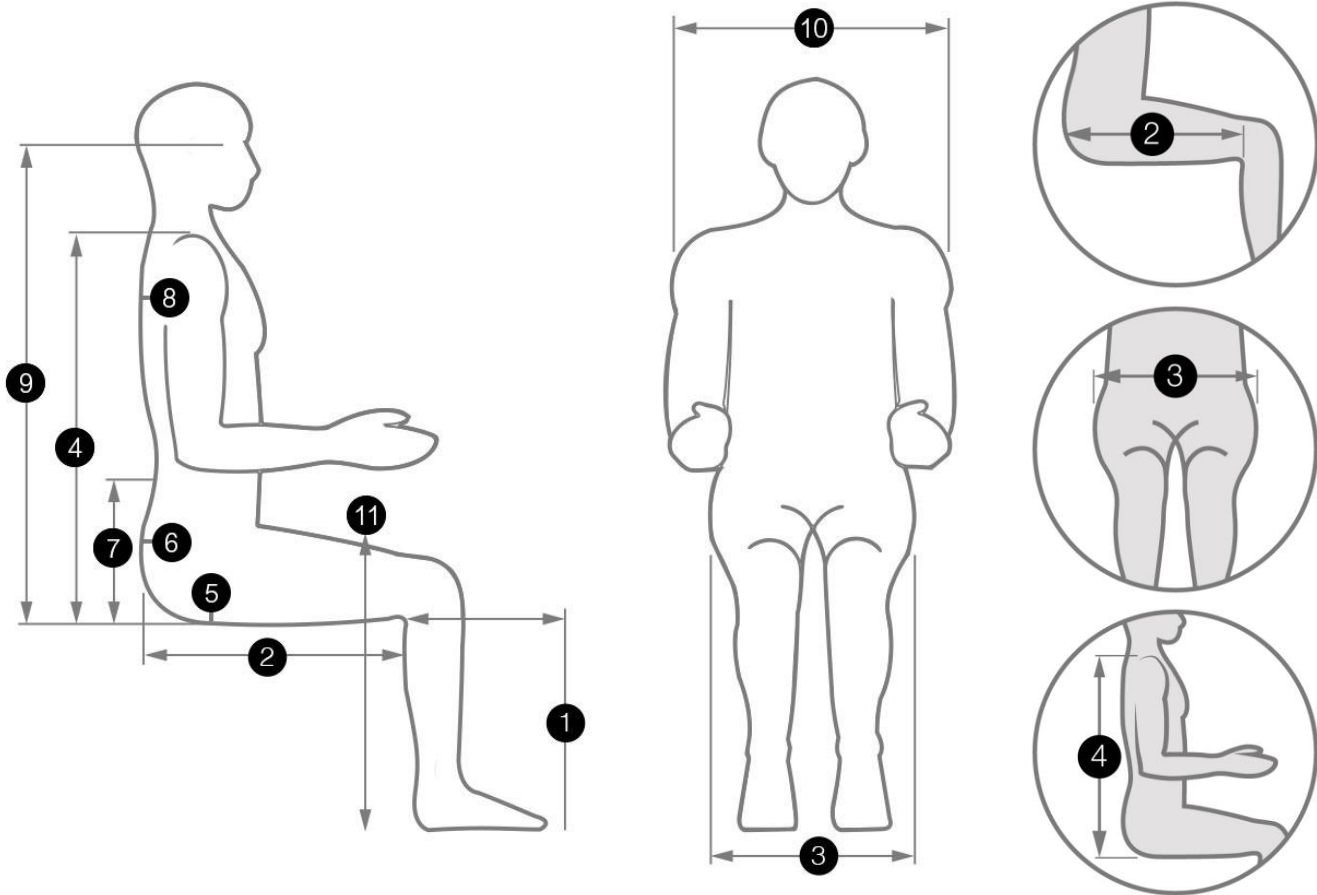


# WORKSTATION ASSESSMENT



**Bold** = essential information for optimum fitting

<b>(Mobile) phone number(s)</b>	<b>Email</b>		
Name of End User	1	Leg Height – seat gas lift req	
	2	<b>Thigh Length</b> (seat depth)	
Weight (kg / st.) if > than 120kgs	3	<b>Hip Width</b> (seat width)	
	4	<b>Shoulder Height</b>	
Height	5	Is Coccyx Cut-out req? CC	
	6	Is Pelvic/Sacral Support req? SP	
Back Condition	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	<b>Desk Height</b> (to the underside of current desk)	
<b>Manifestation</b> (pain encountered + where)	<b>Chair Recommendations</b>		

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

Fill out the editable form and email to [sales@albionchairs.com](mailto:sales@albionchairs.com)