

## **University of Otago**

## ISO45001 Occupational Health and Safety Management System

TITLE: Workstation Assessment

### **WORKSTATION ASSESSMENT**

Please complete this section and	d email back to <u>onn@otago.ac.nz</u>	
Name:	Department and lo	ocation:
rea or Office Number:Contact phone number:		
Manager to receive the report (	and recommendations if made):	
Reason for Workplace Assessme	ent:	
Role:		
Work hours and how much at a	computer:	
Outside of work other activities	study, etc using computers:	
patient management system (M my manager and myself.	ledtech). I consent to a report of	luding photos if required being put on the recommendations for change being sent to
		Recommendations
Chair – what type do you currently have?	☐ New chair	
Any issues with current chair?	☐ Other describe:	
Is a footstool supplied? ☐ Yes ☐ No	Type: ☐ Metal ☐ Plastic	If No: is one required? ☐ Yes ☐ No
Current desk type and height	☐ Fixed greater than 700mm	
	☐ Fixed under 700mm	
How tall are you (in metres)?	☐ Fixed with a drop-down keyboard	
	☐ Sit/stand	
	☐ Desktop sit/stand	
	☐ Other:	

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Do you have pain or discomfort? Yes □ No □  Other factors:	History of pain and discomfort:  Location and nature of pain and discomfort:	
Current pain and discomfort strategies:		Are they working? ☐ Yes ☐ No
Referrals:		
Follow up	Comments	New Strategies
Follow up  If pain, is it: ☐ getting better ☐ the same	Comments	New Strategies  As above – alternative desk arrangement to allow for comfortable keyboard work.
If pain, is it: ☐ getting better	Comments  To whom and when:	As above – alternative desk arrangement to allow for comfortable

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