

Chair Fitting Checklist

1. Backrest Type

If you sit upright when you work did you select a short backrest?
 If you recline when you work did you select a tall backrest?

2. Backrest Width

Is the backrest you've selected narrow enough so that your elbows don't bump into it when you are typing?

3. Backpost height

Set the backrest to support the lower back / the upper sacral area. Does the backrest not bump into the base and prevent you from swiveling if you lower the seat as indicated in #8?

4. Seat Type and Width

Did you try all the sample chairs until you recognized which one has the contouring and firmness that best supports your body type and sitting style? ie. legs together (Soma Comfort) or legs in a V (SomaForm).

6. Keyboard Access

Can you get close enough to your keyboard or desk without reaching (if you touch type its best to have your elbows at your sides)? If not you should get swing-away arms or no arms at all.

7. Armrests

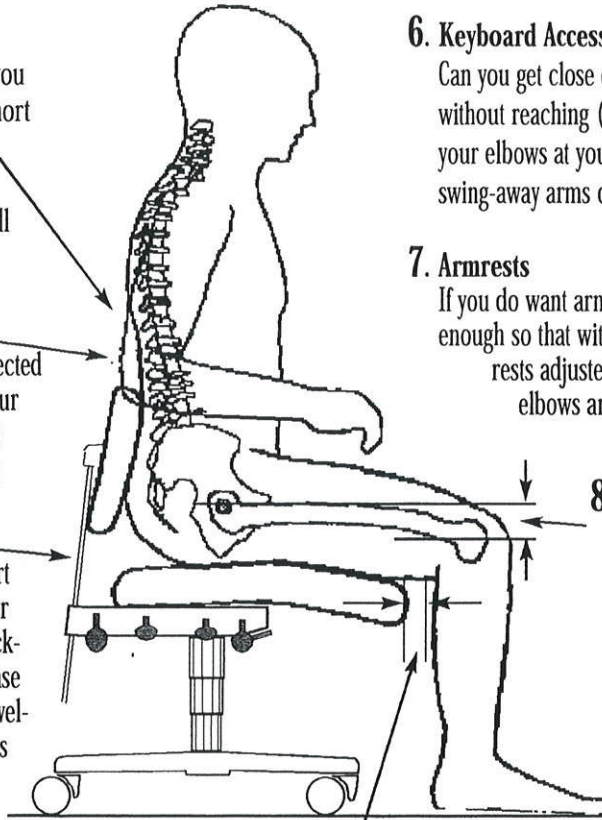
If you do want armrests: do the armrests drop low enough so that with your elbows at 90° and the armrests adjusted in the lowest position your elbows are above the arm pad?

8. Seat Height

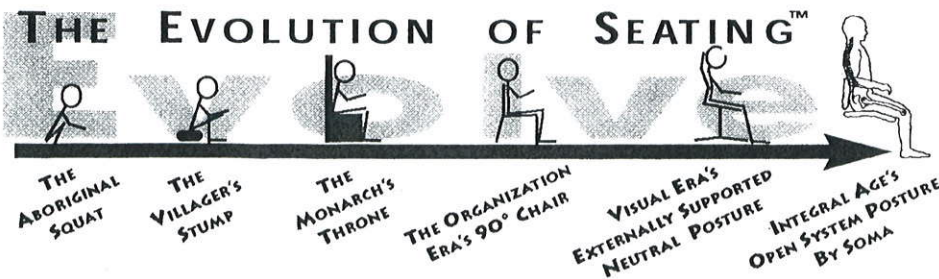
Can you adjust the seat low enough so your feet are flat on the floor with little pressure between the seat and your thighs? (if your work surface is too high at that level, use a footrest to raise the chair or lower your work surface. Ideally your work surface should be even with your elbows)

5. Seat Length/Depth

Can you scoot all the way back in the seat so that there is one to four inches between the front of the seat and the back of your calf?

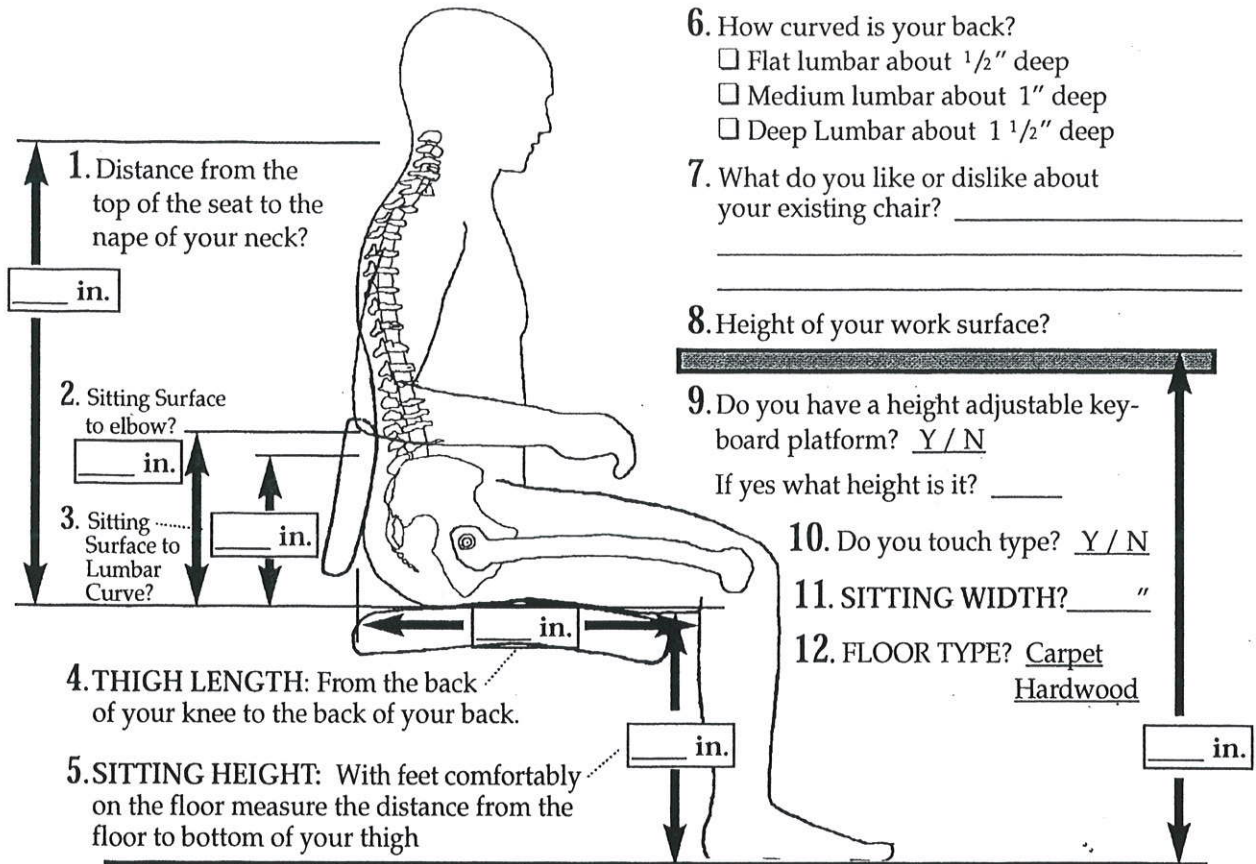


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130 Pine Avenue, Suite 201
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ERGONOMICS REMOTE CHAIR FITTING FORM



I. Did you answer questions # 1 to 12 above, to the best of your knowledge? (circle one yes / no)

II. What kind of work do you do while seated? (circle all that apply)

Clerical Administrative Work Computer/Data Entry Meetings Phone Related Task

III. How do you mostly sit: A. upright B. partially reclined C. fully reclined (circle one)

IV. What are your areas of discomfort you are experiencing while seated? (circle all that apply)

Neck Shoulders Upper Back Mid-Back Lower Back Knees Arms Legs

Upon completion of this form, you will be contacted at the information provided below and provided with a recommendation as to which ergonomic chair will best meet your current needs.

Name: _____

Height: _____ Weight: _____

Phone #: _____

Work Site Address: _____



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