

OFFICE ERGONOMICS CHECKLIST

Workplace Address:	Inspected By:	Date:
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Checklist	Compliance	Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
Ergonomic Principles				
1. Are the designated work area and accessways (including stairs, floors and entrances) kept clean and clear of slip or trip hazards, especially clutter, spills, leads/cords, loose mats etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	



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	and move closer / further away as your eyesight requires).						
8.	Is the screen placed in front of you to avoid glare or reflections from windows and overhead lights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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15.	Are large or heavy reference books/folders that aren't used regularly stored in a nearby position where you must stand to access them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
<div>  <div> <h1>SAMPLE</h1> <p>ORDER NOW AND GET FULL ACCESS</p> </div> </div>							
Work Organization							
	Do you work organization involving long periods of uncomfortable posture or repetitive work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Do you use periods of long standing when uncomfortable posture is involved with a...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	performed, are short and frequent breaks taken?						

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20.	Are you able to organise work activities to regulate work tasks and meet work demands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
21.	Are you aware that you should immediately report any known symptoms of muscular-skeletal discomfort?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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28.	Is your headset cleaned regularly, and cleaned prior to issuing to another operator to avoid the spread of infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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