

WORKPLACE EQUIPMENT ASSESSMENT FORM

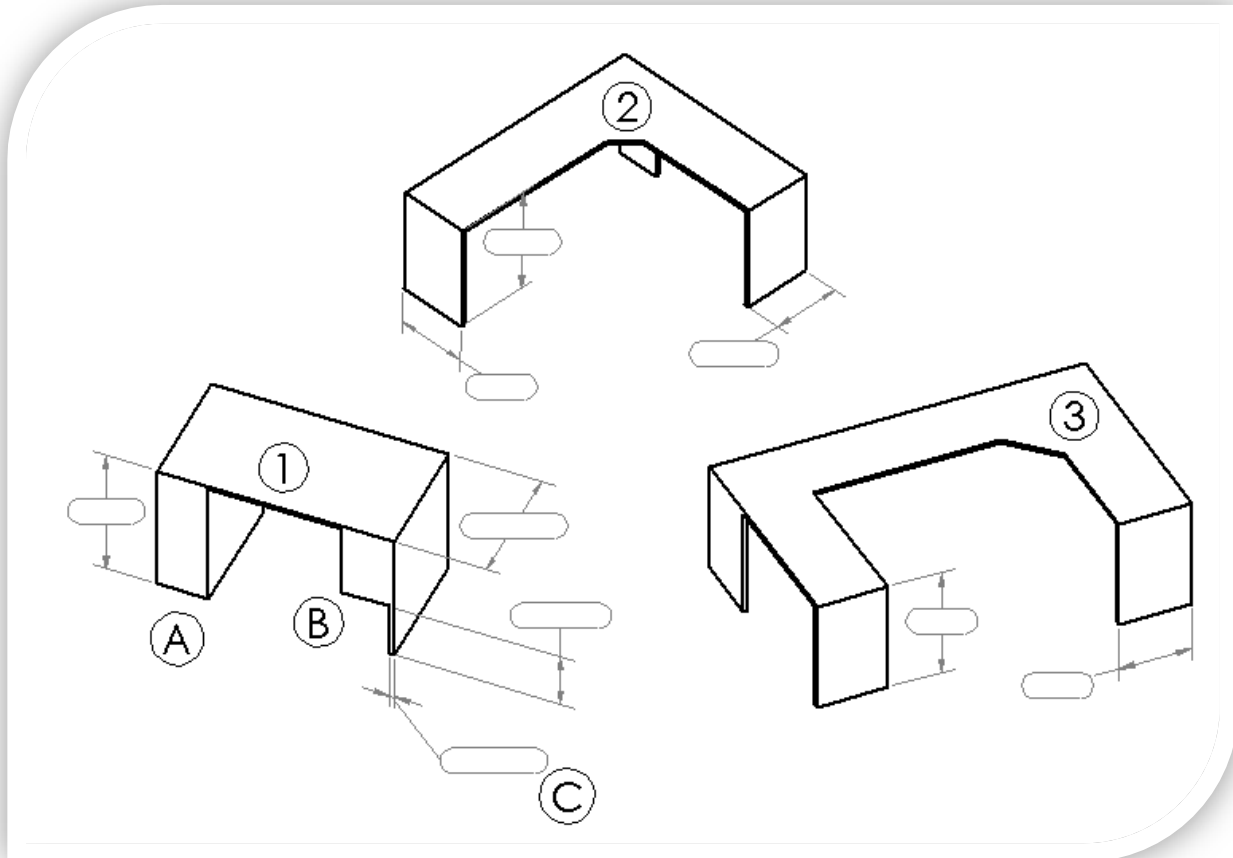


FAX RESULTS TO 604-986-9696 OR,

SCAN AND EMAIL THIS COMPLETED FORM TO feedback@sitstandoffice.com

CONTACT DETAILS:

- Full Name _____ Company Name _____
- Phone # _____ email _____ Fax _____



1. **Fill in the dimensions** in one of the figures above which most closely resembles the shape of your work surface and indicate if it is a SLAB-SIDED DESK or a CUBICLE
 - a. Are there shelf units resting on the desktop? Y N
 - b. Are there rolling drawer units underneath? Y N
 - c. Is your work surface attached to a wall or support (like a cubicle) Y N
 - d. Anything preventing the elevation of your work surface? Y N
 - e. Are the joints of your desk rigid and serviceable? Y N
 - f. Do any attached drawers sit at the bottom of the leg as in fig. 1-A? Y N
 - g. Do attached drawers end above the bottom of the leg as in fig. 1-B? Y N
 - h. Please measure and write in the thickness of the legs in fig. 1-C Y N
2. If necessary, sketch on one of the above figures to show your particular work surface



3. Standing next to your desk, bend your arm. Measure the distance between the top of your desk and the tip of your bent elbow _____ cm inch

4. DESK USAGE INFORMATION

- a. do you use a laptop screen? Y N
- b. do you use a pullout keyboard? Y N
- c. will you need to work with clients/others at your standing desk? Y N
- d. do you enter data from large stacks of paper or heavy books? Y N

5. OTHER INFORMATION

- a. Please use the space below to sketch or supply any other information that you feel is relevant to your situation and to facilitate your vision of a successful sit/stand workstation installation
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