



Desk

Yes	No	N/A	
			Are the users forearms parallel with the floor or angled slightly downward? (This can be achieved by adjusting the desk to suit you, or with a fixed-height desk, adjusting the chair)
			Is the desk height adjustable?
			If yes, is the adjustment easily operated?
			If no, has the user been provided with a footrest (if required)?
Comment:			

Documents

Yes	No	N/A	
			Are source documents legible?
			Is a document holder available?
			Are all source documents adequately supported?
			Can documents be manipulated easily as required?
Comment:			

Screen

Yes	No	N/A	
			When sitting tall and looking straight ahead, is the user looking at the top edge of the screen?
			Can the user adjust position and contrast of the screen?
			Is the screen at a comfortable reading distance (approx arms length)?
			Are characters in the display easily legible and is the image stable?
Comment:			



Chair

Yes	No	N/A	
			Is the chair easily adjusted from a seated position?
			Can the user get close to the workstation without impediment? (Check the desk top is thin, chair arms are not in the way and there is clear legroom)
			Is the seat height adjusted so that the user's thighs are parallel to the floor with feet resting on the floor or on a footrest?
			Is the backrest height adjusted to fit into the small of the users back and adequately support the spine? (To find the small of the back. Have the user stand with hands on waist).
			Is the backrest angle adjusted so that the user is sitting upright while keying? (User should be encouraged to change backrest position when not keying).
			If sitting at a taller counter, is an appropriate size chair and footrest available?
Comment:			

Footrest

Yes	No	N/A	
			Is the footrest large enough to support both feet and allow a change of position?
Comment:			

Keyboard

Yes	No	N/A	
			Is the keyboard detachable from the screen to ensure a comfortable working position?
			Is the keyboard thin enough for minimal bending of the wrists?
			Is the keyboard matt finished to prevent irritation from glare and reflection?
Comment:			

Mouse/Trackball

Yes	No	N/A	
			Does your work require mouse/trackball work?
			Do you know the key commands to reduce the use of the mouse/trackball?
			Is the mouse/ track ball easy to activate and shape/size fits hand of individual?
			Is your mouse pad level with your keyboard?
			Is your arm extended when using the mouse/trackball?
			Can you use the mouse with your upper arm positioned close to your body?
Comment:			



Layout

Yes	No	N/A	
			Are all often-used items within easy reach? (e.g. Telephone-They should be within normal arm reach with minimum trunk movement)
			Is there sufficient space for computer, equipment and hardcopy materials?
			Does the user find the temperature and airflow in the room comfortable?
			Are all tasks performed on counter operations accommodated by the design and layout of the counter workstation?
Comment:			

Environment

Yes	No	N/A	
			Is the noise level conducive to concentration?
			Are there problems with glare and/or reflection on the screen?
			Is the lighting sufficient for the performance of tasks?
			Is the user able to control incoming natural light or glare sources?
			Is artificial lighting causing reflections from work surfaces or shadows over the task
			Are the user's eyes tired, sore or irritated at the end of the day?
Comment:			

Telephone operations and headsets

Yes	No	N/A	
			Is there a headset available for continuous telephone or dicta-phone operations?
			Is the headset lightweight, adjustable and comfortable?
			Does the telephone equipment include easily adjustable volume controls?
Comment:			

EMR

Yes	No	N/A	
			Is there an electrical board/PABX located no closer than 6 meters from the workstation?
			If closer, can the workstation be removed from such close proximity?
			Are there numerous electrical devices within close proximity of workstation? (i.e. fax, printer, scanner etc)
			Is the multiple electric cabling around work area adequately secured?
Comment:			

WORKING FROM HOME RISK SELF ASSESSMENT - SECTION 1



Reccomended Action	Person Responsible	Date Completed	Date for Review	Date Reviewed

Date	Manager Comments
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