

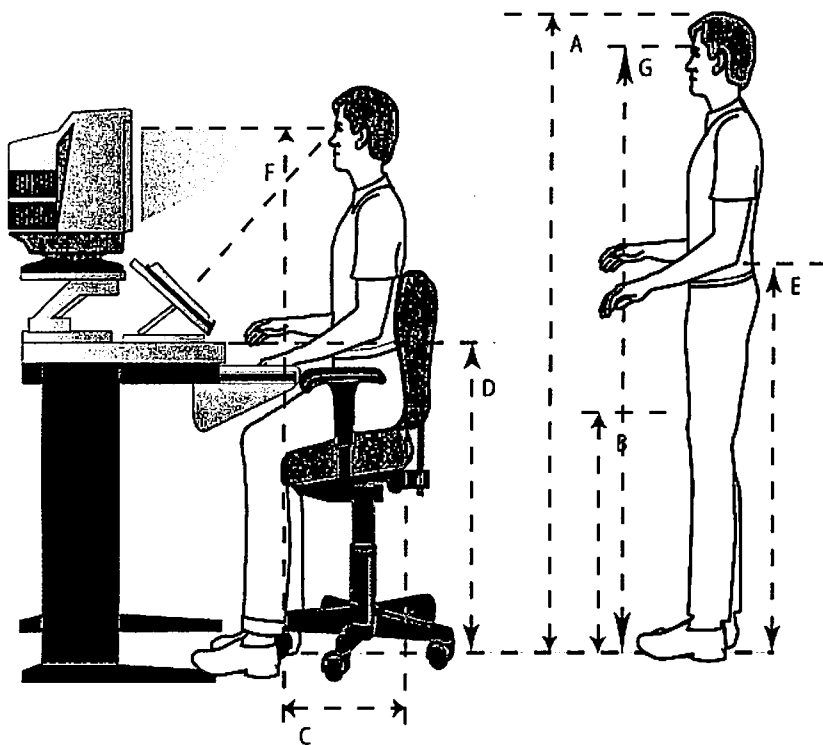
Ergo-Lite

Brief Ergonomics Evaluation

Name: _____
 Company: _____
 Location: _____
 Phone: _____
 Date: _____



1551 East Tudor Road
 Anchorage, Alaska 99507-1035
 Phone: 563-0950 Fax 563-0951
 Email: Deb@ergoAK.com



RECOMMENDATIONS:

CHAIR:

DESK:

KEYING:

MOUSE:

MONITOR:

DOCUMENTS:

OTHER:

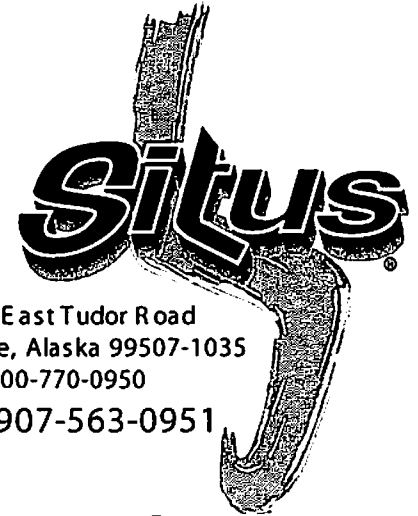
- _____ A Overall Height
- _____ B Floor to Top of Kneecap
- _____ C Back of Knee to Buttocks
- _____ D Floor to Elbow, Sitting
- _____ E Floor to Elbow, Standing
- _____ F Floor to Eyebrow, Sitting
- _____ G Floor to Eyebrow, Standing

RECOMMENDED HEIGHTS

Chair seat height	_____
Elbow height	_____
Desk ht, Sit	_____
Desk ht, Snd	_____
Keying ht, Sit	_____
Keying ht, Snd	_____
Keying slope	_____
Monitor screen	_____

Chair Fitting

Fill-in the information below and fax this sheet to us and we will fax back the recommended chair.



1551 East Tudor Road
Anchorage, Alaska 99507-1035
800-770-0950
Fax: 907-563-0951

Name: _____
Company: _____
Phone: _____
Fax/email: _____

_____ A Overall Height

_____ B Floor to Top of Kneecap

_____ C Seat Height

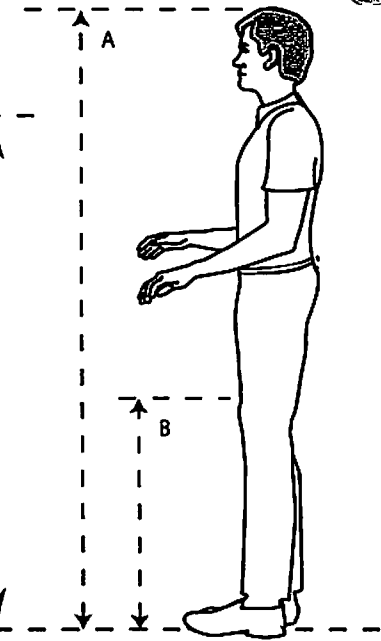
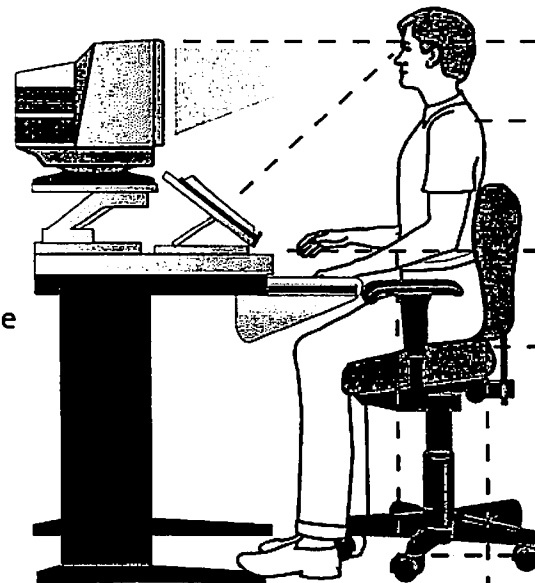
_____ D Elbow Height Seated

_____ E Top of Shoulder Blade

_____ F Floor to Eyebrow

_____ G Back of Knee to Buttocks Seated

_____ H Torso Depth at Elbow Height



Adjustable Arms:	Yes	No
Horizontal Pivot Option 08A	18A	
Custom Caps	22L	44L 77
Seat Slider:	Yes	No
Memory Seat Cushion	Yes	No
Rocking Mechanism:	Yes	No
Air Lumbar Support:	Yes	No
Backrest Size:	Low	Medium High Head-Rest

Chair FABRIC:

Chair MODEL: