

Form - Work Area Assessment

This form is designed to help employers and employees identify existing or potential health and safety issues in work areas. This form is to be completed by OHS Coordinator

Office Location	
Work Area Assessed	
Employee Present	
Date	
Name of Person Completing Assessment	
Position of Person Completing Assessment	

When completing this assessment relevant employees within the work area should be involved in the assessing of the task and the planning of potential risk controls

Issue	Yes/No/NA	Recommended Solution	Person Responsible for implementing solution	Date for Completion
Highly repetitive tasks (such as keying) performed for periods of 2 hours or more at a time				
Tasks requiring constant sitting or standing for periods of 2 hours or more at a time				
Insufficient lighting for task				
Distracting or disruptive noises present that affect the employee in the area				

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Issue	Yes/No/NA	Recommended Solution	Person Responsible for implementing solution	Date for Completion
Adequate space for tasks to be carried out				
Seated workstation designed for suitability for tasks done				
Seated workstation desk suitable for the tasks				
Workstation seating adequate				
Other environmental factors				

This form once completed is to be filed in the employees file (employees who's work station was assessed) on CRM.

Name of Employee

Name of OHS Coordinator/Manager

Signature of Employee

Signature of OHS Coordinator/Manager

Date

Date