

**Subsequent inspection:** The inspection takes place on wheelchair inspection.

Serial number of the wheelchair: <span style="border: 1px solid black; padding: 2px;">SN</span> _____	OK / carried out	not OK	resolved
Check that all screws/fastening elements are firmly seated and replace, if necessary	<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 product, with regard to crack formation, deformations, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the spoke tension of the wheel and, if required, correct the tension/re-centring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of the wheel and, where necessary, replacement of the tyre on the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of the mounting tube, adaptation elements and the fork	<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:**

\_\_\_\_\_

**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.