

**Subsequent inspection:** After another 1000 km or 1 year after the last inspection or after heavy use

Serial number: <b>SN</b> _____ Kilometre reading: _____	OK / carried out	not OK	resolved
Check that all screws/fastening elements are firmly seated and replace, if necessary (particularly the following: M8x35 oval head screws (for the handle rotation axes on the cranks))	<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 brakes and, where necessary, replace the brake fluid, brake pads, brake cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check, adjust, clean, and oil the gear components including bottom bracket gearshift (if fitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the spoke tension of the drive wheel and, if required, correct the tension/re-centre	<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 tyres 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"/>

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

**Comments:**

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**Rehabilitation specialist dealer:**

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

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**Stamp:**

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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.