



Workplace Assessment Form

Workstation Design

	Yes	No	Action
1. Is the desk space appropriate for work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Is there room for paperwork and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Is the surface of the desk non-reflective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Is there room under desk for movement of legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Is the leg to desk clearance adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Is a footrest required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Seating and Ergonomics

1. Is the chair in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Does the chair have a 5 star base and swivel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Can you adjust the height of the chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Can you tilt the seat of your chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Can you adjust the height of the backrest of the chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Can you adjust the angle of the backrest of the chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Does the chair provide lumbar support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Does the chair have arms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Have you been shown how to use the chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Are the upper and lower legs free from pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11. Are your shoulders relaxed/supported whilst seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Are your hands, wrists, and forearms in the neutral position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Are you supplied with a document/reading slope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. Is the monitor at eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. Are items frequently used at easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Name of Client

Date of Assessment

Name of Assessor