

## DB1 MANUAL WHEELCHAIR SERVICE RECORD



**Service Ref No.**

To be completed at time of issue by wheelchair service centre  
 It is essential for specification of any spare parts.  
 This form to be included, and retained, with service information.  
 When all tick boxes are completed issue a second form as sheet 2 if required.

**User / Client Name** .....

**Address**.....

<b>Greencare BTO Serial Number</b>	<b>Service Issue Date</b>

**MODEL DESCRIPTION and SIZE** .....

**OTHER FEATURES**.....

**RECOMMENDED SERVICE INTERVAL** assessed according to gcqa 017

### RECORD CHECKLIST

To ensure that your wheelchair remains in first class working order  
 Please ensure that the following checks are carried out at recommended  
 service intervals by an approved distributor/service agent.

**TICK BOX when check is completed**

SERVICE No	1	2	3	4	5	6	7	8	9	10
WHEELS										
HANDRIMS										
TYRES										
BRAKES										
CASTORS										
FOOTRESTS										
ARMRESTS										
MOVING PARTS										
MANOEUVRABILITY										
FRAME										
ANTI TIPPERS										
HAND GRIPS										
UPHOLSTERY										
LABELLING										
ACCESSORY										
OTHER										

<b>CHECKERS INITIALS</b>										
<b>DATE</b>										

Greencare Mobility  
 Riverside Park Road  
 Middlesbrough TS2 1UU  
 tel 01642 353492  
 fax 01642 223313  
 e mail info@greencaremobility.com

For safety, users should be aware of routine maintenance responsibilities  
 Technical check reference information for service engineers is on gcqa 007

Form checked and issued by .....  
 for .....Wheelchair Service