

**QUESTIONNAIRE
FOR
ERGONOMIC CHAIRS**

NOTE: Use a separate questionnaire for each series of chairs that you offer.

Date: _____

Representative's Name: _____

Address: _____

Phone: _____

Email Address: _____

Nearest dealer to Raleigh, N.C.: Name: _____

Address: _____

Phone: _____

TYPE 1 CHAIRS

Manufacturer: _____ Series Name: _____

Style/Model Nos. Offered: Size 1: _____ Size 2: _____ Size 3: _____

Total number of models (sizes) offered in this series: _____

I. CLASSIFICATION: Type I (Refer to N.C. Specification 7110-5 Latest Edition, Section I)

II. REQUIREMENTS

1. Seat height adjustment range (Compressed): _____" to _____".
2. Negative seat pitch angle (forward) _____degrees.
3. Positive seat pitch angle (back) _____degrees.
4. Free float action (Yes/No) _____. Seat slider (Yes/No) _____
5. Back height adjustment (Yes/No) _____.
6. Is simultaneous adjustment of seat & back pitch required (Yes/No) _____
7. Independent adjustments for seat and back (Yes/No) _____.
8. Field replaceable pneumatic cylinder/s (Yes/No) _____.
9. Five-prong base (Yes/No) _____ Base diameter _____"
10. Does seat have a roll-off or waterfall edge (Yes/No) _____.

11. Are braking casters offered (Yes/No) _____.
12. Does foam used meet CAL Technical Bulletin No. 117? (Yes/No) _____
13. Pneumatic Cylinder Manufacturer/s (Name/s) _____
14. Does this series chair pass the CAL 133 open flame test (Yes/No) _____
15. Has your chair been tested in accordance with the provisions of Section VI.1. of NC Specification 7110-5 (Chairs, Ergonomic)? (Yes/No) _____

Please fill in the dimensions as indicated below:

<u>Dimension</u>	<u>Size 1</u>	<u>Size 2</u>	<u>Size 3</u>
Seat <u>Cushion</u> Width	_____ "	_____ "	_____ "
Seat <u>Cushion</u> Depth	_____ "	_____ "	_____ "
Back <u>Cushion</u> Height	_____ "	_____ "	_____ "
Back <u>Cushion</u> Width	_____ "	_____ "	_____ "
Minimum Distance Between Arms	_____ "	_____ "	_____ "

State your warranty: _____

Has this item been in production for at least one year? Yes/No _____

Note: Send product specifications and descriptive literature and price list for your entire line of chairs.

Type II Chairs

Manufacturer: _____ Series Name: _____

Style/Model Nos. Offered: Size 1: _____ Size 2: _____ Size 3: _____

Total number of models (sizes) offered in this series: _____

I. CLASSIFICATION: Type II (Refer to N.C. Specification 7110-5 Latest Edition, Section I)

II. REQUIREMENTS

1. Seat height adjustment range (Compressed): _____ " to _____ ".
2. Negative seat pitch angle (forward) _____ degrees.
3. Positive seat pitch angle (back) _____ degrees.
4. Free float action (Yes/No) _____. Seat slider (Yes/No) _____
5. Back height adjustment (Yes/No) _____.
6. Seat pitch and back upright tilt ratio _____
7. Seat and back lock in place at any angle? (Yes/No) _____
8. Field replaceable pneumatic cylinder/s (Yes/No) _____.
9. Five-prong base (Yes/No) _____. Base diameter _____ "
10. Does seat have a roll-off or waterfall edge (Yes/No) _____.
11. Are braking casters offered (Yes/No) _____.
12. Does foam used meet CAL Technical Bulletin No. 117? (Yes/No) _____
13. Pneumatic Cylinder Manufacturer/s (Name/s) _____
14. Does this series chair pass the CAL 133 open flame test? (Yes/No) _____
15. Has your chair been tested in accordance with the provisions of Section VI.1 of NC Specification 7110-5 (Chairs, Ergonomic)? (Yes/No) _____

Please fill in the dimensions as indicated below:

<u>Dimension</u>	<u>Size 1</u>	<u>Size 2</u>	<u>Size 3</u>
Seat <u>Cushion</u> Width	_____ "	_____ "	_____ "
Seat <u>Cushion</u> Depth	_____ "	_____ "	_____ "
Back <u>Cushion</u> Height	_____ "	_____ "	_____ "
Back <u>Cushion</u> Width	_____ "	_____ "	_____ "
Minimum Distance Between Arms	_____ "	_____ "	_____ "

State your warranty: _____

Has this item been in production for at least one year? Yes/No _____

Note: Send product specifications and descriptive literature and price list for your entire line of chairs.