

# Individual Workstation Self-Assessment

	YES	NO	N/A	DETAIL OF ACTIONS REQUIRED	IS MONITORING REQUIRED? (State frequency and by whom)
<b>LOOK AROUND YOUR WORKSTATION</b>					
Are you comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you know how to set up your workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you know how to adjust your workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>WORKSTATION</b>					
Do you know how to adjust the height of your desk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you know how to adjust your seating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have adequate desk surface to allow for both writing and keyboard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have easy access in and out of your workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the area under your desk clear of obstacles, enabling ease of movement around your desk (eg rubbish bins, files on floors, boxes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>KEYBOARD, MONITOR AND MOUSE</b>					
Is the mouse and keyboard at the same height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the keyboard height permit your forearms and hands to be approximately horizontal with thighs, elbows 90°?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the top of screen at eye height and requires a slight nod of the head to look at centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the view distance between monitor and eyes not greater than approximately one arm length?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a copyholder and is it at a similar height, angle and distance as the VDU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>EYE STRAIN</b>					
Is the lighting adequate and glare minimal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are micropauses/exercises being done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		