

**HONSA ERGO ARM DESIGN WORKSHEET**

1) CONTACT INFORMATION 2) BACKGROUND

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

Provide a brief description of the application and operation sequence

# Street Address: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# City / ST / ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Do you currently employ vibration reduction? ( ) Yes ( ) No

# Do you currently employ fatigue reduction? ( ) Yes ( ) No

# Have injuries been reported? ( ) Yes ( ) No

# What is your current cycle time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) What is your application name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) What model of tool (or device) do you plan to suspend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) What is the weight of this tool or device including all accessories? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the desired tool orientation? ( ) Horizontal ( ) Vertical ( ) Other

If Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will any tool rotation or tilt be necessary at the end of arm? ( ) Yes ( ) No

If Yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Do you have drawings or CAD models available of:

The workspace? ( ) Yes ( ) No

The part to which the tool or device needs to access? ( ) Yes ( ) No

The tool or device being suspended? ( ) Yes ( ) No

Anything else you feel might be helpful for our engineering staff? ( ) Yes ( ) No

If Yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) What will your maximum reach requirement be from where the arm would be mounted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) What will your vertical travel requirement be? \_\_\_\_\_\_\_\_\_\_\_\_\_

9) How do you plan to mount the Ergo Arm? Table, Stand, Ceiling, Wall, Cart, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_

(12) Will you need vertical motion, horizontal motion, or both? ( ) Vertical ( ) Horizontal ( ) Both

(13) Are photos or videos of the application and workspace available? ( ) Yes ( ) No

(14) Quantity of arms configured as described above? \_\_\_\_\_\_\_\_\_

(15) If using a percussive tool, will you also need a custom driver solution? ( ) Yes ( ) No

(16) Please describe any other information, special requirements or requirements for the application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and email to: [engineering@honsatools.com](mailto:engineering@honsatools.com)