

28 Appendix: Medical product passport / record of training

Product specifications:

Serial number: _____

Customer data:

Surname, forename: _____

Street: _____

Postcode, city: _____

Phone: _____

Paying organisation: _____

Training carried out by:

Medical supplies dealer

PRO ACTIV field representative

Stamp / Date / Dealer's signature

Record of training

I was / we were instructed in accordance with the associated hand-over certificate about the operation of the product listed and informed about possible operator errors. I was / we were also advised about situations where the assistance of another person is required. The operating instructions were handed to me / us.

Instructor

Name, date, signature _____

1. Person being trained

Name, date, signature _____

2. Person being trained

Name, date, signature _____

3. Person being trained

Name, date, signature _____

For minors, or persons who are not responsible for their actions, legal guardians / supervisors / responsible persons are to be trained in the use, this is confirmed by their signature. The data is recorded in the feedback system of PRO ACTIV Reha-Technik GmbH, as the manufacturer of the above named product. It will be managed in accordance with Section 16 BDSG (Federal Data Protection Law).

29 Appendix: Hand-over certificate

29.1 Required compliance criteria to authorise use

Topics	Completed / fulfilled	Remarks
The product is suitable for the customer based on their own judgement and the customer information received regarding the disability-related restrictions.		
The use intended by the customer is fully consistent with the intended use as described in the operating instructions (see the Product description / intended use chapter).		
The product's equipment is suitable to allow the customer safe use with maximum reduction of risks (see check list on the following page).		
The customer's driving ability was checked during a test drive in difficult driving situations and found to be appropriate (see the check list on the following page).		
The operating instructions, and explicitly all of the warning and safety instructions contained therein, were discussed during the training in detail and understood by the user. The user was then handed these operating instructions.		

29.2 Check list for training the user

Topics	Completed / fulfilled
All mechanical function controls were explained and their function demonstrated.	
Adaptation of the adapter to the wheelchair and removing the adapter from the wheelchair was demonstrated and then performed by the user themselves and / or their assistant.	
Adaptation and uncoupling the product to / from the wheelchair was demonstrated and then performed by the user themselves and / or their assistant.	
Use of the service brakes was demonstrated and then performed by the user themselves and / or their assistant.	
Test drive: Forwards and, if required, backwards travel through 4 cones spaced at 1.5 m or 2 m	
Test drive: Operating the service brake downhill (check the driving speed)	
Information for care, cleaning and maintenance of the product have been provided and understood by the user and / or assistant.	
Information on the wheel with regard to inflation pressure and tread depth have been provided and understood by the user and / or assistant.	
Information on regular checks of the brakes have been provided and understood by the user and / or assistant.	
The contents of the operating instructions from PRO ACTIV and the other component manufacturers were completely worked through based on the product training and were understood by the user and / or assistant.	

The use of the product is only permitted when all topics listed in "Required compliance criteria for those permitted to use" have been met by the user and / or assistant, and all the points have been ticked off in the "Check list for training the user".