

| KEYBOARD AND MOUSE | YES | NO |
|--|--------------------------|--------------------------|
| <i>Is the centre of the alphabetical section of the keyboard positioned directly in front of the user and the computer screen?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Is there enough room between the keyboard and the edge of the desk to rest the wrists, whilst not typing?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Are the wrists elevated off the desk while typing?</i> (ie. Do NOT rest your wrists on desk or wrist rest while typing, only in typing breaks) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Is the keyboard close enough to allow elbows to remain under the shoulder and close to body?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Are the legs of the keyboard retracted, to ensure flat wrists while typing?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do your wrists remain in a "neutral" position while typing or using the mouse?</i> (ie. Not angled upwards, downwards or sideways) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Is the mouse moved using the shoulder as the pivot point not the wrist</i> (wrist should move across the desk with the mouse) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Is the mouse at the same level as the keyboard and close enough so the elbows remain directly under the shoulders?</i> | <input type="checkbox"/> | <input type="checkbox"/> |

| MONITOR | YES | NO |
|--|--------------------------|--------------------------|
| <i>Is the monitor positioned approximately one arms length away?</i> (ie. You should not have to lean forward to read screen) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Is the top of the screen positioned at your eye level?</i> (If "No", modify height with an adjustable monitor stand) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Is the monitor positioned at right angles to light sources (e.g. window) and free from glare?</i> | <input type="checkbox"/> | <input type="checkbox"/> |

| PHONE AND DOCUMENTS | YES | NO |
|---|--------------------------|--------------------------|
| <i>Is the phone positioned within easy reach, on the non dominant side?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have to regularly write notes or use the computer while talking on the phone?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, do you use a headset to prevent neck strain caused by cradling the phone?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have to refer to documents while typing/entering data? If yes, check:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> 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.) | <input type="checkbox"/> | <input type="checkbox"/> |

| LAPTOPS | YES | NO |
|---|--------------------------|--------------------------|
| <i>Do you regularly use a laptop for periods of 1hr or more?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If YES, do you use a docking station or lap top stand with external monitor, keyboard and mouse?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>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.</i> | | |

PART 2: ACTION PLAN



If you answered "NO" to any of the above questions, list the actions required to make your workstation safe:

Four horizontal lines for listing actions.

For further information:

- Contact the Return to Work Co-ordinator on Ph: 9385 3784
Refer to UNSW Ergonomic Principles and Guidelines at: http://www.hr.unsw.edu.au/ohswc/workerscomp/wc_guidelines.html
Attending Preventing Occupational Overuse Injury Training: http://www.hr.unsw.edu.au/ohswc/ohs/ohs_training.html

Please forward completed form along with Part A of the working from home agreement to the Return to Work Co-Ordinator and Director Risk Management at Workers Compensation, Level 1 Chancellery Building, or fax to 9663 4203.

Signed: _____ Date: _____
(Staff member)

Signed: _____ Date: _____
(Supervisor)

Risk Management Review section containing Date Received, Comments, and a signature line for the Return to Work Co-Ordinator.

Reference List:

- Australian Standard 3590.2-1990. Screen Based Workstations - Part 1. Workstation Furniture. Standards Australia.
Health and Safety in the Office, NSW WorkCover Authority, 1993.
Keyboard Workstation Assessment Inspection Checklist, University of Melbourne.
Keyboard Workstation Assessment Inspection Checklist, Worksafe Australia.