input type="checkbox"/>
	Are items on the desktop arranged so as to avoid any bending or reaching?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the desk surface large enough to perform a variety of tasks? eg typing and handwriting.	<input type="checkbox"/>	<input type="checkbox"/>

Keyboard:	Is the keyboard between you and the monitor?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it at the same height as your forearms?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the keyboard flat on the desk? (i.e. legs down not up)	<input type="checkbox"/>	<input type="checkbox"/>
Mouse:	Is the mouse positioned at the same level and next to the keyboard to avoid overreaching?	<input type="checkbox"/>	<input type="checkbox"/>
	Does the mouse move easily? (i.e. roller ball isn't sticky)	<input type="checkbox"/>	<input type="checkbox"/>
Footrest:	If one is used, is the footrest large enough to support both feet and allow a change of position?	<input type="checkbox"/>	<input type="checkbox"/>

WORK PRACTICES

		Yes	No
Work Organisation:	Are your work tasks organised so that they are varied, and long stints at the computer are interrupted with alternative tasks, eg photocopying, filing, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Rest, stretch & exercise breaks	Do you take compulsory morning/afternoon breaks?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have lunch away from your computer?	<input type="checkbox"/>	<input type="checkbox"/>
	For longer periods of sitting do you vary your position?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you perform stretches and exercises each hour whether in a chair or out of a chair?	<input type="checkbox"/>	<input type="checkbox"/>
Telephone:	Is the telephone within comfortable reach? (i.e. don't need to lean forward in chair to pick up phone)	<input type="checkbox"/>	<input type="checkbox"/>
	When speaking on the phone can you avoid placing phone between your ear and shoulder? e.g. to type/write and talk at same time.	<input type="checkbox"/>	<input type="checkbox"/>

POSTURE

		Yes	No
Feet:	Are both your feet placed flat on the floor or resting on a prescribed, angled footrest?	<input type="checkbox"/>	<input type="checkbox"/>
Knees:	Are your knees at right angles?	<input type="checkbox"/>	<input type="checkbox"/>
	Are your knees at or below the height of your hips	<input type="checkbox"/>	<input type="checkbox"/>
	Is a two fingers' space between the seat and the back of your knees to alleviate any pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Hips:	Are your hips bent at 90 – 110 degrees (depending on comfort)?	<input type="checkbox"/>	<input type="checkbox"/>
	Are your legs sitting square on the seat?	<input type="checkbox"/>	<input type="checkbox"/>
	Are your buttocks placed well against the back of the chair?	<input type="checkbox"/>	<input type="checkbox"/>
Back:	Is your back touching the back rest at all times?	<input type="checkbox"/>	<input type="checkbox"/>

Shoulders:	Are your shoulders in a relaxed position, ie not raised or dropped when addressing the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
Elbows:	Are your elbows positioned at work height (approx. 90 degrees)?	<input type="checkbox"/>	<input type="checkbox"/>
Wrists:	Are your wrists positioned in a straight line with your forearms?	<input type="checkbox"/>	<input type="checkbox"/>
	Not bent up or down or sideways?	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENT

	Yes	No
Is the level of noise too great for concentration?	<input type="checkbox"/>	<input type="checkbox"/>
Is the temperature and airflow in the room comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
Is the lighting satisfactory? (i.e. no glare or reflection, not too dim)	<input type="checkbox"/>	<input type="checkbox"/>