Procedure 6.05.15 Manual Handling and Work Place Ergonomics

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Business &amp; Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Officer</td>
<td>Executive Manager</td>
</tr>
</tbody>
</table>

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Manual Handling and Work Place Ergonomics

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Ergonomics is the science of designing a workplace to match our physical and psychosocial needs, limitations and capabilities. It helps us to prevent the risk of injuries such as back strain, occupational overuse and unexplained work related aches and pains.

By following sound manual handling processes and good ergonomic practices, you can prevent fatigue, discomfort and injuries such as musculoskeletal disorders that are caused by incorrect manual handling and poor ergonomic practices such as continual poor posture.

**Scope**

This Procedure has been designed to provide guidance to managers/supervisors and employees in regard to manual handling and the installation and maintenance of ergonomic equipment.

**Objectives**

To establish safe processes for Manual Handling and Workplace Ergonomics and to reduce the risk of injuries, such as repetitive strain and back injuries, through the provision of suitable manual handling techniques and ergonomic equipment. There is an obligation on Council to provide ergonomic equipment, which is appropriate and safe for the work being done.

The following objectives are to ensure Council is able to maintain an effective Safety Management System:

- Council will develop and maintain a manual handling and workplace ergonomic Safety Management System which aims to ensure so far as reasonably practical, all ‘workers’ perform their work related tasks in a safe working environment.
- Council will ensure all staff are adequately equipped to be able to safely perform their job, such as undertaking ergonomic assessments and provide appropriate equipment and training.
- Council will ensure our Safety Management System measures, monitors and evaluates the organisation’s WHS performance and takes preventative and corrective actions.
Duties and Responsibilities

Council has a duty to consult so far as is reasonably practicable, with workers who carry out work for Council, or who are affected by a WHS matter.

Managers

Managers will:

- Ensure the effective implementation of this Procedure.
- Provide adequate resources to ensure the application of ergonomic principles within their section.
- Allocate funds for the purchase of ergonomic equipment and expert advice on ergonomic issues, within their section as appropriate.

Coordinators/Team Leaders

Coordinators/Team Leaders will:

- Ensure the requirements of this Procedure are adhered to by relevant personnel under their control.
- Ensure all ergonomic equipment within their area is in good working order.
- Communicate specific manual handling training, updates and other relevant information to their area.
- Consult with employees on ergonomic related issues in the workplace.
- Arrange for ergonomic risk assessment/s or expert advice in relation to any ergonomic matter for employees under their authority if necessary.
- On arrival of new equipment, ensure relevant employees are trained and instructed on the correct adjustment of their workstation or equipment.
- Ensure that the equipment provided is appropriate to the individual's physical requirements to control or minimise the risk of injury for that person.

Employees/Workers

Employees/workers have a duty to:

- Attend mandatory corporate training in manual handling and workplace ergonomics.
- Raise and discuss issues of concern regarding manual handling and ergonomics.
- Employees shall be responsible for the proper use, storage and maintenance of ergonomic equipment and devices issued to them.
- When sharing workstations or equipment, adjust the layout/settings to suit your physical needs and comfort.

Procedure

Manual Handling Considerations

Strategies that should be employed to reduce manual handling risk are (in order of preference):

- Eliminate the manual handling component of the task through organisational or environmental factors e.g. If the task is found to be unnecessary, eliminate it
- Reduce the manual handling risk through redesign of the task e.g. Modify the work system, work environment, work organisation.
• Introduce mechanical handling equipment to reduce the risk e.g. hooks, bars, rollers, jacks, platforms, trestles, trolleys, levers, conveyers, fork lifts, cranes, hoists, plant and fleet including trucks.

• Provide training (in conjunction with the aforementioned controls) in methods of manual handling appropriate for that manual handling task and/or in the correct use of the mechanical aids, Personal Protective Equipment (PPE), and team lifting procedures.

• Use Personal Protective Equipment and consider the person’s skills, experience and any physical limitations when allocating manual handling tasks.

• The current state of an individual’s health should be taken into consideration when allocating manual handling tasks e.g. pregnancy, sickness, injury, return from a lengthy leave of absence.

• The removal or reduction of risks associated with manual handling can be achieved through:
  - Job redesign
  - Provision of mechanical handling aids, team lifting e.t.c.
  - Training and education

**Manual Handling Risk Assessments**

The relevant Manager/supervisor is to ensure a Manual Handling Risk Assessment (Annex 1) is completed in the following circumstances:

• When changes are proposed to the work environment or practices which may impact on manual handling safety for personnel under their control.

• Whenever a manual handling incident or injury has occurred.

• After a potential hazard has been identified.

• After a complaint

**Manual Handling Risk Assessments must take into consideration the following factors:**

• Actions and movements

• Workplace and workstation layout

• Working posture and position

• Location of loads and distances moved

• Weights and forces

• Characteristics of loads and equipment

• Work organisation

• Work environment

• Skills and experience

• Age

• Clothing

• Special needs
• Pre-existing medical conditions

The Manual Handling Risk Assessment (Annex 1) shall be used to document and identify suitable reasonable controls mechanisms associated with these assessments.

**Ergonomic Considerations**

In the work environment, discomfort and pain is most likely to be caused by constrained postures and hence static muscle loads which lead to early fatigue. Constrained postures, which are often troublesome, are:

- Forward flexion of the neck
- Twisting of the neck
- Elevation of the shoulders
- Twisting of the trunk
- Forward reaching of the upper arm
- Abduction of the upper arm
- Ulna deviation of the hand
- Extension of the wrist
- Fixed focusing of the eyes

**Control activities for ergonomic issues**

There are two general approaches to managing constrained postures caused by workplace ergonomic issues:

- Avoid prolonged maintenance of constrained postures by ensuring frequent rest breaks, designing the job to provide variety, and limiting the proportion of the working day, which has to be spent on activity which constrains posture e.g. Continuous key boarding.
- Minimise the need for poor posture in all activities by attention to furniture and equipment and its proper arrangement and adjustment.

Where the general layout of a workplace or the conditions in which staff perform manual tasks for Council may result in possible injury to personnel, it is vital these risks to health and safety are assessed. When assessing the risks of poorly laid out workstations/tasks the following factors must be considered:

- The surrounding workplace layout in general
- Working posture
- Duration and frequency of activity
- Force applied
- Work organisation
- Skills and experience
- Individual factors
Ergonomic Equipment

All ergonomic equipment that is purchased, constructed or installed should comply with a relevant Australian Standard if applicable and sufficient consultation with staff should be conducted when purchasing new ergonomic equipment, furniture and in the planning stage for new accommodations.

You can significantly reduce the risk of injury if you observe the following ergonomic guidelines:

- Alternate postures
- Exert muscular force correctly
- Perform work activities correctly
- Break repetitive work
- Arrange your workstation comfortably

There are many aids to assist in the establishment of a better ergonomic environment (e.g. ergonomic chair, trolley, etc.) and staff should speak to their relevant supervisor in the first instance if they believe they need a specific type of ergonomic equipment to perform their job safely. It is recommended any proposed ergonomically designed furniture or equipment is trialed prior to purchase (if possible). In ergonomics there is "No One Size Fits All" solution, each employee should be assessed individually and may require a more comprehensive assessment (such as a medical specialist examination) to ensure the risk of injury is reduced.

Ergonomic Office Equipment

The following ergonomic office equipment will be provided to all staff (as a minimum) when performing computer based work for Council:

- Ergonomic Chairs (with sufficient lumbar support).
- Office Desk (consistent with AS/NZS 4442).
- Computer monitor risers.
- Mouse and mouse pad.

The following equipment will be provided to staff on a needs basis after an Ergonomic Risk Assessment and Checklist for Office Work (Annex 2) has been completed and signed off by their relevant supervisor:

- Foot rests – fixed and adjustable.
- Keyboard padded wrist supports.
- Mouse padded wrist supports.
- Anti-glare screen filters.
- Telephone Headsets.
- Document holders/reading boards.
- Anti-fatigue floor mats.

The following equipment\(^1\) can be requested by an employee once evidence is provided by a suitably qualified medical practitioner (in writing to Council using Council’s Ergonomic Equipment Request Form – refer to Annex 3) along with a completed Ergonomic Risk Assessment and Checklist for Office Work, signed off by their relevant supervisor:

\(^1\) All ergonomic equipment purchased must meet relevant Australian Standards.
• Stand-up work station.
• Adjustable desk.

Any other forms of PPE specifically requested to alleviate ergonomic issues within an office environment. Employees may be required to re-establish medical evidence annually that confirms continued use of such equipment is warranted.

Training
Council will ensure training in manual handling and general ergonomic considerations will be provided to staff. This training may include formal class based instructions, on the job training and information provided for discussion at team meetings.

Special Considerations
Council recognises the capacity of an individual to fulfil their role may be affected by a number of factors (i.e. long term disability, short term injury etc.). To accommodate this, Council may need to make reasonable adjustments to an employee’s work environment.

References
• Work Health & Safety Act 2011
• Work Health & Safety Regulation 2011
• All Relevant Australia Standards
• Code of Practice – Hazardous Manual Tasks
• Code of Practice – Managing The Work Environment and Facilities
## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constrained</td>
<td>Means where the posture is forced, cramped, restrained, unnatural, confined or restricted.</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>The study of human performance at work which aims to promote the well-being, safety and efficiency of workers by studying the work system, machine or task and the physical, psychological and social environment in which they work</td>
</tr>
<tr>
<td>Illumination</td>
<td>The measure of the amount of light falling onto a surface.</td>
</tr>
<tr>
<td>Occupational Overuse Syndrome</td>
<td>A collective term for a range of conditions characterised by discomfort or persistent pain in muscles, tendons and other soft tissues, with or without physical manifestations. It is usually associated with tasks, which involve: a. Repetitive or forceful movements, or both b. Maintaining constrained or awkward postures</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>Any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object.</td>
</tr>
<tr>
<td>Risk Identification</td>
<td>The recognition of manual handling tasks or jobs that could potentially cause injury or illness and placing these jobs or tasks in priority order for risk assessment.</td>
</tr>
<tr>
<td>Static Muscle Loading</td>
<td>Muscles are held in a fixed position for extended periods. E.g. Arms and hands held over a keyboard. During static muscle loading, the blood vessels in the muscles are compressed by the internal pressure of the muscle. The blood cannot flow easily through the muscle and so deprives it of oxygen and fuel for the muscle cells. Waste products produced by the muscles also accumulate and produce acute pain associated with muscle fatigue. This static loading leads to inflammation of the joints and tendons.</td>
</tr>
<tr>
<td>WHS Instructions</td>
<td>WHS Instructions refers to any documented BVSC safety system which aims to ensure Council maintains a healthy and safe workplace</td>
</tr>
<tr>
<td>Workstation</td>
<td>Means the place from which the employee works, including plant and equipment, furniture and fittings.</td>
</tr>
</tbody>
</table>
Annex 1 – Manual Handling Risk Assessment

Council is committed to the prevention of manual handling injuries. In order to achieve this objective, Council will apply Risk Management principles of Hazard/Risk Identification, Assessment, and Control to manual handling hazards as well as provision of training of all employees in safe manual handling techniques. Managers and Coordinators should use this form to assess the manual handling issues that are relevant to the work done by their respective staff.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Risk</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent</td>
<td>1-5</td>
<td>Catastrophic</td>
</tr>
<tr>
<td>Likely to occur</td>
<td>6-9</td>
<td>Critical</td>
</tr>
<tr>
<td>Regularly</td>
<td>10-17</td>
<td>Major</td>
</tr>
<tr>
<td>Unlikely but</td>
<td>18-20</td>
<td>Minor</td>
</tr>
<tr>
<td>reasonably</td>
<td></td>
<td></td>
</tr>
<tr>
<td>expected to occur</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSEQUENCE**

- **Catastrophic**: Death or permanent total disability
- **Critical**: Permanent partial disability, or temporary total disability in excess of 30 days
- **Major**: Temporarily partial disability less than 30 days, hospitalisation, emergency medical treatment, injury or illness eligible for compensation
- **Minor**: First aid or minor supportive medical treatment

**ACCEPTABILITY OF RISK**

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Level</th>
<th>Risk</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5</td>
<td>EXTREME</td>
<td>Intolerable</td>
<td>Exposure to hazard would normally be immediately discontinued except in extreme</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>circumstances. The decision to continue exposure would almost certainly be made at</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>senior levels, with as much risk management rigour as practicable unless dire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>operational needs preclude doing so.</td>
</tr>
<tr>
<td>6 - 9</td>
<td>HIGH</td>
<td>Tolerable with</td>
<td>Exposure to the hazard would normally be discontinued as soon as is reasonably</td>
</tr>
<tr>
<td></td>
<td></td>
<td>periodic review</td>
<td>practicable. Continued exposure would only be considered in exceptional circumstances,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and the decision to do so would normally be made at senior levels after due</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>consideration of the cost versus benefit. Any decision to continue the exposure to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>the hazard must be subject to continuous review.</td>
</tr>
<tr>
<td>10 - 17</td>
<td>MEDIUM</td>
<td>Tolerable with</td>
<td>Exposure to the hazard may continue provided it has been appropriately assessed, has</td>
</tr>
<tr>
<td></td>
<td></td>
<td>periodic review</td>
<td>been mitigated to as low as reasonably practical, and is subject to periodic review to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ensure the risk does not increase. It would be appropriate that measures to achieve</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>long term further reduction to the risk be considered.</td>
</tr>
<tr>
<td>18 - 20</td>
<td>LOW RISK</td>
<td>Acceptable with</td>
<td>Exposure to the hazard is acceptable, but is subject to periodic review to ensure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>periodic review</td>
<td>risk does not increase.</td>
</tr>
</tbody>
</table>
# Manual Handling Risk Assessment

<table>
<thead>
<tr>
<th>Work Activity</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Group</td>
</tr>
<tr>
<td>Completed By (Name)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task Steps</th>
<th>Hazardous Manual Handling Risks: (Tick box if risk is present)</th>
<th>Comments</th>
<th>Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifting / Carrying</td>
<td>Does the task involve heavy loads, high or sustained force?</td>
<td>(List the specific risk factors associated with the task – e.g. carrying heavy / awkward loads, extended duration, etc.)</td>
<td></td>
</tr>
<tr>
<td>Pushing / Pulling</td>
<td>Does the task involve high, repetitive or sustained force?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awkward Postures</td>
<td>Does the task involve, bending or unbalanced posture?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive Movement</td>
<td>Does the task involve similar movements repeated over a period of time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolonged Static Postures</td>
<td>Same posture held for lengthy periods – e.g. arms over head?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comments and Signoff

Additional Comments/Notes/Other Contributing Factors:
(e.g. vibration, poor lighting, slippery floors, up or down slopes, hot/cold, etc.):

<table>
<thead>
<tr>
<th>Hazard Identified</th>
<th>Corrective Actions Required</th>
<th>Responsible Person</th>
<th>Taget Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Name:  
Signature:  
Date:

TRIM ref: F11/537
# Annex 2 – Ergonomic Risk Assessment and Checklist for Office Based Work

<table>
<thead>
<tr>
<th>Location of Assessment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Assessed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Site Details</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Site inspection checklist

Key: Meets Standard ✓ Requires Improvement ✗ Not Applicable n/a

### 1. Duties & Responsibilities

1.1 Is there a requirement to for General Computer Usage?

1.2 Is there a requirement to for Phone Calls?

1.3 Is there a requirement to for Filing?

1.4 Is there a requirement to for Intensive Data Entry?

1.5 Is there a requirement related to dealing with Customer Enquiries?

### 2. Your Work Organisation

2.1 Is the area free from any reported hazards / problems / accidents or illnesses?

2.2 Are tasks alternated throughout day?

2.3 Is their adequate staff training for the tasks performed?

2.4 Is the work environment appropriate for the tasks undertaken?

2.5 Do you have non-computer activities within your daily routine, are tasks alternated to promote different postures e.g. filing? If yes, do you have some control over the order in which these tasks are done?

2.6 Is your workload reasonably free of urgent work demands, e.g. are the highs and lows of your work manageable?
3. Your Work Environment

3.1 Is there adequate lighting for all tasks that is comfortable for the operator? (E.g. no glare/ reflection and easy to read documents.)

**Recommended illumination levels - Source: AS/NZS 1680.1: 2006 – Interior workplace lighting**

<table>
<thead>
<tr>
<th>Lighting Level</th>
<th>Illumination Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple</td>
<td>160</td>
</tr>
<tr>
<td>Continuous occupied</td>
<td></td>
</tr>
<tr>
<td>interior visual tasks</td>
<td></td>
</tr>
<tr>
<td>(coarse detail only)</td>
<td></td>
</tr>
<tr>
<td>Occasional reading</td>
<td></td>
</tr>
<tr>
<td>of clearly printed</td>
<td></td>
</tr>
<tr>
<td>documents for short</td>
<td></td>
</tr>
<tr>
<td>periods.</td>
<td></td>
</tr>
<tr>
<td>Ordinary or moderately</td>
<td>240</td>
</tr>
<tr>
<td>easy</td>
<td></td>
</tr>
<tr>
<td>Continuously occupied</td>
<td></td>
</tr>
<tr>
<td>interiors visual tasks</td>
<td></td>
</tr>
<tr>
<td>with moderately easy</td>
<td></td>
</tr>
<tr>
<td>visual tasks with high</td>
<td></td>
</tr>
<tr>
<td>contrasts or large</td>
<td></td>
</tr>
<tr>
<td>detail.</td>
<td></td>
</tr>
<tr>
<td>Moderately difficult</td>
<td>320</td>
</tr>
<tr>
<td>Areas where visual tasks</td>
<td></td>
</tr>
<tr>
<td>are moderately difficult</td>
<td></td>
</tr>
<tr>
<td>with moderate detail or</td>
<td></td>
</tr>
<tr>
<td>with low contrasts.</td>
<td></td>
</tr>
<tr>
<td>Difficult</td>
<td>600</td>
</tr>
<tr>
<td>Areas where visual tasks</td>
<td></td>
</tr>
<tr>
<td>are difficult with</td>
<td></td>
</tr>
<tr>
<td>small detail or with</td>
<td></td>
</tr>
<tr>
<td>low contrast.</td>
<td></td>
</tr>
<tr>
<td>Very difficult</td>
<td>800</td>
</tr>
<tr>
<td>Areas where visual tasks</td>
<td></td>
</tr>
<tr>
<td>are very difficult with</td>
<td></td>
</tr>
<tr>
<td>very small detail or</td>
<td></td>
</tr>
<tr>
<td>with very low contrast.</td>
<td></td>
</tr>
</tbody>
</table>

3.2 Is the background behind the computer screen slightly less bright than the screen e.g. not in front of a window?

3.3 Do the windows have effective blinds to control daylight/glare?

3.4 Is your workstation quiet enough for you to concentrate and carry out conversations? If NO, can the noise be controlled or altered?

3.5 Is the temperature comfortable, most of the time?

3.6 Is the humidity normally comfortable for your eyes and sinuses?

3.7 Is the area around your workstation safe and clear of obstruction? (i.e. torn carpet, mats e.g.)

3.8 Is this your regular work station? Do you adjust your desk, chair, computer set up etc. If you do not have a regular workstation?
## 4. Layout Of Your Workstation

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Are items used all the time in easy reach? (i.e. in normal arm reach with minimum trunk movement. Without bending, twisting or overreaching)</td>
<td></td>
</tr>
<tr>
<td>4.2 Is there sufficient space for large documents, completed work or writing?</td>
<td></td>
</tr>
<tr>
<td>4.3 Is there sufficient space for furniture, equipment and hardcopy materials?</td>
<td></td>
</tr>
<tr>
<td>4.4 Is your workstation set up to prevent undue twisting of your neck or trunk?</td>
<td></td>
</tr>
<tr>
<td>4.5 Is there adequate access to your workstation?</td>
<td></td>
</tr>
<tr>
<td>4.6 Is there enough room to manoeuvre your chair?</td>
<td></td>
</tr>
<tr>
<td>4.7 Are the cables to your computer safely secured, i.e. cannot be tripped on/are out of the way?</td>
<td></td>
</tr>
<tr>
<td>4.8 Is your work area free from obstructions and hazards that could cause injury e.g. through tripping</td>
<td></td>
</tr>
<tr>
<td>4.9 Is there adequate storage surrounding the desk/counter for necessary items?</td>
<td></td>
</tr>
</tbody>
</table>

## 5. Your Desk

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Is there enough space on the desktop for the flow of work?</td>
<td></td>
</tr>
<tr>
<td>5.2 Is there adequate leg room (height, width and depth)?</td>
<td></td>
</tr>
<tr>
<td>5.3 Is the desk deep enough for the monitor to be at arm’s length when keying?</td>
<td></td>
</tr>
<tr>
<td>5.4 Is there enough leg room so you can sit square (straight on) to the monitor?</td>
<td></td>
</tr>
<tr>
<td>5.5 Do you use a comfortable resting place for your hands/wrists when not keying, e.g. in your lap?</td>
<td></td>
</tr>
<tr>
<td>5.6 Are your forearms supported comfortably?</td>
<td></td>
</tr>
</tbody>
</table>
### 6. Your Chair

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Is your chair easily adjusted from a seated position?</td>
</tr>
<tr>
<td>6.2</td>
<td>Can you adjust your chair so that when seated, the chair height can be adjusted so that your thighs are parallel to the floor and your knees slightly lower than your hips?</td>
</tr>
<tr>
<td>6.3</td>
<td>Can you get your chair close enough to your workstation to work comfortably? (E.g. desktop is thin, chair arms not in the way and clear leg room.)</td>
</tr>
<tr>
<td>6.4</td>
<td>Is your chair height positioned so your elbows are approximately the same height as the desk edge when you are using the keyboard (or angled slightly down)?</td>
</tr>
<tr>
<td>6.5</td>
<td>Is the bottom-cushion a suitable length for your upper leg length, i.e. can you sit fully back in the seat without any pressure behind the knee, are your thighs supported comfortably?</td>
</tr>
<tr>
<td>6.6</td>
<td>If fitted, are the armrests at a suitable and supportive height when you are sitting upright?</td>
</tr>
<tr>
<td>6.7</td>
<td>Is the backrest height adjusted to fit into the small of your back so it supports your spine? (Put your hands on your waist to find the small of your back.)</td>
</tr>
<tr>
<td>6.8</td>
<td>Is the backrest angle adjusted so that you are sitting upright whilst using your keyboard?</td>
</tr>
<tr>
<td>6.9</td>
<td>Is the chair stable (i.e. has a 5 point base) and in good working order?</td>
</tr>
</tbody>
</table>
7. Your Footrest

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 With the seat and desk adjusted correctly are your feet firmly on the floor without the chair digging into the underside of your thighs? If NO, is a footrest available to alleviate this? If YES, is your footrest large enough to support both feet and allow a change of position?</td>
<td></td>
</tr>
<tr>
<td>7.2 Is the footrest adjustable?</td>
<td></td>
</tr>
</tbody>
</table>

8. Counter (if applicable)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Is your chair an appropriate height and footrest provided at the counter where sitting/standing work is performed?</td>
<td></td>
</tr>
<tr>
<td>8.2 Are the variety of tasks performed in counter operations accommodated by the design and layout of the counter workstation?</td>
<td></td>
</tr>
<tr>
<td>8.3 Is the counter uncluttered?</td>
<td></td>
</tr>
<tr>
<td>8.4 Is the counter a comfortable working height for the operator when working in a seated or standing position?</td>
<td></td>
</tr>
</tbody>
</table>

9. Screen

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 When sitting tall and looking straight ahead, are you looking at the top edge of your screen?</td>
<td></td>
</tr>
<tr>
<td>9.2 Is your computer screen a comfortable reading distance, i.e. approximately arm’s length away? (between 45 to 75 cm)</td>
<td></td>
</tr>
<tr>
<td>9.3 Are all the characters in the display easy to read and is the image stable and flicker free?</td>
<td></td>
</tr>
<tr>
<td>9.4 Is the screen free of glare and reflections?</td>
<td></td>
</tr>
<tr>
<td>9.5 Is the monitor directly in front of you so you don’t sit twisted?</td>
<td></td>
</tr>
<tr>
<td>9.6 If using a LAPTOP do you use a dock/ plug in a keyboard when you are using it in the office so the screen can be at an appropriate height?</td>
<td></td>
</tr>
</tbody>
</table>

10. Documents You Work With

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Can you easily read the documents you work with?</td>
<td></td>
</tr>
<tr>
<td>10.2 Is document holder provided? If YES, does the document holder support documents adequately?</td>
<td></td>
</tr>
<tr>
<td>10.3 Can your documents be viewed with your head in a balanced position (i.e. not twisted or bent)?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>11. Your Keyboard</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1 Is your keyboard at a distance from you that puts your elbows vertically under your shoulders when typing (shoulders are relaxed)?</td>
</tr>
<tr>
<td>11.2 Do your wrists remain in a neutral position when typing?</td>
</tr>
<tr>
<td>11.3 Is your keyboard detached from the screen to ensure a comfortable working position?</td>
</tr>
<tr>
<td>11.4 Are you aware that you should move the keyboard over for intensive mouse or number keypad use?</td>
</tr>
<tr>
<td>11.5 Is the keystroke pressure comfortable?</td>
</tr>
<tr>
<td>11.6 Are the keyboard and mouse level (i.e. in the same line)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>12. Your Mouse</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Is your mouse close enough to you to be used without extending or reaching with your arm?</td>
</tr>
<tr>
<td>12.2 Does your mouse run smoothly on its mat and work accurately, without fiddling?</td>
</tr>
<tr>
<td>12.3 Do you know how to minimise the use of your mouse by using quick keys, styles and templates, and do you know that you should be using these?</td>
</tr>
<tr>
<td>12.4 Is there enough space for easy operation?</td>
</tr>
<tr>
<td>12.5 Is the mouse switch (‘click’) easy to use?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13. Headset &amp; Telephone</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1 Do you have a headset available for continuous telephone operation?</td>
</tr>
<tr>
<td>13.2 Is your headset lightweight, adjustable and comfortable?</td>
</tr>
<tr>
<td>13.3 Does the telephone equipment include easily adjustable volume controls?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>14. Employee Factors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1 Do you stop and stretch every 20 - 30 minutes when undertaking a repetitive task?</td>
</tr>
<tr>
<td>14.2 Do you have special needs to do the task, e.g. Injury Management considerations?</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14.3 Do you wear glasses or do you have your eyes regularly checked?</td>
</tr>
<tr>
<td>14.4 Are you free from eye strain / headaches?</td>
</tr>
<tr>
<td>14.5 Does your work clothing interfere with or make it difficult for you to do your task?</td>
</tr>
<tr>
<td>14.6 Is the task matched to your physical capability?</td>
</tr>
</tbody>
</table>
Risk Management Matrix

BVSC utilises a risk management approach to manage workplace hazards. Using the BVSC Risk Matrix rate each of the items/hazards identified in the inspection checklist that requires further improvement. Summarise your ratings and the hazards identified in the HINC below identifying any corrective actions required.

<table>
<thead>
<tr>
<th>CONSEQUENCE</th>
<th>Catastrophic</th>
<th>Critical</th>
<th>Major</th>
<th>Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or permanent total disability</td>
<td>Permanent partial disability, or temporary total disability in excess of 30 days</td>
<td>Temporary partial disability less than 30 days, hospitalisation, emergency medical treatment, injury or illness eligible for compensation</td>
<td>First aid or minor supportive medical treatment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>Frequent</th>
<th>Likely to occur regularly</th>
<th>1</th>
<th>3</th>
<th>7</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>Will occur several times</td>
<td>2</td>
<td>5</td>
<td>9</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Occasional</td>
<td>Unlikely but reasonably expected to occur</td>
<td>4</td>
<td>6</td>
<td>11</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Remote</td>
<td>Unlikely but possible to occur</td>
<td>8</td>
<td>10</td>
<td>14</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Improbable</td>
<td>So unlikely it may not be experienced</td>
<td>12</td>
<td>15</td>
<td>17</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

The risk rating table below explains the actions required for high, medium and low risk:

<table>
<thead>
<tr>
<th>ACCEPTABILITY OF RISK</th>
<th>Risk Rating</th>
<th>Level</th>
<th>Risk</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5</td>
<td>EXTREME</td>
<td>Intolerable</td>
<td>Exposure to hazard would normally be immediately discontinued except in extreme circumstances. The decision to continue exposure would almost certainly be made at senior levels, with as much risk management rigour as practicable unless dire operational needs preclude doing so.</td>
<td></td>
</tr>
<tr>
<td>6 - 9</td>
<td>HIGH</td>
<td>Tolerable with continuous review</td>
<td>Exposure to the hazard would normally be discontinued as soon as is reasonably practicable. Continued exposure would only be considered in exceptional circumstances, and the decision to do so would normally be made at senior levels after due consideration of the cost versus benefit. Any decision to continue the exposure to the hazard must be subject to continuous review.</td>
<td></td>
</tr>
<tr>
<td>10 - 17</td>
<td>MEDIUM</td>
<td>Tolerable with periodic review</td>
<td>Exposure to the hazard may continue provided it has been appropriately assessed, has been mitigated to as low as reasonably practical, and is subject to periodic review to ensure the risk does not increase. It would be appropriate that measures to achieve long term further reduction to the risk be considered.</td>
<td></td>
</tr>
<tr>
<td>18 - 20</td>
<td>LOW RISK</td>
<td>Acceptable with periodic review</td>
<td>Exposure to the hazard is acceptable, but is subject to periodic review to ensure risk does not increase.</td>
<td></td>
</tr>
</tbody>
</table>
### Hazard, Improvement or Non Conformance (HINC)

Use the table below to list any hazards, opportunities for improvement or non-conformance issues which are applicable to this project. For each item listed assign a risk rating and detail any recommended corrective actions.

<table>
<thead>
<tr>
<th>Describe the hazard, improvement or non-conformance</th>
<th>Risk Rating</th>
<th>Corrective Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Person completing this checklist comments**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments** - Include immediate actions taken:
## Supervisor Comments (Include whether approval has been given for identified measures)

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Comments** - Include immediate actions taken:
Annex 3 – Ergonomic Equipment Request Form

**Instructions**

In accordance with Bega Valley Shire Council (BVSC) Procedure 5.15.14 – Manual Handling and Work Place Ergonomics - Council recognises the capacity of an individual to fulfil their role may be affected by a number of factors (i.e. long term disability, short term injury etc.) and subsequently a Council employee may request specific equipment to alleviate ergonomic issues. The purpose of this form is to formally request particular ergonomic equipment as well as providing information to employees, managers and the nominated Medical Practitioner.

### Employee details

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Payroll Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tasks performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Medical Practitioner Comments & Endorsement

Medical Practitioner Name:

Medical Practitioner Postal Address:

The space below is for the Medical Practitioner to stipulate what ergonomic equipment has been recommended and why such equipment may alleviate the concerns raised by the employee:

Is there any alternative measure that could be taken to alleviate the concerns raised (i.e exercises, regular breaks etc.) YES [ ] NO [ ]

If YES, please provide further detail in the space below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHS Officer Approval

The space below is for the WHS Officer to note compliance with relevant standards and Council’s procedure:

Name  Signature  Date

Manager Comments & Approval

The space below is for the manager to approve this request:

Once you (Manager) have given approval for this request the original form must be returned to the WHS Officer

Name  Signature  Date