

# Screen Based Equipment Furniture Order Form

Department/Section: \_\_\_\_\_

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

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

Admin Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Item	Quantity	Size & Features	Colour
<b>1. Workstation</b>			
Corner			
Rectangular			
L shaped			
<b>2. Chair</b>			
Quasar (adjustable seat height, backrest tilt & height)			
Other chair or features assessed as appropriate by Ergonomics Adviser			
<b>3. Document holder</b>			
Specify articulated, screen mounted or free-standing			
<b>4. Mobile drawer unit</b>			
Specify 2 narrow + 1 deep drawer; or 2 narrow + 1 suspension file drawer; or 4 narrow drawers			
<b>5. Computer screen platform</b>			
<b>6. Wristrest for keyboard &amp;/or mouse</b>			
<b>7. Footstool</b>			
<b>8. Adjustable, angled writing surface</b>			

Additional items of furniture or equipment which may be required include:

- anti-glare screen
- glide mat
- ergonomically designed keyboards (split design) and mouse
- desk lamp
- ergo break software

These items are not funded by the screen based equipment furniture budget. If assessed appropriate they are considered to be a departmental responsibility.

Notes:

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**After completion, this form should be returned to  
the Ergonomics & Rehabilitation Adviser,  
Occupational Health & Safety Unit**