

Serial number:

Subsequent inspection: After a further 1000 km or 1 year after the last inspection or after heavy use

Kilometre reading: _____	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 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"/>
Functional and safety check of the brakes and, where necessary, replacement of the brake fluid, brake pads, brake cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check, adjusting, cleaning and oiling the gear components including pedal bearing gearshift (if fitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the capacity of the battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the electrical connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check of the control parameters and functionality of the drive system, software update if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the spoke tension of the drive wheel and, if required, correct the tension / re-centring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of the running wheels and drive wheel, where necessary, replacement of the tyre on the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the wheel track of the running wheels and that the drive wheel bearings are firmly seated (tightening torque 70 Nm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of the back and seating system including neck rest (if fitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of the leg rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of all lights (if fitted), steering and adaptation of the drive unit to the chassis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test drive / functional test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

resolved = the fault was corrected

Comments:

Stamp:

Date / Signature