OSLO Laboratory Workstation Assessment Report

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| General Information | | | | | | | | | | |
| Date of Assessment | |  | | OSLO |  | | | | | |
| Staff/Student name | |  | | OSLO Phone |  | | | | | |
| Uni ID number | | U | |  |  | | | | | |
| Phone | |  | | Supervisor |  | | | | | |
| College/Division | |  | | Supervisor Phone |  | | | | | |
| Reason for assessment:  New Starter  Reported new pain  Relocation Pre-existing pain/condition  Other……………………………………………………….. | | | Details/Comment | | | | | | | |
| If new pain/injury related to work activity ensure Incident Notification (level 1 incident) completed in Figtree.  Complete INC#\_\_\_\_\_\_\_ | | | | | | | | | | |
| Assessment details | | | | | | | | | | |
| Chair | Seat base height and/or footrest or foot ring adjusted so knees and hips at or slightly above 90 degrees. | | | | | | | | | Yes  No |
|  | Seat base size suitable for user. (Width supports hips, depth adjusted to allow small gap between knees and chair) | | | | | | | | | Yes  No |
| Back rest height adjusted so lumbar support rests in users lumbar curve | | | | | | | | | Yes  No |
| Back rest angle adjusted to support a relaxed, upright posture | | | | | | | | | Yes  No |
| Seat base tilt adjusted to neutral | | | | | | | | | Yes  No |
| Recommended seat base height (Floor to top of seat base) | | | | | | | | | cm |
| Comments: | | | | | | | | | |
| Laboratory Bench | Bench height adjustable to allow arms to be parallel to floor during tasks | | | | | | | | | Yes  No |
|  | Bench size appropriate to task requirements | | | | | | | | | Yes  No |
| Bench mobile with lockable wheels | | | | | | | Yes  No ☐ N/A | | |
| Bench height and design allows appropriate leg clearance | | | | | | | | | Yes  No |
| Recommended seated worksurface height | | | | | | | | | cm |
| Recommended standing worksurface height (Floor to top of bench surface) | | | | | | | | | cm |
| Comments: | | | | | | | | | |
| Workspace | Is the workspace adequate for purpose? | | | | | | | | | Yes  No |
|  | Is the workspace uncluttered and easily rearranged for the task in hand? | | | | | | | | | Yes  No |
| Is the main task situated close to the body and centralised on the bench? | | | | | | | | | Yes  No |
| Are the main tasks within a comfortable 30cm arc from the body? | | | | | | | | | Yes  No |
| Does the User stand to access materials towards the rear of the bench? | | | | | | | | | Yes  No |
| Is the workspace set up to avoid "winging" while performing a task? | | | | | | | | | Yes  No |
| Are the user’s shoulders and elbows relaxed without overstretching? | | | | | | | | | Yes  No |
| Comments: | | | | | | | | | |
| Pipetting | Are single or multichannel pipettes or a combination in use? | | | | | Single  Multi  Both | | | | |
| See the source image | Are ergonomic pipettes in use (e.g. by design, lightweight, motorised)? | | | | | | | | | Yes  No |
| Are tips generic or the same brand as the pipette (i.e. dedicated)? | | | | | | | Gen.  Dedicated | | |
| Are the fingers and hand relaxed while using the pipette? | | | | | | | | | Yes  No |
| Comments: | | | | | | | | | |
| Work Practices | Does the user follow a sit-stand-stretch cycle throughout the day? | | | | | | | | | Yes  No |
| See the source image | For standing work, do they wear appropriate footwear (enclosed, supportive, <1” heel) | | | | | | | | | Yes  No |
| When using fume cupboard/bio hood are they aware of risks of postural strain and do they take regular posture breaks/changes during work tasks? | | | | | | | | | ☐ Yes ☐ No |
| Does the user incorporate microbreaks into extended periods of work? | | | | | | | | | Yes  No |
| Comments: | | | | | | | | | |
| Lighting/sound | Room lighting appropriate for user needs | | | | | | | | | Yes  No |
| Image result for images office lighting ergonomics | Task lighting appropriate to user needs (where applicable) | | | | | | | Yes  No  N/A | | |
| User able to adjust lighting to suit individual or task needs | | | | | | | | | Yes  No |
| Auditory environment appropriate to tasks | | | | | | | | | Yes  No |
| Breaks | User encouraged to take regular posture breaks throughout the day (2 minutes every 30 minutes as well as regular lunch/tea breaks) | | | | | | | | | Yes  No |
| [Image result for images walking group](https://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwiDseyvmM_iAhXLXisKHe1kAMQQjRx6BAgBEAU&url=https%3A%2F%2Fsqeeqee.com%2Fgroup%2Fv%2Fwalking-group&psig=AOvVaw32B8TNzUs2WNmuNtqiMwv_&ust=1559715774698783) | User familiar with software or other timer options to support taking regular postural breaks | | | | | | | | | Yes  No |
| Recommended frequency of breaks | | | | | | \_\_\_\_mins /\_\_\_\_mins | | | |
| Laptop | User has laptop riser, external mouse/ keyboard for extended use | | | | | | | | Yes  No  N/A | |
|  | User educated on correct laptop postures and use | | | | | | | | Yes  No  N/A | |
| Comments: | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendations | Further details  (eg chair model, bench type, referrals) | | | Person responsible |
| Replace current chair  Repair/replace workbench  Repair/Replace pipettes  Laptop riser  Footrest/install foot ring  Referral to Injury Management  Other……………………………………….. |  | | | Supervisor  Due Date  (max 4wks post Ax) |
| Implement more frequent rest and posture breaks  Implement regular visual breaks | | | | Staff/Student  Due Date  (max 4wks post Ax) |
| Other Item: | |  |  |  |
| Other Item: | |  |  |  |

|  |  |
| --- | --- |
| Responsibilities | |
| Report completed by:  OSLO  S&W  Name:  Phone:  Date of report:  Report sent to  Staff/Student  Supervisor  S&W  Other………………………. | Supervisor responsibilities:   1. Meet with staff member and provide instruction on implementing the recommendations contained in this report; 2. Ensure recommendations are implemented in a timely fashion; 3. Review with staff member within 6 months to ensure effectiveness.   Staff/Student responsibilities:   1. Meet with supervisor and follow instructions to source equipment or implement other recommendations; 2. Continue to undertake usual safe work practices; 3. Notify supervisor as soon as practicable if any symptoms persist or develop.     **Please keep a copy of this report for your records.**  **If all recommendations are implemented, any symptoms have resolved and no further action is required,** please scan a copy of this form and email to your local HR team to be saved on your personnel file in ERMS.  **If all recommendations are implemented but any symptoms have persisted or further assistance is required**, please scan a copy of this form and email to InjuryManagement@anu.edu.au requesting further assistance. |