OSLO Workstation Assessment Report

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| General Information |
| Date of Assessment |  | OSLO Name |  |
| Staff/Student name |  | OSLO Phone |  |
| Uni ID number | U |  |  |
| Phone |  | Supervisor |  |
| College/Division |  | Supervisor Phone |  |
| Reason for assessment:[ ]  New Starter [ ]  Reported new pain [ ]  Relocation [ ] Pre-existing pain/condition[ ]  Other……………………………………………………….. |  Details/Comment |
| If new pain/injury related to work activity ensure Incident Notification (level 1 incident) completed in Figtree. [ ]  Complete INC#\_\_\_\_\_\_\_\_\_ |
| Assessment details |
| Chair | Seat base height adjusted so knees and hips at or slightly above 90 degrees. | [ ]  Yes [ ]  No |
|   Image result for images ergonomic seated position | Seat base size suitable for user. (Width supports hips, depth adjusted to allow small gap between knees and chair) | [ ]  Yes [ ]  No |
| Back rest height adjusted so lumbar support rests in users lumbar curve | [ ]  Yes [ ]  No |
| Back rest angle adjusted to support a relaxed, upright posture | [ ]  Yes [ ]  No |
| Seat base tilt adjusted to neutral | [ ]  Yes [ ]  No |
| Recommended seat base height (Floor to top of seat base) | cm |
| Comments: |
| Desk | Desk height adjustable to allow arms to be parallel to floor when typing | [ ]  Yes [ ]  No |
| Image result for images ergonomic seated position | Desk size appropriate to task requirements | [ ]  Yes [ ]  No |
| Standing desk in place | [ ]  Yes [ ]  No |
| Desk height and design allows appropriate leg clearance  | [ ]  Yes [ ]  No |
| Recommended seated desk height | cm  |
| Recommended standing desk height (Floor to top of desk surface) | cm |
| Comments: |
| Monitor | Monitor height adjusted so that line of sight is level with top tool bar on screen, or so that head in neutral position if using multi-focal glasses | [ ]  Yes [ ]  No |
| Image result for images dual monitors ergonomics Image result for images posture document holder | Monitor distance from user is adjusted to roughly an arms-length, but adjust to individual need to allow comfortable viewing without moving head | [ ]  Yes [ ]  No |
| Monitor angle adjusted to suit comfort and minimise reflection or glare | [ ]  Yes [ ]  No |
| Dual monitors positioned as per graphic according to work tasks to minimise static or repetitive neck movement.  | [ ]  Yes [ ]  No[ ]  N/A |
| Recommended monitor height (Desk surface to top tool bar of screen) | cm |
| Comments: |
| Documents | Document holder in place to position documents appropriately? | [ ]  Yes [ ]  No ☐ N/A |
| Image result for images ergonomics documents  | Document holder for paper based tasks away from the computer?  | [ ]  Yes [ ]  No [ ]  N/A |
| Is there adequate storage for hard copy documents without creating clutter  | [ ]  Yes [ ]  No |
| Comments: |
| Keyboard | Keyboard positioned centrally between the user and the computer | [ ]  Yes [ ]  No |
|   Image result for images keyboard ergonomics | Keyboard size appropriate to user (consider short or split keyboards) | [ ]  Yes [ ]  No |
| Keyboard flat on the desk (not elevated at rear) to minimise wrist strain | [ ]  Yes [ ]  No |
| Keyboard position (desk height) allows relaxed shoulder posture | [ ]  Yes [ ]  No |
| Comments: (Note current keyboard type) |
| Mouse | Mouse positioned as close as possible to keyboard to minimise reaching | [ ]  Yes [ ]  No |
|  C:\Users\u1079868\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\7C6E654D.tmp | User encouraged to alternate mouse use between left & right if comfortable | [ ]  Yes [ ]  No |
| Mouse type appropriate to users tasks and health history  | Note current mouse type | [ ]  Yes [ ]  No |
| User familiar with keyboard shortcuts to minimise excessive mouse use | [ ]  Yes [ ]  No |
| Phone | Headset in place. Recommend headset for moderate, or more, phone use. | [ ]  Yes [ ]  No |
|  C:\Users\u1079868\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\8FB34F6D.tmp | Phone within easy reach of user | [ ]  Yes [ ]  No |
| User educated on correct phone posture and encouraged to alternate hand use during phone tasks. | [ ]  Yes [ ]  No |
| Lighting/sound | Room lighting appropriate for user needs | [ ]  Yes [ ]  No |
|  Image result for images office lighting ergonomics | Task lighting appropriate to user needs (where applicable) | [ ]  Yes [ ]  No [ ]  N/A |
| User able to adjust monitor brightness and colour to suit individual needs | [ ]  Yes [ ]  No |
| Auditory environment appropriate to tasks | [ ]  Yes [ ]  No |
| Breaks | User encouraged to take regular posture breaks throughout the day ( rec. 2 minutes every 30 minutes as well as regular lunch/tea breaks) | [ ]  Yes [ ]  No |
|  Image result for images walking group | User familiar with Work Rave software to support taking regular breaks | [ ]  Yes [ ]  No |
| Recommended frequency of breaks | \_\_\_\_mins /\_\_\_\_mins |
| Laptop | User has laptop riser, external mouse and keyboard for extended use | [ ]  Yes [ ]  No [ ]  N/A |
|  | User educated on correct laptop postures and use | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |
| Recommendations | Further details (eg chair model, keyboard/mouse type, referral needs) | Person responsible for enacting these |
| [ ]  Replace current chair (with same)[ ]  Repair/replace desk[ ]  Phone headset[ ]  Laptop riser[ ]  Document holder[ ]  Footrest | [ ]  Provide new (different) chair[ ]  New mouse[ ]  New Keyboard[ ]  Referral to Injury Management |  | SupervisorDue Date:(max 4wks post Ax) |
| [ ]  Implement more frequent rest and posture breaks[ ]  Implement regular visual breaks | Staff/StudentDue Date: (max 4wks post Ax) |
| Other Item: |  |
| Other Item: |  |
| Acknowledgement  |
| Report completed by: [ ]  OSLO [ ]  WEGName:Phone:Date of report: Report sent to [ ]  Staff/Student[ ]  Supervisor[ ]  WEG[ ]  Other………………………. | Supervisor responsibilities: 1. Meet with staff member and provide instruction on implementing the recommendations contained in this report;
2. Ensure recommendations are implemented in a timely fashion;
3. Review with staff member within 6 months to ensure effectiveness.

Staff/Student responsibilities:1. Meet with supervisor and follow instructions to source equipment or implement other recommendations;
2. Continue to undertake usual safe work practices;
3. Notify supervisor as soon as practicable if any symptoms persist or develop.

 **Please keep a copy of this report for your records.****If all recommendations are implemented, any symptoms have resolved and no further action is required,** please scan a copy of this form and email to your local HR team to be saved on your personnel file in ERMS. **If all recommendations are implemented but any symptoms have persisted or further assistance is required**, please scan a copy of this form and email to InjuryManagement@anu.edu.au requesting further assistance. |