

**Traditional 510(k) Premarket-Notification Submission**

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**Traditional 510(k) Summary**

- A) Manufacturer: Ergonomic Products, Inc.,  
767 Main Road, Suite One  
Westport, MA 02790  
Phone Number: 1- 866-374-6487  
Fax: 508-636-3680
- Consultant: Global Regulatory Compliance  
767 Main Road, Suite One  
Westport, MA 02790  
401-651-6513  
Contact: Renee Gould
- B) Date Prepared: February 11, 2014
- C) Device Name Unit, Operative Dental
- Proprietary Name: Ergonomic Products Workstation
- Device Regulations: 21 CFR 872.6640
- Class: II
- Product Code: EIA
- Review Panel: Dental
- D) Predicates: K000966 A-Dec 4631 Duo Delivery System, A-Dec, Inc.  
K935325 A-Dec Cascade 3072 Wallmount, A-Dec, Inc.  
K962071 Spirit S1/S2, Pelton & Crane, Co.
- E) Device Description:

The Ergonomic Products Workstations provide a consolidated work area for the purpose of delivering air, water, vacuum, and electricity to handheld instruments, and is for use in a professional dental office by professional dental practitioners for administering care to dental patients. Ergonomic Products manufactures dental office delivery units in several formats, all using the same technology – Doctor Workstation, Hygiene Inwall Workstation, Universal Cart and Assistant Cart.

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F) Intended Use:

The Ergonomic Products Workstation is a dental operative unit, which is an AC-powered device that is intended to supply power to and serve as a base for other dental devices and accessories. The device is to be operated and used by dentists and other legally qualified professionals.

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G) Comparison to Predicate Device(s):

|   |   |   |  |
|---|---|---|--|
|   | Ergonomic Products<br>Workstations  | A-Dec<br>4631 Duo Delivery System<br>K000966<br>Cascade 3072 Wallmount<br>K935325   |  |
| <b>Product code</b>                     | EIA   | EIA   |  |
| <b>Intended Use/ Indication for Use</b> | The Ergonomic Products Workstation is a dental operative unit, which is an AC-powered device that is intended to supply power to and serve as a base for other dental devices and accessories. The device is to be operated and used by dentists and other legally qualified professionals. | This device delivers air, water, vacuum and electricity to handheld instruments, for use in a professional dental office. It is designed to be used by professional dental practitioners for administering care to dental patients. | Are dent powered power to other der accessori operated other leg professio |
| <b>Description</b>                      | Doctor/assistant tables with instrument holder and mechanical enclosure with controls for air and water.  | Doctor/assistant tables with instrument holder and mechanical enclosure with controls for air and water.  | Doctor/a: instrume: mechan: controls :                                     |

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| <b>Product Features/<br/>Technological Characteristics</b> | <b>Ergonomic Products<br/>Carts</b> | <b>A-Dec Carts</b>           | <b>Pelton &amp;<br/>Crane Spirit<br/>Carts</b> |
|--|-------------------------------------|------------------------------|--|
| Formats  | Multiple including wallmount        | Multiple including wallmount | Multiple including wallmount                   |
| Pivoting Delivery System                                   | Standard                            | Standard                     | Standard                                       |
| Control Block  | Standard                            | Standard                     | Standard                                       |
| Hand Piece Oil Collector                                   | Standard                            | Standard                     | Standard                                       |
| Wet Dry Foot Control                                       | Optional                            | Standard                     | Standard                                       |
| Wet Dry Panel Control                                      | Standard                            | No                           | No   |
| Solids Collector   | Standard                            | Standard                     | Standard                                       |
| Pivoting Instrument Arm                                    | No                                  | Standard                     | Standard                                       |
| Autoclavable HVE and Saliva Ejector                        | Standard                            | Standard                     | Standard                                       |
| Self Contained Water System                                | Standard                            | Standard                     | Standard                                       |
| Water Quick Disconnect                                     | Standard                            | Standard                     | Standard                                       |
| Flow Control For QD  | No                                  | Standard                     | No   |
| Cable Prewiring  | Standard                            | Standard                     | Optional                                       |
| Duplex Outlet  | Standard Single                     | Standard                     | Standard                                       |
| Height Adjustable Work Surface                             | Standard                            | Standard                     | Standard                                       |
| Laminate Work Surface                                      | No                                  | Standard                     | Yes  |
| Autoclavable syringe                                       | Optional                            | Optional                     | Optional                                       |
| Quick Disconnect for Air                                   | Standard                            | Optional                     | Optional                                       |
| Dual HVE   | Optional                            | Optional                     | Optional                                       |
| Quad Voltage Interoral Light Source                        | No                                  | Optional                     | Optional                                       |
| Programmable Chair Touchpad                                | No                                  | Optional                     | Optional                                       |
| Arm Mount Tray Holder                                      | Solid Surface 2nd Tier              | Optional                     | Standard                                       |
| Solid Surface Worksurface                                  | Standard                            | Optional                     | Standard                                       |
| Computer Keyboard Tray                                     | Standard                            | No                           | Optional                                       |
| USB Outlet   | Standard 2 Locations                | No                           | No   |
| Consumable Bin   | Standard                            | No                           | No   |
| Med Waste Bin  | Standard                            | No                           | No   |
| Bien Air handpiece integration                             | Optional                            | No                           | Optional                                       |
| Piezo scaler   | Optional                            | Optional                     | Optional                                       |

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**Substantial Equivalence Discussion**

The Ergonomic Products Workstation has the same Intended Use, is a base for other dental devices and accessories, and has the same basic feature set as the predicate devices. Differences in format and/or options do not raise new issues of safety or effectiveness. Therefore, the Ergonomic Products Workstation is substantially equivalent to the predicate devices.

**Performance**

No specific performance standards promulgated for this device, and not specific performance testing was conducted.

Biocompatibility was not required as the Workstations have no patient contacting surfaces.

**Conformity to Standards**

- IEC 60601-1: 2005+C1:2009 +A2: 2010 Medical electrical equipment - Part 1: General requirements for safety
- ISO 7494-1 First edition 2004-11-01 Dentistry - Dental units - Part 1: General requirements and test methods
- ISO 7494-2 First edition 2003-03-01 Dentistry - Dental units - Part 2: Water and air supply

**Conclusion**

The Ergonomic Products Workstation has the same Intended Use, is a base for other dental devices and accessories, and has the same basic feature set as the predicate devices. Therefore, the Ergonomic Products Workstation is substantially equivalent to the predicate devices.



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center - WO66-G609  
Silver Spring, MD 20993-0002

April 18, 2014

Ergonomic Products, Inc.  
C/O Ms. Renee Gould  
Principal Consultant  
Global Regulatory Compliance  
240 Annette Ave  
Woonsocket, RI 02895

Re: K132315  
Trade/Device Name: Ergonomic Products Workstation  
Regulation Number: 21 CFR 872.6640  
Regulation Name: Unit, Operative Dental  
Regulatory Class: II  
Product Code: EIA  
Dated: March 4, 2014  
Received: March 13, 2014

Dear Ms. Gould:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



Digitally signed by  
Richard C. Chapman  
Date: 2014.04.18  
11:13:15 -04'00'

for

Erin I. Keith, M.S.  
Acting Director  
Division of Anesthesiology, General Hospital,  
Respiratory, Infection Control and  
Dental Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

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**Indications for Use**

510(k) Number (if known):

Device Name: Ergonomic Products Workstation

Indications for Use: The Ergonomic Products Workstation is a dental operative unit, which is an AC-powered device that is intended to supply power to and serve as a base for other dental devices and accessories. The device is to be operated and used by dentists and other legally qualified professionals.

Prescription Use  **X**  
(21 CFR 801, Subpart D)

**OR**

Over-the-Counter Use   
(21 CFR 801, Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF  
NECESSARY)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Sheena A. Green, S  
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