

TA180 Transfer Aid



Doc No. 999062



Revision of document: B Revision Date: 10.06.21



CONTENTS

1.0	Safety Instructions and Warnings	3	
1.1	Introduction	3	
1.2	Manufacture	3	
1.3	European Authorised Representative	3	
1.4	Symbols Used	4	
1.5	Contraindications / Limitations	5	
1.6	Intended Use	5	
1.7	Warning Notes	6	
1.8	Operating Environment	6	
2.0	Components/Key Parts	7	
3.0	Assembly Instructions	8	
3.1	Unpacking	8	
3.2	Unboxing Transfer Aid	8	
4.0	Operating Instructions	9	
4.1	Foot Tray Positioning	9	
4.2	To Alter the Leg Width	10	
4.3	Operating Seat Pads	11	
4.4	Applying the Brakes	11	
4.5	Slings	12	
4	4.5.1 Compatible Belt Types	12	
5.0	Technical Specification	13	
5.1	TA180 Dimensions	13	
5.2	Specifications	14	
5.3	Expected Product Lifetime	14	
5.4	Standards Applied	14	
6.0	Environmental - Storage and Operating Conditions	15	
6.1	Normal operating conditions	15	
6.2	Shipping and storage conditions	15	
7.0	Disposal	15	
8.0	Fault Finding	16	
9.0	General Inspection and Maintenance	16	
9.1	Service	16	
9.2	Inspection	17	
9.3	Cleaning	17	
g	9.3.1 General Cleaning	17	
9	9.3.2 Disinfecting (if necessary)	17	
10.0	Warranty	19	
11.0	Service Record History		



1.0 Safety Instructions and Warnings

1.1 Introduction



Please read and understand this manual in its entirety before using your Freeway TA180 Transfer Aid.

The information in this manual is important for the safety of anyone near the Freeway TA180 Transfer Aid and must be read and understood to help prevent injuries. It is also crucial to the proper operation and maintenance of the Transfer Aid.

Should any questions arise from reviewing this manual, contact your local authorised representative.

Failure to comply with warnings in this manual may result in; injury to the operator and/or client and/or damage to the Transfer Aid or related components.

If, during the use of this device or as a result of its use a serious incident has occurred, please report it to the manufacturer and to your national authority.

Store this manual with the documents included with the Transfer Aid. Contents of this manual are subject to change without prior written notice.



Do not attempt to use this equipment without first understanding the contents of this manual.



Unauthorised modifications on any Prism Medical UK product may affect its safety. The manufacturer will not be held responsible for any accident, incident or deficiencies of performance that occur as a result of any unauthorised modification to its products.

1.2 Manufacture

The Transfer Aid is manufactured at the address below:



Prism Medical UK

Unit 1, Tir Llwyd Industrial Estate, St Asaph Avenue, Kinmel Bay, Conwy, LL18 5JZ

Telephone number: 01924 840100

1.3 European Authorised Representative

The address of the European Authorised Representative for this product:



European Healthcare & Device Solutions (Ireland) Ltd. Stratton House, Bishopstown Road, Cork, Ireland.

T12 Y9TC.

Telephone number: +353(86)2280846

999062 – Revision B Page | **3 of 28**



1.4 Symbols Used

The Table below includes all Symbols from BS EN ISO 15223-1:2016 that can be found in this Manual and on the Product and what they represent. Refer back to this Table when you are unsure of what a symbol represents.

Ţį	Consult instructions before use	Ţ	Caution – see instructions for use
	Manufacturer	SWL	Safe Working Load represents the maximum load rated for safe operation
THIS WAY UP	Packaging indicator – This way up		Date of manufacture
SN	Serial number		Packaging indicator – Keep dry
	Please observe local laws on recycling		For internal use only
1	Temperature range	IP _{N1} N ₂	Degree of protection provided by enclosure. N ₁ : Ingress of particles N ₂ : Ingress of water
<u></u>	Humidity range	MD	Medical Device
REF	Catalogue number	EC REP	European Authorised Representative

Table 1

999062 – Revision B Page | 4 of 28



1.5 Contraindications / Limitations

There are no known "contraindications" associated with the usage of the TA180 Transfer Aid, provided they are used as per manufacturer's recommendations and guidelines. However, it is recommended that a client specific assessment is completed by a trained and knowledgeable health care professional to determine the method of transfer.

Prism Medical UK does not recommend a required number of care givers for the use of our products. This information and recommendation can only be provided after a thorough personalised, case specific assessment, as there are many factors that can influence these decisions.

1.6 Intended Use



For internal use only.

The Freeway TA180 is a sit to stand platform, which is designed to provide an active, safe and comfortable transfer of the user. It is ideal for short distance transfers, such as to/from bed to chair or from bedroom to bathroom.

Its versatility allows use with wheelchairs, toilet and shower chairs. Soft and wide padding in the leg support improves stability, the sturdy handle offers grip options for both the user and the carer and also the padded seat paddles which can support the patient in a comfortable seated position.

The rear wheels with independent locking manual brakes, makes it easy for a carer to manoeuvre, and provides maximum stability and safety for the user.



The Freeway TA180 has a safe working load of 180 kg, this load must not be exceeded.

The device is used under instruction, and the operation of the aid is undertaken by a trained carer.

A risk assessment must be performed before using any other manufactured Transfer Aid, to ensure safe use can be established.

The safety belt is a specially designed fabric accessory that attaches to the Transfer Aid by means of buckle incorporated in the safety belt which clips onto the attachment pins either side of the handle, this holds and aids an individual while the transfer takes place. The safety belt is supplied separately from the Transfer Aid at the initial time of purchase.

If additional accessories have been supplied with the Transfer aid, refer to the instructions included with those items.

The Transfer Aid:

- Helps to assist a user with sit to stand transfers
- Helps to transfer penitent from one destination to another (i.e. bedroom to bathroom)
- Maximum user weight: 180 kg
- Padded leg support for added comfort
- Padded seat paddles for patient to sit while transferring form one destination to another
- Multiple grip options for both user and carer
- Safety Belt available to enable a carer to support the patient while a transfer is carried out
- Independent locking rear brakes
- The TA180 is intended to be installed on a flat and levelled surface prior to use.
- The Transfer Aid must be installed only by persons authorized by Prism Medical UK or who have the rights to install and commission the Transfer Aid safe for use.
- Under no circumstance should the TA180 be put in control of a person who has not been properly trained in the use and care of this equipment. Failure to adhere to this warning may result in serious injury to the operator and/or the individual being transferred.
- The Transfer Aid, and associated belts are not toys. Do not use it for unsafe practices. Do not allow children to play with the Aid or any of its components. The TA180 should not be used for any practice except its intended use.

999062 – Revision B Page | **5 of 28**



- In facilities where more than one operator will be responsible for using the Transfer Aid, it is imperative that all such members be trained on the TA180 prior to use. A training program should be established by the facility to acquaint new operators with this equipment.
- Your guarantee is void if persons unauthorised by Prism Medical UK perform work on the Transfer Aid.
- To maintain optimum function, the TA180 should be inspected and maintained on a regular basis. See section 'General Inspection, Maintenance and Cleaning' within this user manual.
- The TA180 and the safety belts are intended only for transferring of a person. Prism Medical UK will not be responsible for any damage caused by the misuse, neglect or purposeful destruction of the Unit, and/or its associated components.
- In areas where children are prone to be present, be vigilant when carrying out a transfer.
- Any accessories used with the TA180 including safety belt, should be checked to ensure that they are in good working
 order. Check for signs of wear to each component prior to use. Report any unusual wear to your local authorized
 dealer.
- The TA180 and its associated parts are certified to a maximum load of 180kg. Do not exceed the maximum rated load of any of the components.
- Ensure that a clear space is maintained around the Transfer Aid. Before performing a transfer check for and move all obstacles out of the way.
- Protecting the people present, visually monitor the clipped connection points during transfer stages, so the belt remains firmly attached to the connection pins.
- To reduce the risk of unintended use, when the TA180 is not in use remove the Belt from the product to prevent entrapment or strangulation should the device be tampered with.
- Between Transfer Aid and Belt, the lowest maximum load shall always be used.



You may need to seek specialist advice on how to assist some people with specific moving and handling needs. Sources of advice include, but is not limited to, professional bodies and organisations, occupational therapist, physiotherapists, manual handling advisers and ergonomist with experience in health and social care.

1.7 Warning Notes



Your TA180 has been manufactured and tested to exceed BS EN 12182:2012. This does not mean that it can be used without care. ALL OPERATORS should have read the operating instructions and appreciate this warning section.

- 1. ALL TA180 are less stable on sloping surfaces. A 5-degree slope is the maximum permitted.
- 2. ALL TA180 are dangerous to the person being transferred when used recklessly or pushed at speed.
- 3. ALL TA180 are less stable when the load is moving.

1.8 Operating Environment

The TA180 is intended for use within the professional health care facility environment as well as the home health care environment. The Transfer Aid is not suitable for any other environment or special environments.

The Transfer Aid is not intended to be used in environments where there are rapid changes in the environmental temperature and humidity during intended use.

999062 – Revision B Page | **6 of 28**

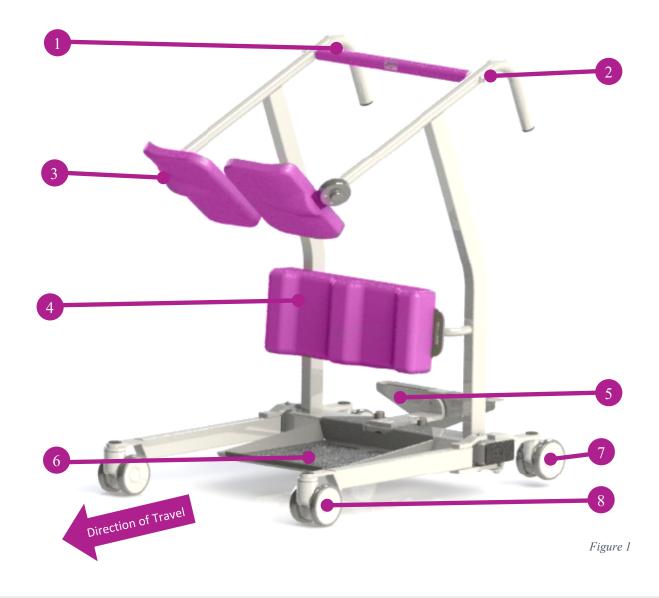


2.0 Components/Key Parts

Please see below to familiarise yourself with the components of the TA180. The images below show the contents of the Transfer aid. If you have not received all the components contact your Prism Medical UK dealer immediately – contact details are provided on the last page of this manual.

Item	Description
1	Handle
2	Safety Belt Clip Pins
3	Seat Pads
4	Knee Pad
5	Leg Lever Plate
6	Foot Tray
7	Braked Rear Castor
8	Front Castor
9	Serial Number Label

Table 2



999062 – Revision B Page | **7 of 28**



3.0 Assembly Instructions

3.1 Unpacking



The Transfer Aid will arrive to you in a robust box, please be careful when removing the components from the box. Please read the user guide in full before operating.

When lifting the Transfer Aid, a two person lift is required.

This user manual should be kept safe for future reference.

The Transfer Aid has been specifically designed to be installed in both the professional and home health care environments.

No matter the environment, health and safety factors should be considered to ensure the safety and essential performance of the Transfer Aid and to avoid unnecessary damage or injuries to people within the area of the Transfer Aid.

The environment in which the Transfer Aid is situated in, whilst carrying out a transfer, is required to be on a flat surface with no steep inclines.

3.2 Unboxing Transfer Aid



When using a sharp knife, be careful not to damage the product.

This section will summarise the layout of the Transfer Aid Packaging and what is included in the Box. It is recommended a knife is used for smoother unpacking of the Transfer Aid. The Transfer Aid is packed into a single box (1200x800x1200), weighing approximately 42kg.

Using a knife to release the top lid of the box, the box should open, and the internal packaging must be removed to access the Product. It will include all the following components. It is recommended that the components are removed in the numerical order below.

- 1. Fully Assembled TA180 Transfer Aid
- 2. User Manual

999062 – Revision B Page | **8 of 28**



4.0 Operating Instructions



The Transfer Aid may be heavy for users and will need to be lifted with care, please operate the device with the use of the castors wherever possible to prevent any injury.

Before use, you should familiarise yourself with use of the TA180, the procedure for opening / closing the leg and the positioning of clients when opening or closing the seat pads.

Appropriate training in lifting and handling procedures should be undergone by any person operating a Transfer Aid, for their own and the client's safety and comfort. These instructions are designed to cover the method of using the Transfer Aid.

4.1 Foot Tray Positioning

The Foot Tray is fitted onto the base by locating it onto the 2 location pins that are positioned either side of the central leg lever bracket (arrowed below), as shown in (figure 4)

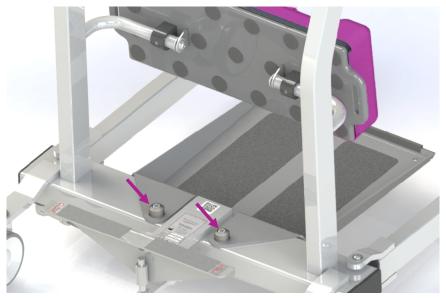
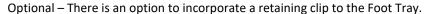


Figure 4



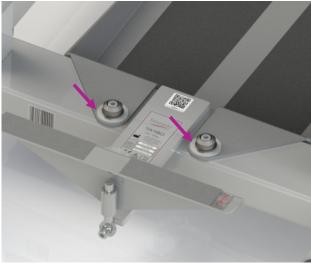


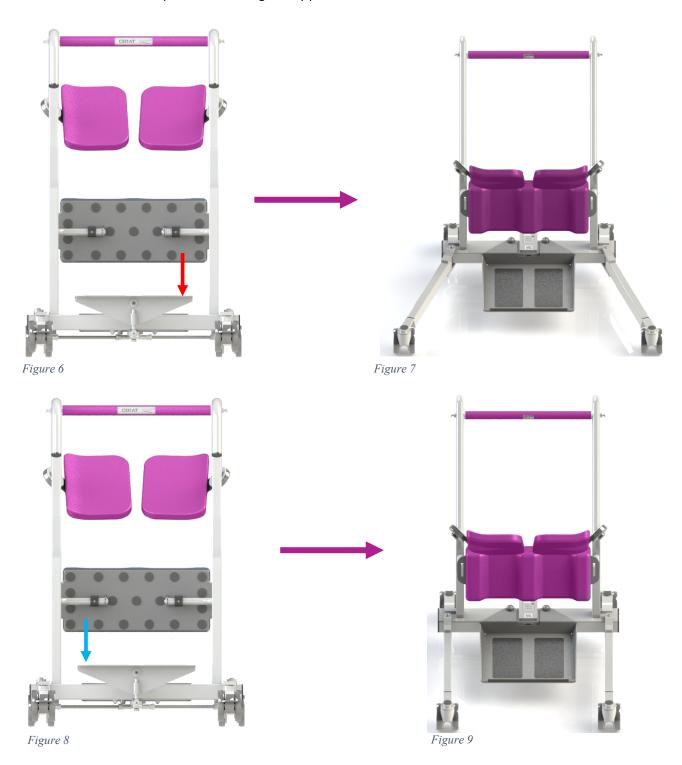
Figure 5

999062 – Revision B Page | **9 of 28**



4.2 To Alter the Leg Width

The legs on the base unit of the Transfer Aid are operated by adjusting the leg lever plate, as shown in the photo below. To open the legs, press on "open" (Red Arrow) and then to close the legs, press on "close" (Blue Arrow). Transfer Aid manoeuvres can be completed with the legs in any position.



999062 – Revision B P a g e | **10 of 28**



4.3 Operating Seat Pads

Operating the Seat Pads position on the TA180, in the following way:

- 1. On the front face of the product, take one hand and holding the base of each seat (See Figure 10), pull upwards in an arc movement until it reaches the open position. (See Figure 11)
- 2. Once the patient is stood safely on the Transfer Aid, use of safety belt if patient requires support aid, carer can carry out the process of repositioning the Seat Pads.
- 3. Using your hands, grab the Seat Pads as shown in Figure 12 and rotate them around until they reach the closed position. Make sure the seat pads are position in the correct position before allowing the patient to sit.



4.4 Applying the Brakes

Operate the TA180 Transfer Aid brakes, in the following way to activate and deactivate the brakes:

- 1. To activate the rear castor brakes, take your foot and push down vertically on the brake lever. (Shown in Figure 13).
- 2. To deactivate the brakes, place your foot below the brake lever and lift the brake lever upwards. (Shown in Figure 14).

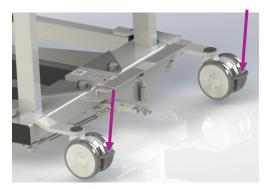


Figure 13

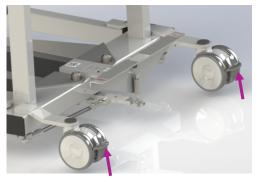


Figure 14

999062 – Revision B Page | **11 of 28**



4.5 Slings

Sling Clips should be attached as follows:

- 1. Hold the Sling Clip in your hand and attach the clip onto the Safety Belt Clip Pin on the Transfer Aid.
- 2. Once the Clip is secure, position the Belt around the lower back of the patient, ensuring the elasticated section is placed on the user's lumbar spine and the solid section is place under the user's coccyx. Hold onto the other Sling clip with your hand.
- 3. Ensure the Rear Castor brakes are applied.
- 4. With the Belt secured on one side of the Transfer Aid, and the other by the caregivers' hand, the patient may safely lift themselves onto the Transfer Aid, using the Safety belt as an assistive product only.
- 5. Do not use the belt to raise the patient, the patient must be able to lift themselves, with the belt being a support.
- 6. While the patient is being lifted, once possible, attach the Safety Belt to the second Clip Pin on the Transfer Aid.
- 7. Safety Belt operation complete.

To remove the sling, simply reverse the processes shown in the above statements.

4.5.1 Compatible Belt Types

We recommend the use of the Mackworth Healthcare manufactured belt range (type 'B' applied part) to be utilised with the Freeway TA180. It is at the user's discretion to use alternative supplied product. In utilising another manufacturer's belt, checks must first be made to ensure the belt is safe to use and meets the requirements of BS EN ISO 10535 before its use.

The belts with a safe working load of 180kg that can be used with the Freeway TA180 are shown below in Table 3, complete with product codes. For all components, the lowest maximum safe working load must always be adhered to.



Figure 15

Size	Mackworth Belt Range - Product Codes		
	Mackworth TA180 Back Support Belt		
Small	1201TAB550C		
Medium	1201TAB540C		
Large	1201TAB530C		
XL	1201TAB520C		

Table 3

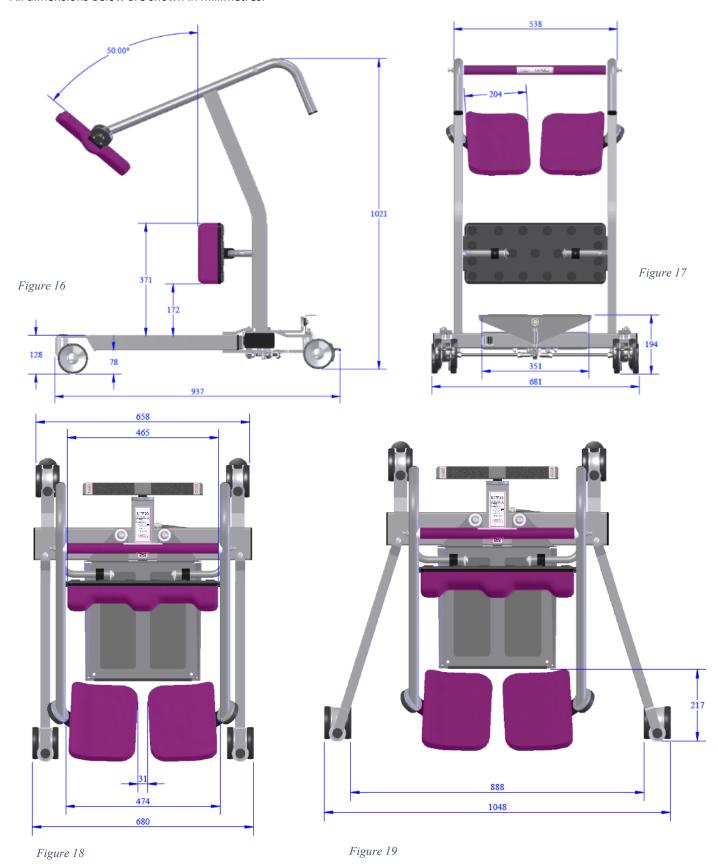
999062 – Revision B Page | **12 of 28**



5.0 Technical Specification

5.1 TA180 Dimensions

All dimensions below are shown in millimetres.



999062 – Revision B P a g e | **13 of 28**



5.2 Specifications

Dimensions	
Turning Circle	1010mm
Overall Height	1001mm
Overall Width	680mm
Ground Clearance	35mm
Front and Rear Castors	100mm

Table 4

Weights	
Safe Working Load (SWL)	180 kg
TA180 – Full Product	38 kg
Foot Tray	5.5 kg

Table 5

Operational Forces	
Operating Force (with 180 kg)	57 N
Operating Force (with 0 kg)	20 N
Brakes	35 N
Seat Pads	18 N

Table 6

5.3 Expected Product Lifetime

10 yrs. depending usage and compliance to maintenance, servicing and LOLER inspections.

5.4 Standards Applied

The standards that have been applied to the device are as follows:

• EN 12182:2012 Assistive products for persons with disability – General requirements and test methods

999062 – Revision B Page | **14 of 28**



6.0 Environmental - Storage and Operating Conditions



The Transfer Aid is intended for internal use within normal environmental conditions.

It is not intended to be used in environments where there are rapid changes in the environmental temperature and humidity during intended use.

6.1 Normal Operating Conditions

+5°C to +40°C (41°F to 104°F) at a relative humidity between 15% to 90% RH, non-condensing but not requiring a water vapour pressure greater than 50hPa and atmospheric pressure between 700hPa to 1060hPa

6.2 Shipping and Storage Conditions

- -25°C to +5°C (-13°F to 41°F) with any humidity level.
- +5°C to +35°C (41°F to 95°F) at a relative humidity up to 90%.
- +35°C to 70°C non-condensing at a water vapour pressure up to 50hPa.

7.0 Disposal



When the Transfer Aid has completed its life cycle and can no longer perform to its intended use safely the Aid must be decommissioned by an approved Service Engineer. The following specifies the importance of correct disposal procedure including local laws and being environmentally friendly.

Please observe the local laws on recycling and respect the current laws for disposal within the community the device is being used within. If there is any uncertainty of the below guidelines, contact your local authorities to determine the proper method of disposal of potentially biohazardous parts and accessories.

The relevant components utilised in the manufacture of the device that can be recycled at the end of the device life are:

Fully recyclables:	Consideration when Recycling:	
Steel frame (Frame, Foot tray)	Knee Pad	
Castors	Seat Pads	
Initial packaging of the device (cardboard)		
Metallic fixing – screws etc.		

Table 7



The product may be contaminated and has to be disinfected before recycling or disposal. See section 9.3 'Cleaning' for details of how to do this.

999062 – Revision B Page | **15 of 28**



8.0 Fault Finding

Should a problem arise with the use of the Transfer Aid, review the Table below.

Find the fault and complete the recommended solution.

If the fault is not found and/or the solution does not correct the problem, contact your local Prism Medical UK authorised dealer immediately – contact details are provided on the last page of this manual.

Fault	Action
Castors do not operate.	Ensure the brake has been fully disengaged, Check the castors are free running Check the castors are touching the ground. If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.
Movement is compromised by excessive force required to move the Aid	Check the castors are not fouled with debris that would restrict its movement (clean out, test and return to service) If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.
Movement is restricted	Damaged footplate that is catching on the floor level. Remove and place out with new - contact your local authorised dealer immediately so that parts can be changed and the Transfer Aid can be checked to ensure proper continued operation.
Brakes do not operate	Ensure that the brake mechanism is fully engaged, check to see if both rear casters are touching the ground. If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.

Table 8

9.0 General Inspection and Maintenance

9.1 Service



No service is to be carried out on the TA180 Transfer Aid while transferring a person to reduce the risk of injury. Service must be completed by a Prism Medical UK authorised Service Engineer.

Do not attempt to service the product yourself, or warranty is void.

To ensure the safety and continued good function of your Transfer Aid, routine service must be performed on your Transfer Aid. Service should be completed by a Prism Medical UK approved service engineer every 6 months to ensure the products required standard is maintained. The service history of the product should be documented each service in the Service Log at the back of this User Manual.



When the Transfer Aid is serviced, the 6 month service checklist must be completed for the Transfer Aid. Service Manual Document Number: 995062.

Spare Parts Manual Document Number 992062.

The Service must be completed every 6 months after installation of the Transfer Aid to comply with LOLER Regulations. The Transfer Aid has an expected Service Life of 10 Years.

Contact your local authorised Prism Medical UK dealer if you:

- Need more information.
- Have any questions about the use or service of your Transfer Aid.
- Notice any change in the performance.
- Want to report an unexpected occurrence.
- Want to arrange a service.
- Need to ascertain necessary information for replacement parts and components.

Contact details of your local Prism Medical UK dealer are shown on the last page of this manual

999062 – Revision B Page | **16 of 28**



9.2 Inspection

Inspection is to be completed prior to each use by the user of the Transfer Aid.



Should any of the components in the table below fail the inspection, DO NOT use the Transfer Aid. Contact your local authorized dealer for service – contact details are on the last page of this manual.

Ensure all component inspections in the Table below are completed prior to each use of the Transfer Aid.

Check List before Use

Component	Service/Inspection required
Generic	Visual inspection of the external of the Transfer Aid. Significant damage that may
	affect the function of the Transfer Aid along with a clear safety hazard is
	unacceptable.
	Check the Labelling on the Transfer Aid to ensure they are all still legible, this
	includes the Serial Number and other important markings. If labels are not legible,
	then contact your local authorised dealer immediately.
	Check all main nuts and bolts to see if they are loose, If they are not tight or you
	have concerns, then contact your local authorised dealer immediately.
	Examine the sling clips on the handle bar for excessive wear and sharp edges.
Knee Pad	Inspect the Knee Pad for damage including cuts and breaks.
Seat Pads	Ensure seat pads swivel smoothly and there are no signs of damage such as
	permanent deformation and/or cracks, breaks. Both Pads should align when in
	closed position.
Brakes	Ensure the Brakes function when activated.
	Ensure the Transfer Aid can move freely when the Brakes are deactivated. (Ensure
	they aren't rubbing on the Wheels).
Castors and Wheels	Examine the products Wheels and Castors for signs of damage or wear, ensure they
	run freely and are not cracked.
	Check to see all castors are flat on the floor and Transfer Aid is stable.
	Ensure the product is able to rotate freely with ease.
Foot Tray	Ensure the Foot Grips are still applied and undamaged. Check Foot Tray for
	permanent deformation.
Leg Pivot Points	Check the smooth opening and closing of the legs.
Belts	Examine belts for fraying or other damage. DO NOT use belts with fraying or
	damage to the suspension straps or tears in the body of the sling.

Table 9

9.3 Cleaning

Please follow the cleaning guidelines below on cleaning and disinfecting the Transfer Aid.

9.3.1 General Cleaning



It is recommended to clean the Freeway TA180 and accessories before use by a different person, reducing the risk of cross–contamination.

The exterior of the Freeway TA180 can be cleaned using a damp soapy cloth for general cleaning duties. Please ensure the cloth is damp and not wet. Ensure the exterior of the device is dry after cleaning. Dry using a clean dry cloth.

9.3.2 Disinfecting (if necessary)

Should the Transfer Aid require a more thorough clean, the use of the Actichlor™ disinfectant product (which is widely available in tablet form and used throughout the health care industry) is recommended.

999062 – Revision B Page | **17 of 28**





Follow the manufacturer's safety instructions for the use of the cleaning product before use to ensure safe use for the operator and the patient.

Ensure the cloth is damp before the cleaning process.

Application is through a clean damp cloth applied to wipe the device down. Use in the following dilutions to ensure an effective clean:

- Actichlor™ dissolvable chlorine tablets provide a concentration of 1000 ppm of available chlorine (0.1%) per 1 tablet
- 1 tablet (1.7g formed tablet (x1) will create a virucidal solution, diluted in 1 litre of water to provide effective means to clean a "dirty" device. This is also ideal for use after an outbreak of the Norovirus/winter vomiting and can be used as a precaution against C.Diff. It is effective against viruses, bacteria, spores, yeasts and moulds.
- The contact time against the outer components of the device should be for 5 minutes to prevent any virucidal infections without a degradation to the functionality of the device. 5 minutes is a recommended contact time. The device can withstand a longer contact period but the 5 minute recommendation as a minimum must be followed to provide an effective cleaning regime.
- Blood spills should be dealt with by an increased concentration of the solution please refer to the instructions on the manufacturers product labelling.

Dilution chart					
Product used as	Device condition	Concentration (ppm)	Dilution qty* (I)	Tablets per 1l (0.26gal)	Contact time (minutes)
Bactericidal	Clean	200	5 (1.32gal)	1	1
	Dirty	1000	1 (0.26gal)	1	5
Yeasticidal	Clean	200	5 (1.32gal)	1	1
	Dirty	1000	1 (0.26gal)	1	5
Fungicidal	Clean	2000	1 (0.26gal)	2	15
	Dirty	5000	1 (0.26gal)	5	15
Mycrobactericidal	Clean	1000	1 (0.26gal)	1	15
	Dirty	5000	1 (0.26gal)	5	15
Virucidal	Clean	500	2 (0.53gal)	1	5
	Dirty	1000	1 (0.26gal)	1	5
Sporcidal (C.Diff)	Clean	1000	1 (0.26gal)	1	10
	-	-	-	-	-
Sporcidal	Clean	5000	1 (0.26gal)	5	10
	-	-	-	-	-

^{*} Dilution is made with water. DO NOT dilute within any other medium.

- When diluted in water, one tablet gives 1000ppm of available chlorine.
- The concentration of the solution depends upon whether the object being cleaned is noticeably dirty (indicated in the table by "Device condition".

Table 10

999062 – Revision B Page | **18 of 28**



Handling and storage safety precautions when using this cleaning agent:

Advice on Safe Handling

Avoid contact with skin and eyes.



Do not breathe dust/fumes/gas/mist/vapours/spray.

Use only with adequate ventilation.

Wash hands thoroughly after handling.

Mixing this product with acid or ammonia releases chlorine gas.

Hygiene Measures

Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling.

Conditions for Safe Storage



Keep out of reach of children.

Keep container tightly closed.

Store in suitable labelled containers.

Storage temperature: 0-25°C (32-77°F).

Individual Protective Measures

Hand protection: Gloves

Dissolve

Dissolve in cold water – With no agitation, 1 tablet will take approximately 10 minutes to fully dissolve in the water used.

The information above has been extracted from the Actichlor™ MSDS (Manufacturers Safety Data Sheet). For a full review of the data please follow the link below:

http://www.nhsggc.org.uk/media/236215/msds-actichlor-plus.pdf

10.0 Warranty

This guarantee does not affect or in any way limit your Statutory Rights.

- 1. Prism Medical UK guarantees the Freeway TA180, supplied as new, against failure within the period of 36 months from the date of purchase by virtue of defects in material or workmanship.
- 2. The liability of Prism Medical UK under terms of this guarantee shall be limited to the replacement or the defective part(s) to the sales distributor, dealer, agent, person or entity which purchased the equipment from Prism Medical UK. In no event shall Prism Medical UK incur liability for any consequential or unforeseeable losses.
- 3. This equipment guarantee shall be void if the equipment is not serviced by Prism Medical UK or its authorized agents, in accordance with manufacturer's recommendations, or if any unauthorized persons carry out work on the equipment.
- 4. This guarantee does not apply to failure attributable to normal wear and tear, damage by natural forces, user neglect or misuse or to deliberate destruction.
- 5. Do not attempt to service the product yourself, or warranty is void.

999062 – Revision B Page | **19 of 28**



11.0 <u>Service Record History</u>

Complete this section after each service, repair inspection and/or maintenance.

Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by: (signature) Company:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by: (signature) Company:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)

999062 – Revision B P a g e | **20 of 28**



Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO. (if "NO" explain in remarks the action taken)
Date: Time:
Date: Time: Service Type: □ Periodic inspection □ Monthly inspection □ 6-month inspection □ Repair □ Yearly inspection □ Other
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name).
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (signature) Company: Remarks & Action Taken:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature) Company: Remarks & Action Taken: Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (signature) Company: (signature) Remarks & Action Taken: Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken) Time:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:

999062 – Revision B P a g e | **21 of 28**



Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
·
Date: Time:
Date:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:



Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by: (printed name) (signature)
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Date: Time: Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (signature) Company: (signature) Remarks & Action Taken: Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:

999062 – Revision B P a g e | **23 of 28**



Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection☐ Repair ☐ Yearly inspection☐ Other
Completed by:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other
Completed by: (printed name) (signature) Company:
Remarks & Action Taken:
Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Date: Time:
Date:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (signature) Company: Remarks & Action Taken:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by: (printed name). (signature) Company: Remarks & Action Taken: Device left in a safe usable condition: YES. NO (if "NO" explain in remarks the action taken)
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:
Service Type: Periodic inspection Monthly inspection 6-month inspection Repair Yearly inspection Other Completed by:

999062 – Revision B P a g e | **24 of 28**



User notes:



User notes:

999062 – Revision B P a g e | **26 of 28**



User notes:

999062 – Revision B P a g e | **27 of 28**



Dealer/service contact details:
Manufacturer contact details:
Prism Medical UK
FIISH Wedical OK
Address: Unit 1 • Tir Llwyd Industrial Estate • St Asaph Avenue • Kinmel Bay • Conwy • LL18 5JZ
Telephone Number: 01924 840100

Disclaimer

While every effort has been made to ensure the accuracy of information contained in this user manual, no liability can be accepted by Prism Medical UK for any errors or omissions.

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