

WORKSTATION ASSESSMENT (WSA)



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| Name: | Contact Mobile Number: |
| Department Location: | Area or Office: |
| Role: | Weekly Hrs at Computer: |
| Line Manager (for report to be sent to): | |
| Reason for WSA: | |

- I consent to my workstation being assessed and the details including photos if required being put onto the Universities patient management system.
- I consent to a report of recommendations for changes being sent to my manager and myself.

Signature _____ Date _____

| Current Set-Up questions | |
|--|---|
| CHAIR | Chair what type do you currently have? Are there any issues with current chair? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please describe: |
| DESK How tall are you in metres, _____m | <input type="checkbox"/> Fixed greater than 700mm <input type="checkbox"/> Fixed under 700mm <input type="checkbox"/> Fixed with a drop down keyboard <input type="checkbox"/> Sit Stand – <input type="checkbox"/> Desktop sit/stand <input type="checkbox"/> Other, please describe: |
| FOOTSTOOL | Is a footstool supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Metal <input type="checkbox"/> Plastic |
| PAIN & DISCOMFORT | Do you have Pain or Discomfort? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Pain and Discomfort Strategies/ Current Treatment: Location & Nature of discomfort and pain: |

Please Complete this section and email back to ohn@otago.ac.nz

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| Title: Workstation Assessment – Occupational Health Author Date: 1/09/2024 Review Date: 01/09/2026 |
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