

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

Serial number: SN _____	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 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"/>
Carry out a functional and safety check of the brake and, where necessary, replace the brake fluid, brake pads, brake cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the spoke tension of the product wheel and, if required, correct the tension/re-centring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional and safety check of the product wheel and, where necessary, replacement of the tyre on the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out a functional and safety check of all lights (if fitted), steering and adaptation on the product and the adapted wheelchair/wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out a functional and safety check of the adapter	<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:

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.