

Serial number:

Subsequent inspection: One year later after the last inspection or earlier following particular loading

	OK / carried out	not OK	resolved
Check all screws / fastening elements are firmly seated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and oil / grease all pivot points, quick release axles and bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual inspection of the frame and attachments for crack formation, deformation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometrical check of the product frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of push handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of braking system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of anti-tippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of drive wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check wheel tracking and drive wheel bearing are firmly seated (tightening torque 70 Nm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of caster wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the caster wheel axle is firmly seated (tightening torque 7 Nm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of footrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

resolved = the fault was corrected

Comments:

Stamp:

Date / Signature