

**Subsequent inspection:** One year later after the last inspection or earlier following heavy use

Serial number: <b>SN</b> _____	OK / carried out	not OK	resolved
Check that 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"/>
Carry out a visual inspection of the frame and attachments for crack formations, deformations, etc.	<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-tipping supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of the seat and back system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out a functional/safety check of the drive wheels and, if required, replace the tyres on the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check that the wheel tracking and drive wheel bushing 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 for firm seating (tightening torque 7 Nm) and correct adjustment of the caster fork axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional/safety check of footrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test drive/functional test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OK / carried out = OK | not OK = not OK | resolved = the fault was corrected

**Comments:**

**Rehabilitation specialist dealer:**

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**First name and last name of contact:**

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**Stamp:**

\_\_\_\_\_

Date/signature

To maintain the warranty rights, the completed inspection list must be sent by e-mail or post to PRO ACTIV within four weeks of the inspection.