

# Reconditioning Checklist - HD Balance

## Checklist

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Nr.	Mod.	Item	Instruction	Check
1	All	Wash	Check that no water remains in the frames or components and that there is no residue on the frames.	OK <input type="radio"/> NOK <input type="radio"/>
2	All	Damage	Check that the frames are not skewed and that there are no cracks.	OK <input type="radio"/> NOK <input type="radio"/>
3	All	Paint damage	Check that all paint damage has been touched up.	OK <input type="radio"/> NOK <input type="radio"/>
4	All	Seat frame / Leg rest mounts	Check that seat rails are undamaged and securely fastened, check scale marking on left rail. Check that pivot pin connecting back frame to gas spring is locked in place. Check that sleeves in arm rest holders are undamaged. Check that the label for tilt angle is intact. Check that the leg rest mounts are securely fastened.	OK <input type="radio"/> NOK <input type="radio"/>
5	All	Seat plate	Check that the seat plate is in good condition (incl. velcro). Put seat plate in place and check that depth adjustment and rails are functioning correctly.	OK <input type="radio"/> NOK <input type="radio"/>
6	All	Back frame	Check that recline folding pin is functioning correctly and it passes fully through the bracket. Check that the back braces are securely fastened. Check that the label for recline angle is intact.	OK <input type="radio"/> NOK <input type="radio"/>
7	All	Flexi-back / Headrest mount	Check that back pieces / belts are in good condition and that flexi-back is tightened. Check that the sleeve for the head rest is undamaged and that the lock is functioning correctly.	OK <input type="radio"/> NOK <input type="radio"/>
8	All	Gas spring / Recline controls	Check that the gas spring and recline controls are functioning correctly.	OK <input type="radio"/> NOK <input type="radio"/>
9	All	Tilt lock / Tilt controls	Check that the tilt lock does not bind and tilt rod runs correctly. Check that lock ring is correctly mounted and tightened. Check that tilt controls are functioning correctly.	OK <input type="radio"/> NOK <input type="radio"/>
10	All	Castors	Check that castors, forks, and axle pins spin properly and have no significant damage or cracks.	OK <input type="radio"/> NOK <input type="radio"/>
11	All	Wheel mounts / Disc brakes	Check that wheel mounts are clean and that pivot pins and locking pins are functioning correctly. Check that discs are not skewed and rotate properly. Check that brake cables are properly tightened. Check that the cross tube screws are tightened.	OK <input type="radio"/> NOK <input type="radio"/>
12a	24"	Drive wheels / Hand rims	Check that wheels are not skewed and no spokes are loose. Check that the drive pins in the hub is securely fastened. Check that the tires look okay. Check that hand rims are tightened and that they are not sharp or have significant scratches. Check that wheel axle is free from play and rust. Check that the drive wheel is easy to remove and replace. Test wheel attachment by applying outward pressure.	OK <input type="radio"/> NOK <input type="radio"/>
12b	16"	Drive wheels	Check that wheels are not skewed. Check that the drive pins in the hub is securely fastened. Check that the tires look okay. Check that wheel axle is free from play and rust. Check that the drive wheel is easy to remove and replace. Test wheel attachment by applying outward pressure.	OK <input type="radio"/> NOK <input type="radio"/>

Nr.	Mod.	Item	Instruction	Check
13	24" (16")	Wheel brakes	Check that wheel brakes function well and that mounting bar is securely fastened (also applies to some 16" models)	OK <input type="radio"/> NOK <input type="radio"/>
14	All	Push bar / Brake levers and brake cables	Check that push bar height adjustment functions properly. Check that push bar cover is in good condition. Check that brake levers function properly and that the brakes work well in the parked position with the locking sleeves. Check that labeling is intact. Check that the locking nuts on the brake cable set screws are tightened. Check that the brake cables run correctly along the back frame and that the cable clips are in place.	OK <input type="radio"/> NOK <input type="radio"/>
15	All	Anti-tip devices	Check that the correct anti-tip devices are mounted. Check that the anti-tip devices run and lock properly.	OK <input type="radio"/> NOK <input type="radio"/>
16	All	Leg rests	Check the leg rest attachment and locking to seat frame is functioning properly. Check that leg rest angular adjustment functions properly. Check that inner and outer pads are in good condition.	OK <input type="radio"/> NOK <input type="radio"/>
17	All	Calf supports	Check the calf supports lock properly to the leg rest tubes and can be adjusted smoothly. Check that there is no significant damage.	OK <input type="radio"/> NOK <input type="radio"/>
18	All	Footrests	Check the function and locking of the footrests. Check that footrest plates are tightened and that they fold up smoothly. Check that footrest plates have no significant damage.	OK <input type="radio"/> NOK <input type="radio"/>
19	All	Armrests	Check that armrests fit smoothly into place. Check function of armrest height and depth adjustments. Check that armrests and side supports are tightened in place and that upholstery is in good condition. Check that height labels are intact.	OK <input type="radio"/> NOK <input type="radio"/>
20	All	Upholstery / Cushions	Check that cushions are clean and undamaged.	OK <input type="radio"/> NOK <input type="radio"/>
21	All	Labeling / Markings	Check that the following labels are mounted correctly and undamaged, per document 95764-1: CE marking ID label with serial number Model label Max user weight label Transport bracket labels Service label (if applicable) Customer ID number (if applicable)	OK <input type="radio"/> NOK <input type="radio"/>
22	All	Test drive	Test drive the wheelchair, including check of braking, tilt, and recline functions.	OK <input type="radio"/> NOK <input type="radio"/>

If all items are OK the wheelchair is approved by signing below. If some points are not OK, address these and then the wheelchair can be approved. Deviations to be reported per routine.

Date	Serial number	ID-number	(Order number)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature