

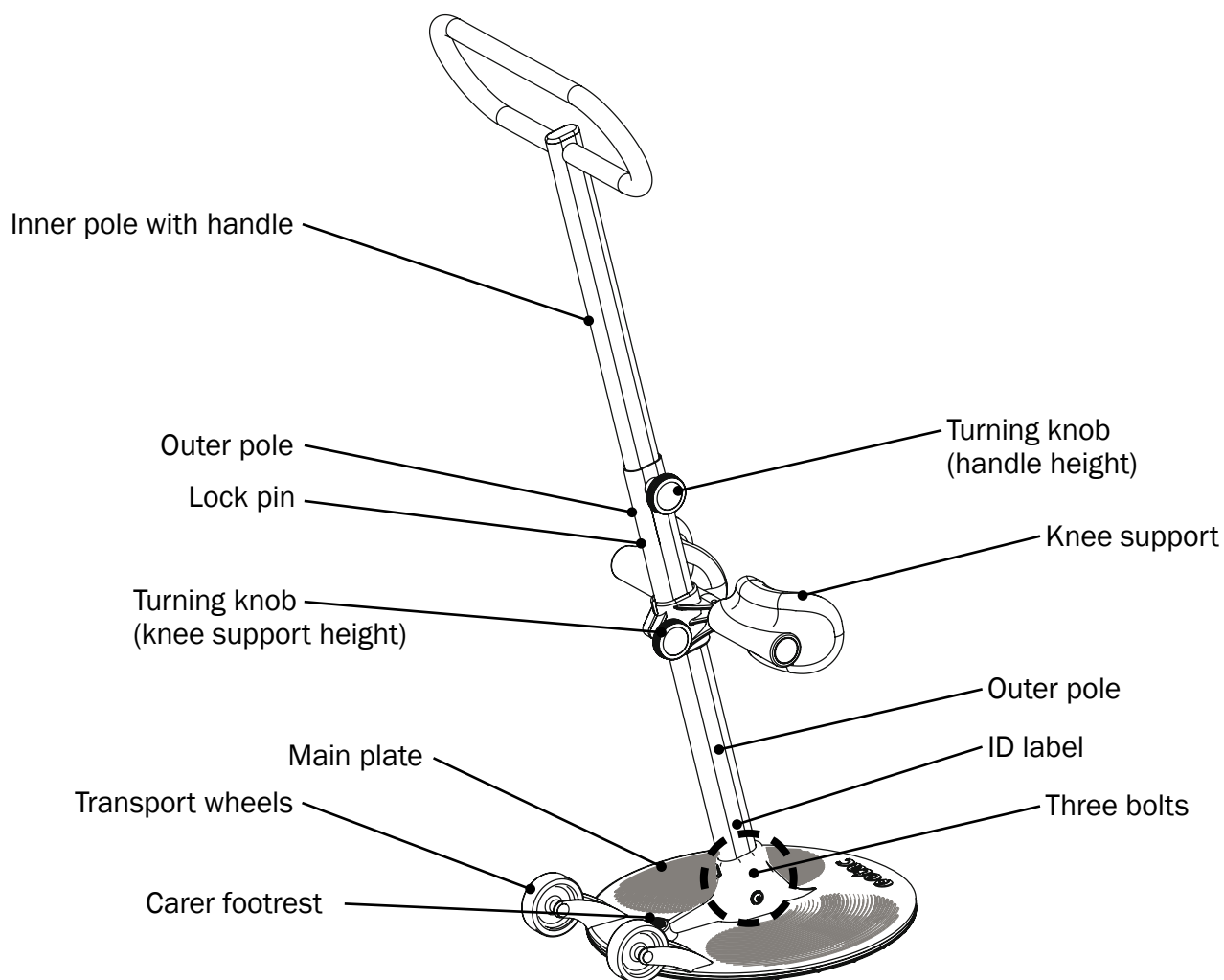
# Etac Turner Pro

**molift**<sup>®</sup>  
by Etac

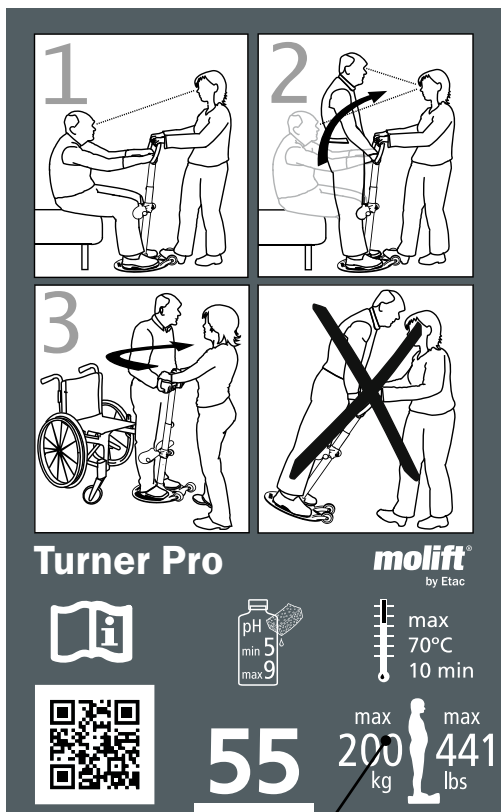
## Periodic inspection checklist (EN)

In accordance with ISO:10535

PI61001 Rev. B 2022-02-02



**Product label, with short user guide**



SWL value

A copy of this document is available for download at [www.etac.com](http://www.etac.com).

Scan QR code on product label for accessing product home page. The instruction for use can be found in the document section.

Article no. (see ID label):

.....

Serial no. (see ID label):

.....

Production Year:

.....

Owner:

.....

**Situation of use**

- Home
- Hospital
- Nursing home
- Other

**ID label**




Serial no.    Article no.    Production date

**⚠ The periodic inspection is to be performed by a person who is suitable and properly qualified and well acquainted with the design, use and care of the sit-to-stand device**

**⚠ Molift recommends adding all observations/remarks concerning the sit-to-stand device, along with date of inspection and name of inspector, in the log book**

## Visual examination




**Visual examination of load bearing structure to make sure there is no damage, cracks, frays or deformation. All checkpoints must be checked to approve sit-to-stand device for further use**

OK    Not OK

	Handle
	Inner pole
	Outer pole
	Legs
	Labels
	Knee pads
	Wheels
	Main plate
	Weldings
	Instruction for use / user manual is present / available

## Functional examination



**Test FUNCTION and inspect for wear and damage. All checkpoints must be checked to approve the sit-to-stand device for further use**

OK    Not OK

	Wheels
	Three bolts at base are tightened
	Turning knob, handle height
	Turning knob, knee support height
	Main plate functionality. Test functionality with person standing on main plate

## Performed by

Full name:  
.....

Date/Place:  
.....

Signature:  
.....

Approved without faults


Next inspection (YYYY / MM): ...../.....

Sit-to-stand device is marked with “Out of order” and sent for repair

Sit-to-stand device is not eligible for repair and taken out of service

If periodic inspection reveals any defect, wear or other damage that jeopardises the safety of the patient the sit-to-stand device may not be used until the deficiency has been eliminated

The owner is notified




**Due to legal requirements this document or a copy must be filed with the owner’s service log book**

If approved without faults, apply inspection label and mark with month and year for **next** inspection. When ordering label, use item no. 1100306

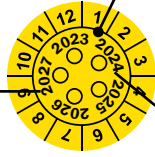
CONTROL

12 Month



molift®

Mark label with month and year for next inspection



Next periodic inspection

Inspection performed by:

**Notes and observations**

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