

WORKSTATION ASSESSMENT

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| --- | --- | --- |
| 1 | Leg Height – seat gas lift req |  |
| 2 | **Thigh Length** (seat depth) |  |
| 3 | **Hip Width** (seat width) |  |
| 4 | **Shoulder Height** |  |
| 5 | Is Coccyx Cut-out req? CC |  |
| 6 | Is Pelvic/Sacral Support req? SP |  |
| 7 | Is Lumbar support? L2/LP/L2LP |  |
| 8 | Is Thoracic Pump req? TP |  |
| 9 | Is Headrest req? (Operator Eye Height) |  |
| 10 | Multifunctional Arms? A3B/A5X/FA6 |  |
| 11 | Desk Height (to the underside of current desk) |  |

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| --- |
| Name of End User |
|  |
| Weight (kg / st.) if> than 120kgs |
|  |
| Height |
|  |
| Back Condition |
|  |

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| --- |
| Chair Recommendations |
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| Manifestation (pain encountered + where) |
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| --- |
| **(Mobile) phone number(s)** |
|  |

|  |
| --- |
| **Email** |
|  |



**Bold** = essential information for optimum fitting

|  |  |
| --- | --- |
| No. of Hours / Week: FT/PT/HOME/OFFICE |  |
| Left / Right-handed: |  |
| Can you touch type:Do you need to look at keyboard? |  |
| Desk Shape / Size:Width x depth x height to underside |  |
| Screen Set-up: SGL / DBL / HGT ADJ / Monitor Arm? |  |
| Keyboard Positioning: Close / Away Reaching? / 90° |  |
| Mouse: Wired / Remote / Ergo / RESTRICTED? |  |
| Document Layout: Do you need to have documents around you or paperless? |  |
| Telephone Set-up:Headset? Hold phone at the same time as typing? |  |
| Do you currently have a footrest? |  |
| Current Chair: |  |
| Adjustability: |  |
| Deskspace:Tidy / clear? |  |
| Cable Management: |  |
| Lighting: |  |
| Legroom / Mobility: |  |
| Laptop: Stand, etc.? |  |
| Eye Test / Varifocals: |  |
| Breaks: |  |
| Is There A Standard Fabric? |  |
| Photo of workplace |  |
| Notes |  |

Fill out the editable form and email to sales@albionchairs.com