

# Ergo-Lite

## Brief Ergonomics Evaluation

Name: \_\_\_\_\_

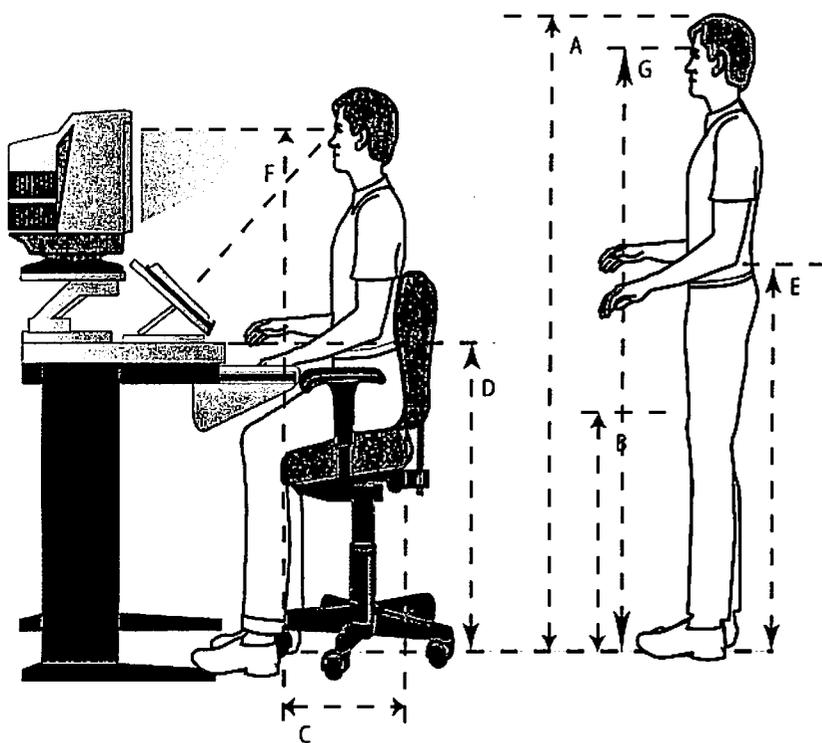
Company: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ | |



### 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, Stnd	_____
Keying ht, Sit	_____
Keying ht, Stnd	_____
Keying slope	_____
Monitor screen	_____