



WA-No.: 02.11.150/2017-06



**REBOTEC®** Rehabilitationsmittel GmbH

## Maintenance Instructions

# Shower and commode wheel chairs

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### **Important**

Store the maintenance inspection reports carefully. This will allow you to keep an overview of the product's maintenance status.



## Maintenance of chairs

### 1.1 Maintenance / inspection requirements

In this maintenance instructions pamphlet you'll find information and advisories on the safe and professional maintenance and/or repair work on the chairs.

The products are **Class I** medical products as to the **93/42/EEC** and the German **MPG/Medical Products Act**.

As to the requirements of the German **MPBetreibV** Medical Products Ordinance, the products must be maintained and the hygiene requirements must be adhered to. Check your local requirements.

The product's lifetime is in large part affected by how it is used. The frequency of use and manner of use reduces the lifetime as does improper handling and inadequate maintenance.

In order to ensure safe use, a visual inspection and function check must be done at least once per year. Shorter time intervals between maintenance may be necessary when the frequency of use or the condition of the product exists due to safety reasons.

The operator has to carry out the maintenance on his own or must instruct a competent person (specialized supplier, medical supply store or a medical-maintenance-service) if he has not the needed expertise.

Inspection results must be documented and be confirmed by a signature. The product it is recommended with an inspection sticker that states the next inspection. The product operator is responsible for assuring regularly-conducted inspections.

### 1.2 Maintenance scope

The product's inspection extends from the general condition to the individual components, function and safety.



**Necessary repair works must be done without delay. If an immediate repair work is not possible, then it is in the patient's interest and health to put the product out of service.**

### 1.3 Maintenance advisories

When making repairs, use only original spare parts from REBOTEC.

Do not undertake any modifications or conversions to the product on your own. These will adversely impact the product's safety and function. REBOTEC accepts no liability in such cases.

When performing maintenance and repairs, please use the product's User Instructions booklet as an aid and follow the instructions concerning proper use, re-use, lifetime, guarantee, care and maintenance.

After completing maintenance or repair work on the product, follow the requirements for hygiene for re-use.

### 1.4 Maintenance reports and overview

In the appendix you will find a form for documenting maintenance. You can make copies of the form. This allows you to keep an overview of the product's maintenance status.



#### **Maintenance protocol** (single report)

It is a form for proof of a single maintenance session.

#### **Maintenance overview** (total report)

It is a form for proof of executed maintenance sessions.

### 1.5 Disposal

For disposing of the product, follow all the advisories in the product's User Instructions booklet. Disposal must be done at a recycling company. Contact your local recycling company for more information.

### 1.6 Transport and storage

For transporting or storing the product follow the instructions of the particular user manual.

### Advisory on other documents

At our [www.rebotec.de](http://www.rebotec.de) website you can download the User Instructions booklets, forms and other information.

# Maintenance protocol No.: \_\_\_\_\_

Product information / Shower-, Commode wheel chair (medical product class I)

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Product				
Serial no.		Year of manuf.		Use starting
Manufacturer				
User				
Location of use				

## Maintenance inspection / Stationary chair

P	Article	Scope of work	Remarks	Finding*
1.	visual inspection	General damage		
2.	chair leg	Stability, adjustment		
3.	leg caps	Wear, cracks		
4.	armrests	Function (locking)		
5.	backrest	Function, stability		
6.	seat pad	Function, wear		
5.	fasteners	All screw connections		

## Maintenance inspection /wheel chairs, selfpropelling, Multifunctional wheel chairs

P	Article	Scope of work	Remarks	Finding
1.	visual inspection	General damage		
2.	castors	Function, wear, mounting		
3.	gripping rim	Function, wear		
4.	armrests	Function (locking)		
5.	frame	Stability		
6.	footrests	Function, stability		
7.	height	Function, stability		
8.	backrest	Function, stability		
9.	locking brakes	Function, wear		
10.	back cushion	Damage, wear		
11.	seat cushion	Damage, wear		
12.	foot caps	Wear, cracks		
13.	fasteners	All screw connections		

## Maintenance Check / Accessories (All chairs)

P	Article	Scope of work	Remarks	Finding*
2.	toilet seat	Damage, wear		
3.	shower seat	Damage, wear		
4.	cushion	Damage, wear		
5.	bucket, cover	Damage, wear		

\* Findings: I=inspected; E=exchanged; R=repaired, i.o. = in order; n.i.o. = not in order

The following parts were replaced: (Use only original parts from the manufacturer)

Article	Scope of work

## Maintenance results / summary

Next maintenance: \_\_\_\_\_

Visual check	<input type="checkbox"/> i.O. <input type="checkbox"/> n.i.O	Function check	<input type="checkbox"/> i.O. <input type="checkbox"/> n.i.O	Passed	<input type="checkbox"/> yes <input type="checkbox"/> no
Cleaning carried out	<input type="checkbox"/> yes <input type="checkbox"/> no	Disposal carried out	<input type="checkbox"/> yes <input type="checkbox"/> no		

Date

Signature/maintenance company

Signature/customer

# Maintenance overview



Product information / Shower-, Commode wheel chair (medical product class I)

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<b>Product</b>			
<b>Serial no.</b>		<b>Year manuf.</b>	<b>Use start</b>
<b>Manufacturer</b>			
<b>User</b>			
<b>Location of use</b>		<b>Inventory no.</b>	

<b>1st Maintenance Date</b>	<b>Maintenance company</b>	<b>Report</b>	<b>Signature</b>

Remarks:

<b>2nd Maintenance Date</b>	<b>Maintenance company</b>	<b>Report</b>	<b>Signature</b>

Remarks:

<b>3rd Maintenance Date</b>	<b>Maintenance company</b>	<b>Report</b>	<b>Signature</b>

Remarks:

<b>4th Maintenance Date</b>	<b>Maintenance company</b>	<b>Report</b>	<b>Signature</b>

Remarks:

<b>5th Maintenance Date</b>	<b>Maintenance company</b>	<b>Report</b>	<b>Signature</b>

Remarks:

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