|  |
| --- |
| **ERGOSYSTEMS OFFICE ERGONOMICS TELE-ASSESSMENT INFORMATION FORM** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Welcome to ErgoSystems Office Ergonomics Tele-Assessment. Please follow these instructions to prepare for your individual office ergonomics assessment via telephone. Any questions please contact Mark Anderson, CPE, email:** [**mark.anderson@ergosystemsconsulting.com**](mailto:mark.anderson@ergosystemsconsulting.com), **phone: 952-401-9296.**  **Step One:** Complete the **Background Information** section below.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date** | Click or tap to enter a date. | | **Stature**  (without shoes) |  | | Inches | | | **Reason for Assessment** | | | **Last Name** | Click or tap here to enter text. | | **Shoe Heel Height** |  | | Inches | | | New employee  New workstation  Medical issue  Equipment issue  Furniture issue  Other | | | **First Name** | Click or tap here to enter text. | | **Handedness** |  | Right | |  | Left | |  | Ambidextrous | | | | | **Location** |  | Work Office | **Work Hours** |  | Full Time | |  | Part Time | |  | Home Office | **Share office** |  | Single-user | |  | Multi-user | | **Company** (name and address) | Click or tap here to enter text. | | **Vision** (select all that apply) |  | No correction | |  | Contacts |  | Bi/Trifocal | |  | Reading | |  | Distance |  | Computer | | **Comments**  Insert other information as needed | Click or tap here to enter text. | | | | | | | | | |   **Step Two:** Have a helper take the following illustrative pictures.  **It is important you are in the pictures!**  **Please either attach the pictures to your email when you return the Information Form or you can insert them in the picture fields found below the illustrative pictures.**   |  |  |  |  | | --- | --- | --- | --- | | Overview view of your office. |  | Overhead view of you using your mouse. |  | | View underneath your desk. |  | Overhead view of you using your keyboard |  | | View from behind looking at your monitors. |  | Side view of you in your chair – various postures. |  | | Side view of you in your chair- various postures. |  | Any other pictures you think would be helpful to understand your situation. |  |   **PICTURES (click on the icon in the picture field to insert your pictures)**   |  |  |  |  | | --- | --- | --- | --- | | Overview view of your office. |  | Overhead view of you using your mouse. |  | | View underneath your desk. |  | Overhead view of you using your keyboard |  | | View from behind looking at your monitors. |  | Side view of you in your chair – various postures. |  | | Side view of you in your chair- various postures. |  | Any other pictures you think would be helpful to understand your situation. |  | | Any other pictures you think would be helpful to understand your situation. |  | Any other pictures you think would be helpful to understand your situation. |  | | Any other pictures you think would be helpful to understand your situation. |  | Any other pictures you think would be helpful to understand your situation. |  |   **Step Three:** Take a series of measurements- see the Measurement Key below. They are used as a reference point. Your final report may have different measurements if changes are needed. We will take the Stand measurements as needed at the time of the assessment.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Recommended Specifications (inches)** | | | | | | | | **Specification** | | **Sit** | **Stand** | **Description** | | **Key** | | | ***Seatpan height:*** |  |  | | **Seatpan height**: distance from floor to seatpan (at side of seatpan) with user in chair. | | **Rec Specs.png** | | | ***Seatpan depth:*** |  | | | **Seatpan depth:** distance from back support to front of seatpan and allows for 1.5 to 2” of space between back of knee and front of seatpan. | | | ***Seatpan width:*** |  | | | **Seatpan width:** distance side-to-side of seatpan; allows for 1.5 to 2” between thigh and edge of seatpan. | | | ***Armrest height:*** |  | | | **Armrest height:** distance from top of armrest to floor. | | | ***Armrest width*** |  | | | **Armrest width:** distance between armrests measured from outside edge of each armrest. | | | ***Writing / reading desk:*** |  |  | | **Worksurface height:** (writing/reading desk)is distance from floor to top surface of worksurface. | | | ***Keyboard / mouse height:*** |  |  | | **Keyboard/mouse** **height:** distance from floor to top surface of platform that keyboard/mouse rest on. | | | ***Monitor height:*** |  |  | | **Monitor height**: height from floor to top of monitor screen (not top of monitor bezel). | | | ***Monitor distance:*** |  | | | **Monitor distance:** from eye position (bridge of nose between eyes) to screen. | |   **Step Four:** Send the Background Information/Pictures to Mark Anderson via email ([mark.anderson@ergosystemsconsulting.com](mailto:mark.anderson@ergosystemsconsulting.com)).  **Step Five:** Unless already scheduled, please contact Mark Anderson via email ([mark.anderson@ergosystemsconsulting.com](mailto:mark.anderson@ergosystemsconsulting.com)) to schedule yourassessment. |