**Instruction:**

Complete for all manual tasks in consultation with workers undertaking the task.

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| --- | --- | --- | --- |
| **Date checklist completed:** |       | **Date for review:** |       |
| **Name of person completing checklist:** |       |
| **Position Title:** |       |
| **Person Performing Task:** |       |
| **Organisation Name:** |       |
| **Task Name:** |       |
| **Task Description:** |       |
| **Location Task Undertaken:** |       |

**Ergonomics Checklist:**

|  |  |  |
| --- | --- | --- |
| **Chair** | **Yes** | **No** |
| **Is the chair easily adjustable from a seated position?** (i.e. Seat height, backrest height, backrest tilt) | [ ]  | [ ]  |
| **Is height of chair appropriate? Check:** When shoulders are relaxed, and elbows are by the side and at 90 degrees, are the forearms positioned: 1. just above the desk surface for keying tasks?
2. just on desk surface for writing tasks?
 | [ ] [ ]  | [ ] [ ]  |
| Are the thighs now parallel to the floor when the feet are touching the ground or footrest? If not, a footrest will need to be provided or current one adjusted (do not alter the above arm position)  | [ ] [ ]  | [ ] [ ]  |
| **Is height of backrest appropriate? Check:** Is the height of the backrest adjusted so that the lumbar support of the chair is positioned in the curve of your lower back? (not around your hips)  | [ ]  | [ ]  |
| **Is the angle of the backrest appropriate? Check:** Is the backrest angle adjusted so that when you are sitting up straight (approx. 90 – 95-degree angle at the hips), the backrest is against your back and touching your shoulder blades?  | [ ]  | [ ]  |
| **Is the depth of the seat pan appropriate? Check:** When you are seated in the chair, are there 2-3 finger spaces between the back of the knee and the edge of the seat?  | [ ]  | [ ]  |

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| **Desk** | **Yes** | **No** |
| **Are the desk dimensions appropriate? Check:**Is the desk height between 680mm and 735 mm high (for a fixed height desk)  | [ ]  | [ ]  |
| Is there enough room (at least 1600mm x800mm) on the desk to complete computing and writing tasks in separate areas?  | [ ]  | [ ]  |
|  **Are you able to sit as close as possible to desk with no impediments? If no check:** Are there any boxes, old equipment etc, being stored under the desk, or arms on chairs that stop you from getting your chair as close as possible to the desk?  | [ ] [ ]  | [ ] [ ]  |
|  **Is the desk height adjustable? If yes:** When the thighs are parallel to the ground and feet flat on the floor and elbow directly under the shoulder adjust desk height so that forearms are parallel to floor or angled down slightly.  | [ ] [ ]  | [ ] [ ]  |

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| **Keyboard and Mouse** | **Yes** | **No** |
| Is the centre of the alphabetical section of the keyboard positioned directly in front of the user and the computer screen?  | [ ]  | [ ]  |
| Is there enough room between the keyboard and the edge of the desk to rest the wrists, whilst not typing?  | [ ]  | [ ]  |
| **Are the wrists elevated off the desk while typing?** (i.e. Do NOT rest your wrists on desk or wrist rest while typing, only in typing breaks)  | [ ]  | [ ]  |
| Is the keyboard close enough to allow elbows to remain under the shoulder and close to body?  | [ ]  | [ ]  |
| Are the legs of the keyboard retracted, to ensure flat wrists while typing?  | [ ]  | [ ]  |
| **Do your wrists remain in a “neutral” position while typing or using the mouse?**(i.e. Not angled upwards, downwards or sideways)  | [ ]  | [ ]  |
| **Is the mouse moved using the shoulder as the pivot point not the wrist?** (wrist should move across the desk with the mouse)  | [ ]  | [ ]  |
| **Is the mouse at the same level as the keyboard and close enough so the elbows remain directly under the shoulders?**  | [ ]  | [ ]  |

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| **Monitor** | **Yes** | **No** |
| **Is the monitor positioned approximately one arm’s length away?** (i.e. You should not have to lean forward to read screen)  | [ ]  | [ ]  |
| **Is the top of the screen positioned at your eye level?** (If “No”, modify height with an adjustable monitor stand)  | [ ]  | [ ]  |
| **Is the monitor positioned at right angles to light sources (e.g. window) and free from glare?**  | [ ]  | [ ]  |

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| --- | --- | --- |
| **Phone and Documents** | **Yes** | **No** |
| Is the phone positioned within easy reach, on the non-dominant side?  | [ ]  | [ ]  |
| Do you have to regularly write notes or use the computer while talking on the phone? If yes, do you use a headset to prevent neck strain caused by cradling the phone?  | [ ] [ ]  | [ ] [ ]  |
| **Do you have to refer to documents while typing/entering data? If yes, check:** Do you have a document holder positioned between the monitor and keyboard or adjacent to the screen? (This is to prevent twisting of the neck, looking down.)  | [ ] [ ]  | [ ] [ ]  |

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| **Laptops** | **Yes** | **No** |
| **Do you regularly use a laptop for periods of 1hr or more?**  | [ ]  | [ ]  |
| **If YES, do you use a docking station or lap top stand with external monitor, keyboard and mouse?** If NO, you will need to purchase the equipment listed above AND start at the beginning of this checklist to make sure your equipment is set up safely.  | [ ]  | [ ]  |

**Action Plan:**

To address wherever you answered **NO**, please list the actions required to make the workstation safe.

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| --- | --- | --- |
| **Problem identified:** | **Corrective action to be taken:** | **Due Date:** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Manual Tasks Checklist:**

| **Manual Tasks Risk Factors** | **YES** | **NO** | **Comments (Describe what the person is doing)** **(i.e. When and Where is it happening? What is causing it – What is/are the source(s) of the risk?)**  |
| --- | --- | --- | --- |
| **Question 1 – Does the task involve repetitive or sustained postures, movements or forces?** |
| Tick **yes** if the task requires any of the following actions to be done:* repetitively (done more than twice a minute) OR
* sustained (done for more than 30 seconds at a time)
 |
| **Posture and Movement** | **YES** | **NO** | **Comments** |
| Bending the back forward or sideways more than 20 degrees | [ ]  | [ ]  |       |
| Twisting the back more than 20 degrees  | [ ]  | [ ]  |       |
| Any visible backward bending  | [ ]  | [ ]  |       |
| Bending the head forwards or sideways more than 20 degrees | [ ]  | [ ]  |       |
| Any visible bending of the head backwards  | [ ]  | [ ]  |       |
| Twisting the neck more than 20 degrees  | [ ]  | [ ]  |       |
| Working with one or both hands above shoulder height | [ ]  | [ ]  |       |
| Reaching forwards or sideways more than 30 cm from the body | [ ]  | [ ]  |       |
| Reaching behind the body  | [ ]  | [ ]  |       |
| Squatting, kneeling, crawling, lying, semi-lying or jumping  | [ ]  | [ ]  |       |
| Standing with most of the body’s weight on one leg | [ ]  | [ ]  |       |
| Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms | [ ]  | [ ]  |       |
| Working with the fingers close together or wide apart  | [ ]  | [ ]  |       |
| Very fast movements  | [ ]  | [ ]  |       |
| Bending of the wrist beyond the angle indicated  | [ ]  | [ ]  |       |

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| **Forces** | **YES** | **NO** | **Comments** |
| Lifting, lowering or carrying | [ ]  | [ ]  |       |
| Carrying with one hand or one side of the body | [ ]  | [ ]  |       |
| Exerting force with one hand or one side of the body | [ ]  | [ ]  |       |
| Pushing, pulling or dragging  | [ ]  | [ ]  |       |
| Gripping with the fingers pinched together or held wide apart | [ ]  | [ ]  |       |
| Using a finger grip, pinch grip, or an open-handed grip to handle a load  | [ ]  | [ ]  |       |
| Exerting force while in an awkward posture, for example, supporting items while arms or shoulders are in an awkward posture, or moving items while legs are in an awkward posture  | [ ]  | [ ]  |       |
| Holding, supporting or restraining any object, person, animal or tool | [ ]  | [ ]  |       |
| **Question 2 – Does the task involve long duration?** | **YES** | **NO** | **Comments** |
| Tick **yes** if the task is done for:* More than 2 hours over a whole shift, OR
* Continually for more than 60 minutes at a time
 | [ ]  | [ ]  |       |
| **Question 3 – Does the task involve high force? Tick yes if the task involves any of the following actions:** | **YES** | **NO** | **Comments** |
| Lifting, lowering or carrying heavy loads  | [ ]  | [ ]  |       |
| Pushing or pulling objects that are hard to move or are hard to stop (e.g. a trolley) | [ ]  | [ ]  |       |
| Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load | [ ]  | [ ]  |       |
| Exerting force at the limit of the grip span  | [ ]  | [ ]  |       |
| Needing to use two hands to operate a tool designed for one hand | [ ]  | [ ]  |       |
| Holding, supporting or restraining a person, animal or heavy object | [ ]  | [ ]  |       |
| Exerting force with the non-preferred hand | [ ]  | [ ]  |       |
| Two or more people need to be assigned to handle a heavy or bulky load | [ ]  | [ ]  |       |
| During the application of high force, the body is in a bent, twisted or otherwise awkward posture | [ ]  | [ ]  |       |
| The task can only be done for short periods  | [ ]  | [ ]  |       |
| Pain or significant discomfort during or after the task | [ ]  | [ ]  |       |
| Stronger workers are assigned to do the task | [ ]  | [ ]  |       |
| Workers think the task should be done by more than one person, or seek help to do the task | [ ]  | [ ]  |       |
| Workers say the task is physically very strenuous or difficult to do | [ ]  | [ ]  |       |
| **Question 4 – Is there a risk?****Does the task involve repetitive or sustained postures, movements or forces, and long duration?** | **YES** | **NO** | **Comments** |
| Tick **yes** if you ticked any boxes in Question 1 AND Question 2 **The task is a risk. Risk control is required.** | [ ]  | [ ]  |       |
| **Does the task involve high force?** | [ ]  | [ ]  |       |
| Tick **yes** if you ticked any box in Question 3 **The task is a risk. Risk control is required.** | [ ]  | [ ]  |       |
| **Reports of Musculo-Skeletal Disorder [MSD]** | **YES** | **NO**  | **Comments** |
| **Has there been a report of MSD associated with this task?**The report of MSD associated with the task usually means increased risk so implementing risk controls should be a high priority. | [ ]  | [ ]  |       |
| **Action Required: (*Addressing all questions that have a YES response)*** |
| **What are the sources of risk?****What needs to be fixed to eliminate or reduce the risk for each factor ticked in Question 1, 2 & 3**  |
| **Short Term** |
|       |
|       |
|       |
| **Medium Term** |
|       |
|       |
|       |
| **Long Term** |
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|       |
|       |
| **Date actions completed:**      |
| **Name:**       | **Position:**       |
| **Signature:** |

**Please ensure that you keep a copy for your records before submitting to the required entity.**