



Workstation Risk Assessment

A well-designed workstation can help to reduce the risk of discomfort, pain and injury. The following checklist is provided to assist you in setting up and assessing your own workstation ergonomics. This checklist will assist in the identification of any problems associated with individual workstations.

If you answer [No] to a question, further action may be required and should be discussed with the Church Contact Person or reporting Manager. Any problems identified through this risk assessment/checklist should be brought to the attention of your Church Contact Person or your reporting Manager, so that appropriate action can be taken.

GENERAL	
Name of Worker:	Name of Contact Person / Manager:
Congregation / Location:	
Address:	
Date of assessment:	

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 hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are rest breaks and micro pauses taken regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you vary and rotate the types of tasks you undertake?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you look away from the screen every 20 minutes for at least 20 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

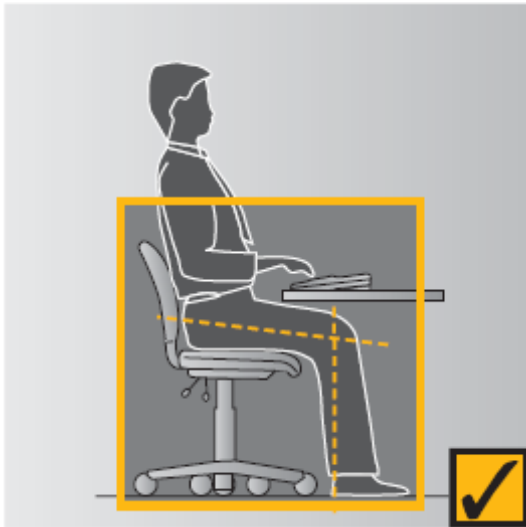
Current issues/comments:



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2. Chair

Refer to manufacturer's instructions that are provided with the chair.



Can you adjust your chair height so that your feet are flat on the floor and thighs are horizontal? Yes No N/A

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? Yes No

NB Whilst seated adjust the forward/backward lever on the chair until the position of the backrest exerts a comfortable pressure on the lower back



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? Yes No

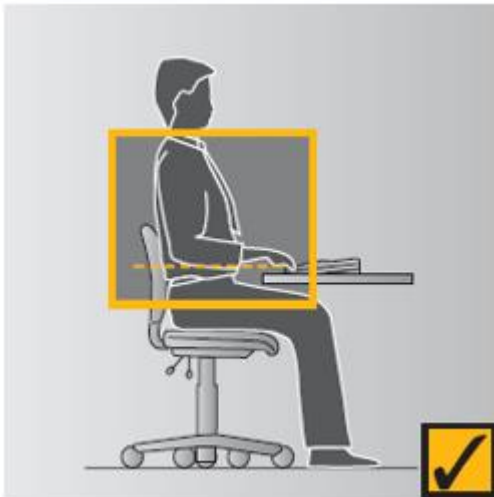
NB Chair armrests should be positioned to fit under the desk.

Comments



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3. Desk



Do you have an adjustable keyboard shelf, if yes, is it elevated to the desk height to ensure a level work surface? Yes No

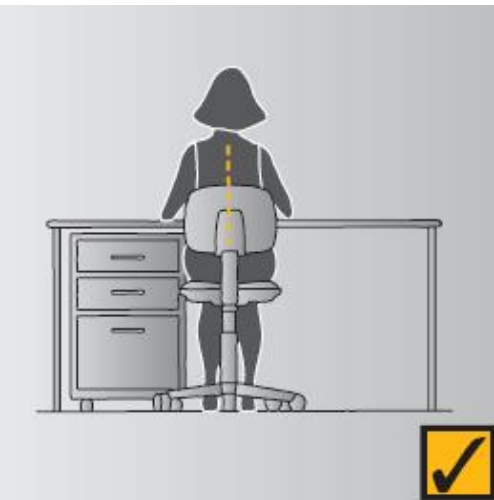
Is your desk at an appropriate height whereby your shoulders are relaxed and elbows are slightly above the level of the desk, bent at 90 degrees? Yes No

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 Manager about modification or replacement if your desk is too high/too low.



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

Comments



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4. Footrest



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

5. Single monitor set-up



Is the top of the monitor (including laptops positioned so that it is level with your eyes? Yes No

NB 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.

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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6. Dual monitor set-up

Diagram 1



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

Diagram 2



Do you use both monitors for an equal amount of time? Yes No N/A

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*

Do you use one monitor as the primary monitor? Yes No N/A

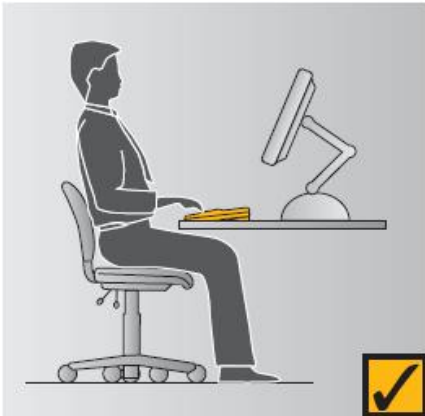
If yes, position it directly in front of you and place the secondary monitor to the right or the left at about a 30-degree angle to the primary monitor. *Refer to Diagram 2*

Comments



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7. Keyboard



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



8. Mouse



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

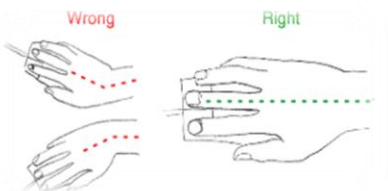
Is your mouse and keyboard close to one another?

Yes No

Do you alternate between hands to reduce time spent using your dominant hand?

Yes No

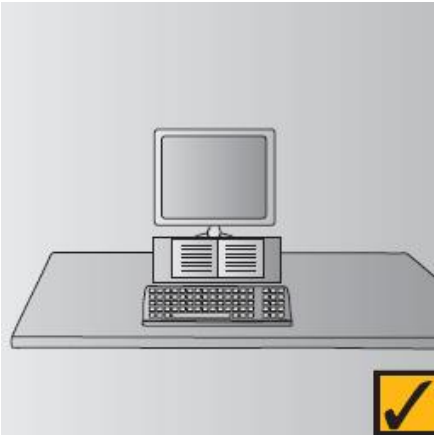
Comments





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9. Referencing documents



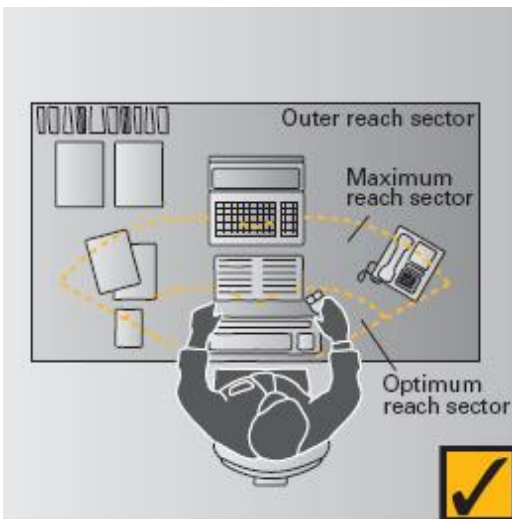
Do you regularly reference documents?

Yes No

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.

Comments

10. Telephone



Is your telephone within your optimum reach sector?

Yes No

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.

Can you maintain a comfortable, upright head posture when using the telephone? (E.g. not holding the phone between neck and shoulder).

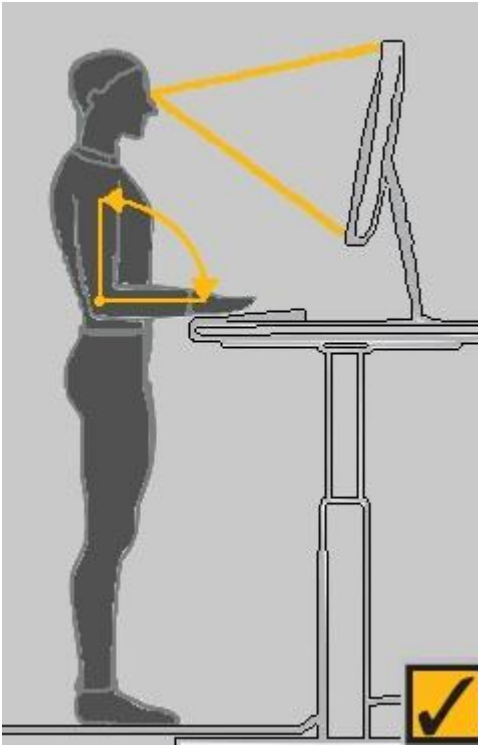
Yes No

Comments



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11. Standing workstation



Is the height of the desk just below elbow height? Yes No
NB Your shoulders should be relaxed and your elbows bent at approximately 90 degrees.

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 alternate postures adopted (e.g. standing and sitting)? Yes No

NB To minimise leg fatigue, alternate between standing and sitting approximately every 20-30 minutes, or as needed and utilise an anti-fatigue mat.

Comments

12. Notebook or laptop computers



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

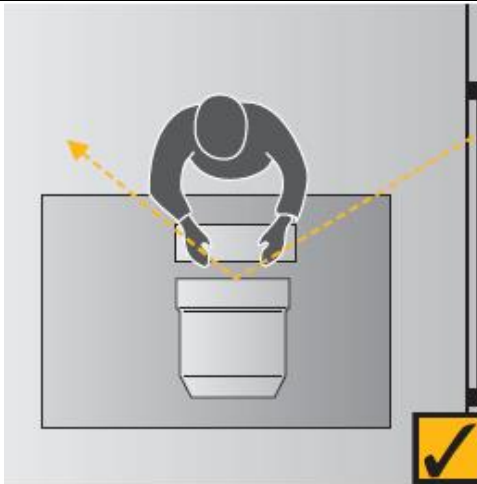
Comments



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13. Workstation Environment

Your office environment influences your personal comfort and plays a role in your productivity



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? Yes No
Please provide comments below.

Is your working environment too hot/cold? Yes No
Please provide comments below.

Does your working environment have adequate ventilation? Yes No
Please provide comments below.

Is the electrical equipment in your working environment in good condition -no frayed cords, no double adaptors, adequate electrical equipment ventilation? Yes No
Please provide comments below.

Is there a Residual Current Device (RCD) installed at the workplace? Yes No
Please provide comments below.

Is there a smoke alarm installed and fire extinguisher available? Yes No
Please provide comments below.

Comments



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

RISK ASSESSMENT AND CONTROL				
Hazard	Risk Level	Controls	Date Implemented	Date Reviewed

REVIEW CONTROLS

Church Contact Person / Manager verifies controls are effective
 Name: _____

Signature: _____ Effective Not effective Date: _____



Workstation Risk Assessment

The Risk Matrix provides a **guide** to assist in objectively assessing the risk potential and subsequent Control Measures to be put in place to adequately manage the risk.

It is suggested that the use of this risk matrix is undertaken by at least 2 persons and the resultant risk ratings are based on the **current control measures you have put in place**.

Risk Rating Matrix (For Safety and Environment)

1st What is the **most probable** consequence of **the unwanted event, incident or circumstance occurring?**

2nd What is the **realistic** likelihood of **the unwanted event, incident or circumstance occurring?**

3rd Use the Matrix below to see where the criteria from the Consequence and the Likelihood tables intersect

Risk Rating Matrix and Definitions

		Consequence				
		1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Severe
Likelihood	A - Almost certain	Medium	High	High	Extreme	Extreme
	B - Likely	Medium	Medium	High	Extreme	Extreme
	C - Possible	Low	Medium	Medium	High	Extreme
	D - Unlikely	Low	Low	Medium	High	High
	E - Rare	Low	Low	Low	Medium	High

Likelihood		
Descriptor	Level	Definition
Almost certain	A	Will occur in most circumstances (greater than 90% chance of occurring)
Likely	B	Will probably occur in most circumstances (51 to 90% chance of occurring)
Possible	C	Might occur at some time (21 to 50% chance of occurring)
Unlikely	D	Could occur at some time (1 –to 20 % chance of occurring)
Rare	E	May happen only in exceptional circumstances when the activity is undertaken (less than 1% chance of occurring)

Consequence		
Descriptor	Level	Definition
Severe	5	Fatality or permanent disability
Major	4	Lost time injury or illness
Moderate	3	Medical treatment injury or illness
Minor	2	First Aid injury or illness
Insignificant	1	Injury or illness not needing First Aid

Descriptor	Risk acceptance guide	Action
Extreme	Not acceptable	Notify Church Contact Person / Synod Manager, Synod Safety Team and Risk and Insurance Services immediately. Corrective actions should be taken immediately. Cease or isolate source of risk.
High	Generally (in most circumstances) not acceptable	Notify Church Contact Person / Synod Manager, Synod Safety Team and Risk and Insurance Services immediately. Corrective actions should be taken within 48 hours of notification.
Medium	Generally (in most circumstances) acceptable	Notify Church Contact Person in Congregation and/or HSR. Contact Person and/or HSR to follow up that corrective action is taken within 7 days.
Low	Acceptable	Notify Church Contact Person in Congregation and/or HSR. Contact Person and/or HSR to follow up that corrective action is taken within a reasonable time.