

FREEWAY



S-Series Mobile Hoists



User Manual

Use and Care • Fault Finding • Warranty Information

PRISM MEDICAL UK



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S-Series Mobile Hoist Range

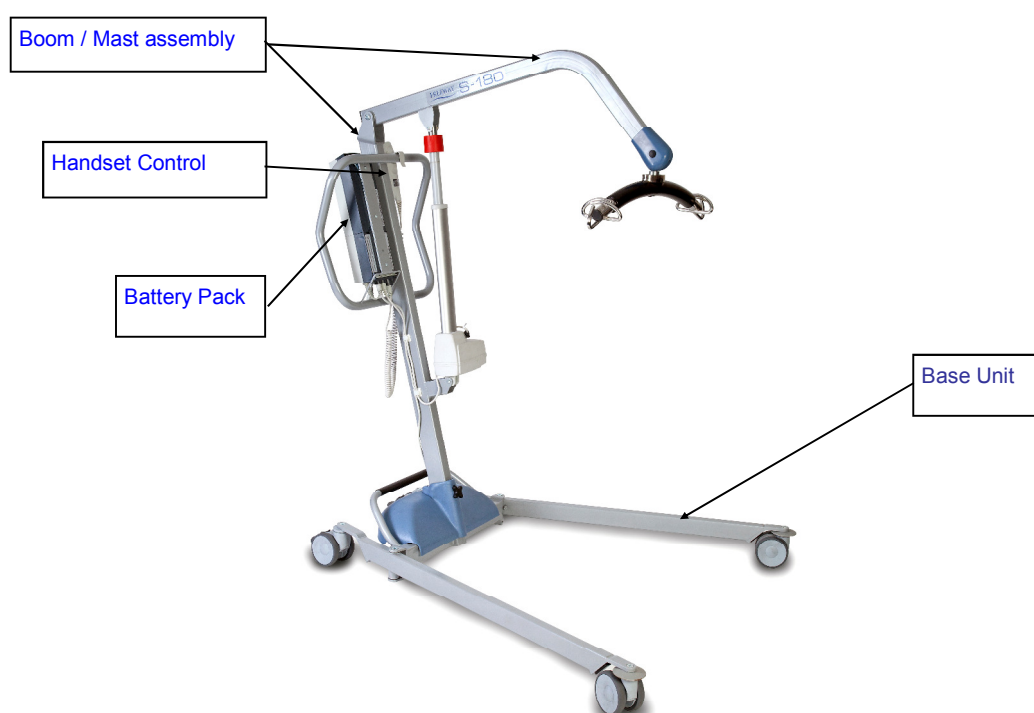
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1.0 ASSEMBLY INSTRUCTIONS

Freeway S-Series Mobile Hoist Range

1. Remove carefully from the box:

Boom / Mast assembly
Base unit with legs attached (Base Unit)
Battery pack / charging lead
Hand set control
User Manual



SAFETY NOTE: Some of the parts are heavy and will need to be lifted with care. Heavier items may need two people to lift . (Please refer to technical details on page 16)

2. Place base unit on level floor surface and lock rear castors.
3. Remove boom/mast assembly from packaging
4. Carefully take boom/mast assembly and slide bottom of mast into base socket as shown in photos on page 4. When the mast is fully engaged into the base locate the mast locking knob and side securing knob and tighten firmly by hand.

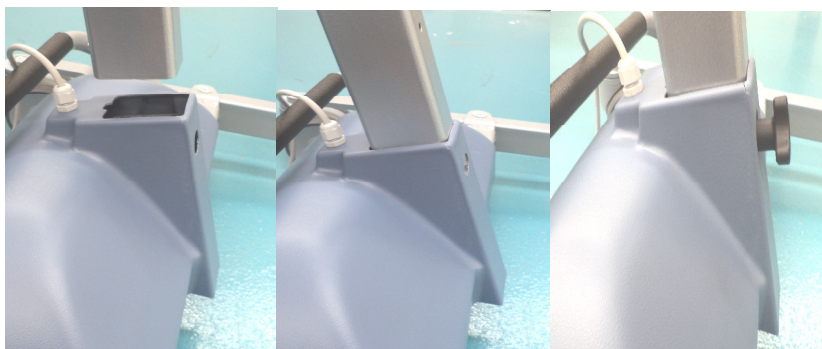
Continued....

1.0 ASSEMBLY & INSTRUCTIONS

Freeway S-Series Mobile Hoist Range

4—cont.

Ensure that the mast is fully down before fitting the mast securing knob



SAFETY NOTE: Possible finger trap. Keep fingers away from end of mast when fitting to base unit

5 The control unit is already fitted to the mast, so assembly is not required. Check the emergency stop button (red button) located on the control box is in the out position (i.e. out)

Emergency stop button

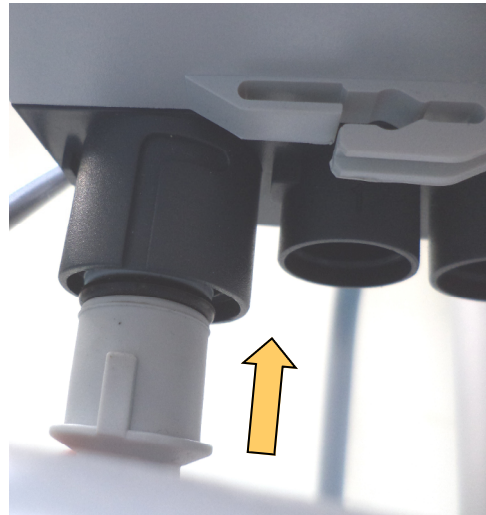


6 Fit the battery pack to the control box making sure it clicks into position in the top of the bracket, as shown.



7 Fit the hand control unit to the hand control socket located on the base of the control unit.

NOTE: The hand control lead can only be fitted in one orientation into its socket. Do not use force to insert the hand control into its socket. The plug when correctly inserted should be pushed firmly home.



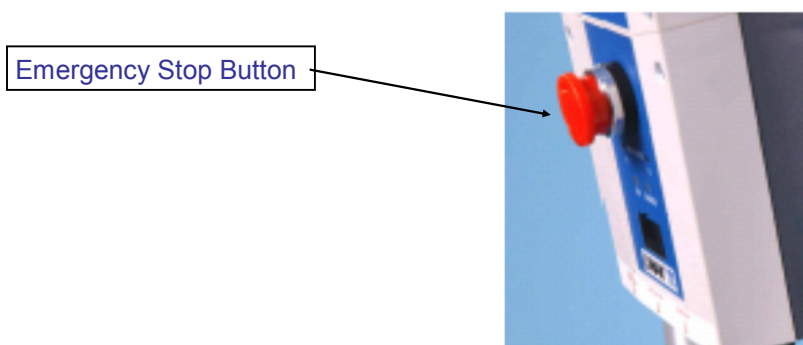
YOUR HOIST IS NOW READY FOR USE

*****PLEASE READ THE OPERATING INSTRUCTIONS CAREFULLY—see page 9*****

2.0 HOIST FEATURES

2.1 Emergency Stop Button

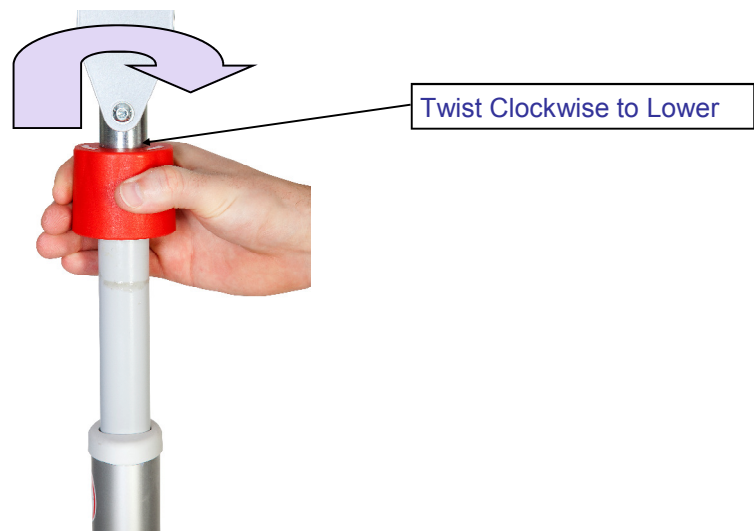
During all operations and at all times, the stop button should be in the out position. In the unlikely event of a failure of the handset control, it is possible that the electric ram either continues to lift or continues to lower. This may be overridden by pressing the Emergency stop button to stop the ram. To re-set the button after it has been pressed, simply twist it slightly clockwise and the button will spring outwards



THE HOIST WILL NOT OPERATE WITH THE STOP BUTTON PUSHED IN

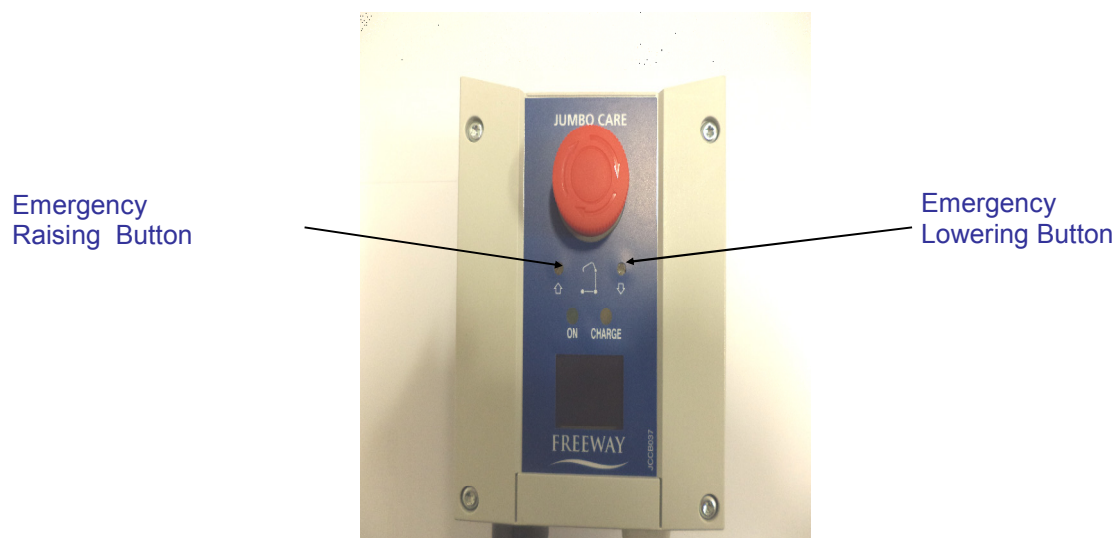
2.2 Emergency Lowering / raising

Manual emergency lowering is facilitated by turning the emergency lowering ring clockwise. The ring is situated at the top of the actuator where the actuator connects to the mast.



Electrical emergency lowering or raising is facilitated by pressing the emergency UP or DOWN arrow button on the front of the control box. Battery MUST be charged, in order to operate via these buttons.

Note : A thin item like a ball point pen will be required to press this button as it is recessed in the case.

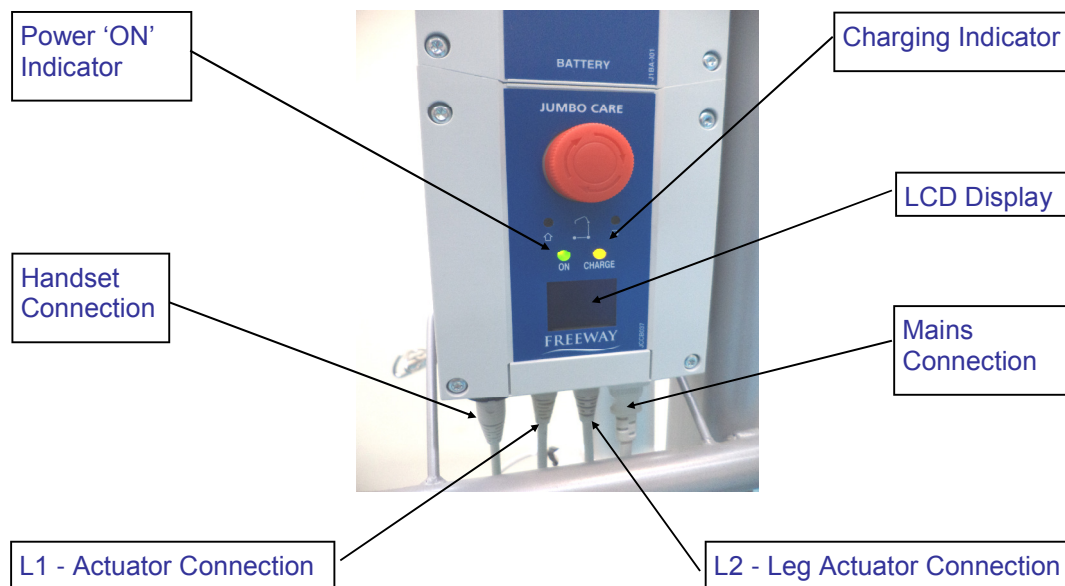


2.3 Control Box

The control box has been specially developed for patient hoists and the complete system is medically approved and contains a series of features that meet the patients needs for a safe and comfortable transfer e.g. soft start function for raising and lowering.

The control box has a built in charging system and so removes the issues of lost or damaged chargers. To recharge the batteries the hoist is connected to the mains via a mains lead that is made from a curly flex to give a greater length of cable without the need for trailing cables on the floor. See section 'Re-charging the batteries'

The actuators for the raising / lowering and the leg spreading are connected using jack plugs into the bottom of the control box..



LCD Display

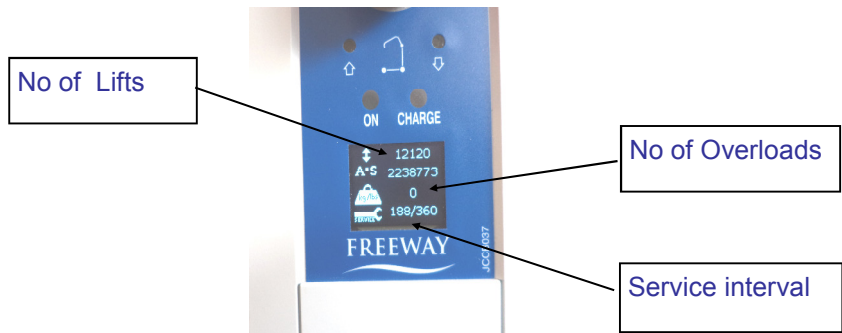
The LCD display has a range of options available and can be viewed during the operation of the hoist.

By pressing the “UP” button on the handset the LCD display indicates the following:

- (a) How many lifts the hoist has completed
- (b) How many times the lift has been overloaded
- (c) Service interval.

When the hoist is being used the LCD will also display the function ie raising, lowering, opening &/or closing the legs and battery charge level. See photographs on page 8.

2.3 Control Box
LCD Display continued

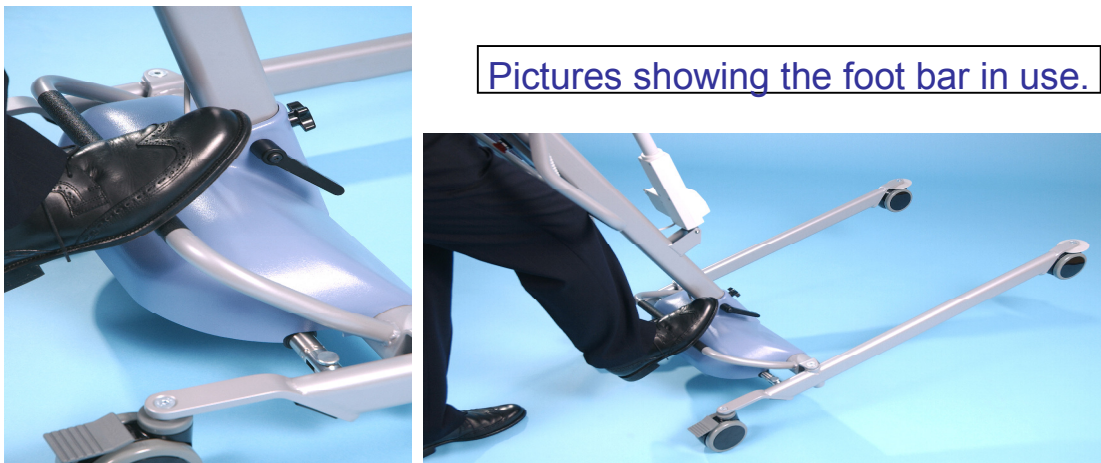


2.4 Electrical Charging lead on Mobile Hoists

To recharge the battery pack, all S series mobile hoists are supplied with an internal charger unit (within the control box) See page 11 - re—charging the batteries.

2.5 Foot Bar

The S-Series mobile hoist range has a foot bar situated at the rear of the base unit to help facilitate the clearing of door thresholds and to help raise the front end when loading the hoist into a vehicle for transport. The bar also protects the casing under which the motor is situated that operates the leg opening mechanism. The bar has a not slip surface to maintain grip whilst being used.



Pictures showing the foot bar in use.

3.0 OPERATING INSTRUCTIONS

Freeway S -Series Mobile Hoist

Before use, you should familiarise yourself with use of the hoist the procedure for opening / closing the leg sections and raising and lowering the hoist, including emergency stop/lower and raise functions. Appropriate training in lifting and handling procedures should be undergone by any person operating a mobile hoist or sling, for their own and the clients safety and comfort. These instructions are designed to cover the method of using of the Freeway mobile rather than good manual handling practice.

3.1 To Alter the Leg Width

The legs on the base unit of the S-Series Mobile hoist are electrically operated. The leg positioned is adjusted by pressing the appropriate button on the handset. Hoisting manoeuvres can be completed with the legs in any position.

3.2 Positioning

1. Position person to be lifted with a suitable sling. Instructions should be taken in the fitting of slings to ensure maximum safety and comfort. **A full assessment should be carried out by a qualified person and carers should be trained in the correct use. (See sling safety)**
2. Select hoist leg position required. Position hoist near person to be lifted It is recommended to position the hoist on a slight angle to prohibit legs hitting the mast / actuator. Assuming you are lifting on a level surface “never” use the brakes on the hoist. This allows the hoist to align its self before lifting. Ensure ALL sling loops are attached over the safety hooks on carry bar.

NOTE It is recommended to only use the brakes when carrying out lifts on / off the floor OR for when the hoist is not in use & on charge.

3.3 Raising & Lowering

3. To raise a person press handset button marked with upward facing arrow. When the sling straps become taut before the lift is commenced, check the straps are secure in position over the hooks of the carry bar before continuing the lift. When the desired height has been reached, release button and hoist will stop.
4. When moving a person use the mast push handle and walk with the hoist NEVER pull or twist at arms length, this can cause injury to the carer.
5. When desired position is reached, position the hoist on a slight angle ready for lowering.
6. To a lower person, press and hold handset button marked with downward facing arrow and hoist will descend. When you have reached desired level, simply release button and hoist will stop in that position.

3.4 Batteries:

Re-charging the Batteries

An audible warning will sound when the batteries need charging and the LCD at the bottom of the control box will display battery empty. A fully charged hoist will display a full battery. Do not continue to use the hoist beyond the lifting operation in progress at the time the warning first sounds.

The batteries are located within the power pack. They are charged through a socket connected to the base of the control unit. When charging is required, the mains lead is plugged into a wall outlet and the socket into the base of the control box.

Fitting / removing
mains lead to /
from Control Box



Image showing the
green power 'ON'
light and the amber
'CHARGE' light

NOTE: Emergency Stop Button must be in 'OUT' position when charging

1. Fit the mains power lead to the socket in the base of the control unit
2. Plug the charged main plug into a suitable mains outlet and switch the main supply ON
3. The 'ON' light on the control box will be green to show that the power is reaching the control box. The 'Charge' light will illuminate amber initially to show that the batteries are receiving a charge.
4. The amber light will go out once the batteries are fully charged.

Charging is automatic and will fully charge the batteries over a period of eight to twelve hours

NOTE: Batteries should be kept on charge when hoist is not in general use. This ensures ready availability of hoist and prolongs battery life. The internal charger in the control box will not allow the batteries to 'overcharge'. In accordance with battery manufacturers recommendations, all batteries should be fully charged for twenty four hours every four months if in storage or not in regular use.

DO NOT use the hoist when the mains lead is connected to the wall socket
DO NOT expose the battery or control box to water

Before using the hoist, switch OFF the mains supply and remove the plug from the socket outlet. The charger lead can either be removed from the control box and stored separately or left in situ on the hoist with the mains plug resting on the plug bracket.

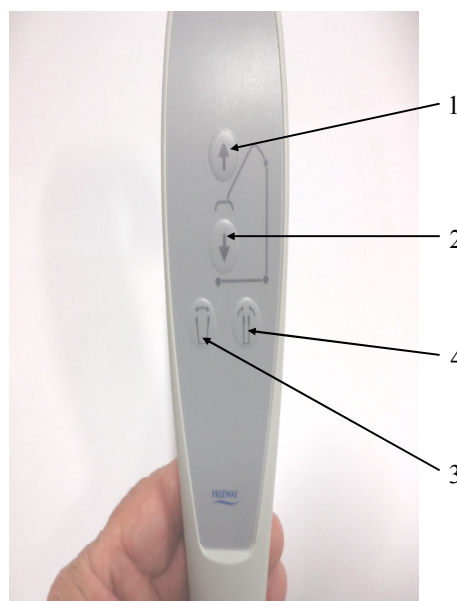
3.5 Handset

The S-series range of mobile hoists benefit from the latest technology available for use in patient hoists. The handset operates 4 functions on the hoist unit. They are:-

1. Raises the hoist
2. Lowers the hoist
3. Opens the legs on the base unit
4. Closes the legs on the base unit

The handset is attached to the control box via a 'curly' flexible cable. The 'curly' flex is designed to give the greatest number of options for carer positioning without having a trailing cable around the patient. The handset also incorporates a hook which gives the carer flexibility whilst moving / positioning the patient.

Clear and easy to understand button diagrams enable ease of use for the caregiver.



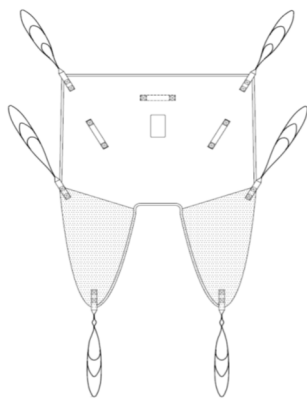
3.6 Sling Guide

On the boom of every hoist there is a sling sizing guide for the Prism Range of slings. This facilitates easy identification of the available slings in a multi use Environment

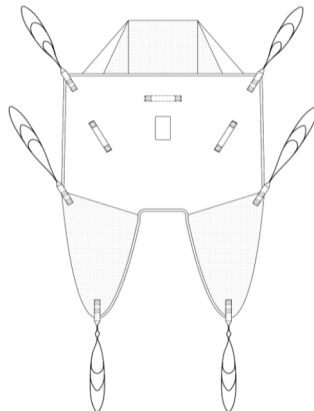


PRISM SLING SIZING GUIDE	SIZE: XX LARGE
	X LARGE
	LARGE
	MEDIUM
	SMALL
	JUNIOR
	CHILD

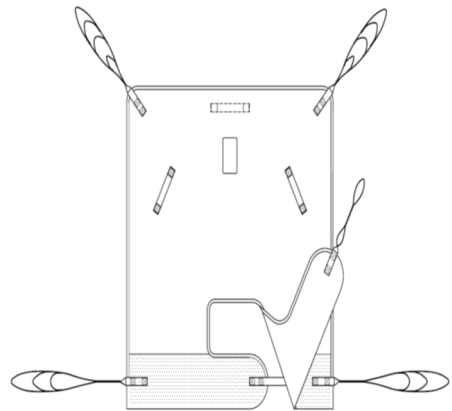
3.7 Sling Types



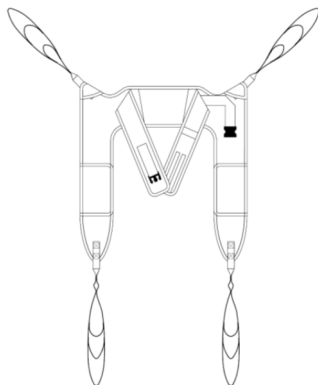
Universal Sling



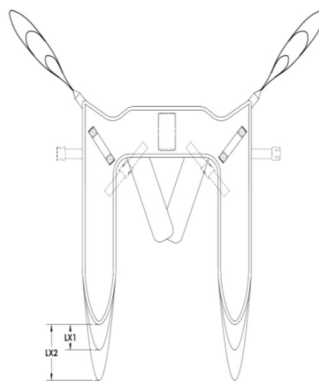
Universal C/W Head Support



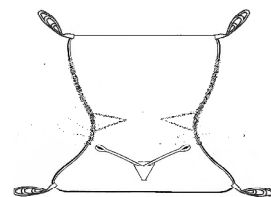
Hammock Sling



Dual Access Sling



Dual Access SRS Sling



Comfort Recline

The Prism range of slings are the result of many years of experience in assessment and clinical expertise, combined with input from professional workers and users of slings. As a result the range is a collection of subtly unique designs, combined with the use of modern materials and technology which produces comfort, security, support and dignity for the user, and aids correct application of the sling by the carer. The range of slings are equally suitable for Mobile and Ceiling track hoists. All our slings are produced here in the UK and carry the CE mark. They are manufactured in an accountable, quality controlled ISO 9001 system including rigorous testing.

Contact Your Local Representative for more information

4.0 SAFETY PRECAUTIONS

Please read and follow the safety precautions listed below. The operation and the use of the Freeway S-series Mobile Hoist is straightforward. These basic safety precautions will help make lifting operations easy and trouble free.

ALWAYS carry out the DAILY CHECK LIST (next section) before using the hoist.

ALWAYS conduct a risk assessment to plan your lifting operations before commencing.

ALWAYS read this manual and familiarise yourself with the operating control and safety features of the hoist before lifting a patient.

ALWAYS check the sling is suitable for the particular patient and is of the correct size and capacity.

ALWAYS fit the sling according to the instructions in the user manual.

ALWAYS check that the safe working load of the hoist is suitable for the weight of the patient.

ALWAYS carry out lifting according to the instructions in the user manual.

ALWAYS apply the brakes when parking a hoist

ALWAYS manoeuvre the lift with the handle provided.

ALWAYS lower the patient to the lowest comfortable position before transfers.

NEVER push a loaded hoist at speeds which exceed a slow walking pace.

NEVER lift a patient whilst the brakes on the rear castor are in the on position (unless lifting from the floor).

NEVER attempt to manoeuvre the lift by pushing on the mast, boom or patient.

NEVER use a sling unless it is recommended for use with the hoist.

NEVER push the hoist over uneven or rough ground, particularly if loaded.

NEVER attempt to push or pull a loaded hoist over a floor obstruction which the castors are unable to ride over easily.

NEVER bump the hoist down steps, loaded or unloaded, this will damage the castors.

SAFETY PRECAUTIONS

NEVER use a sling which is frayed or damaged.

NEVER disconnect or bypass a control or safety feature because it seems easier to operate the hoist.

NEVER force an operating or safety control. Forcing will only strain or damage the hoist and may compromise safety.

NEVER use mobile hoists in a shower.

NEVER charge an electric lift in a bathroom or shower room.

Never dispose of the battery pack in a fire as this may cause an explosion. These need to be disposed under the W.E.E.E. regulations. (Waste Electrical and Electronic Equipment Regulations: 2006)

YOUR hoist is for patient lifting. **DO NOT** use it, or allow it to be used, for any other purpose.

5.0 SAFETY CHECK LIST

The following checks are those recommended by Freeway and are supplementary to requirements that may be applicable for current Lifting and Handling and other health and Safety regulations such as The Lifting Operations and Lifting Equipment Regulations 1998 which may have additional requirements to those set out below

5.1 Daily Check List:

The following checks should be carried out daily before using the hoist:

- Make sure the hoist moves freely on its castors
- Make sure that leg opening and closing is functions correctly
- Check the spreader bar for free movement in all directions and that it is securely attached to the boom
- Examine the sling hooks on the spreader bar for excessive wear
- Raise and lower the hoist by operating the handset if the hoist makes a bleeping sound DO NOT USE as it needs to be charged
- Ensure the hoist is off charge before use and all leads are fully engaged into their sockets
- Make sure the mast is fully engaged and the locking nut is fully tightened
- Examine slings for fraying or other damage. DO NOT use sling with fraying or damage to the suspension straps or tears in the body of the sling

5.2 Warning Notes

Your Freeway hoist has been manufactured and tested to exceed BS EN 10535:2006

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 HOISTS** are less stable on sloping surfaces. A 5-degree slope is the maximum permitted and then only with great care.
2. **ALL HOISTS** are less stable when the load is at maximum height.
3. **ALL HOISTS** are less stable when the load is swinging.
4. **ALL HOISTS** are dangerous to the person being carried when used recklessly or pushed at speed.

6.0 TECHNICAL SPECIFICATION

6.1 Dimensions & Weights

Model Specification	S160	S180
Maximum Weight capacity	160	180
Maximum Lifting height	1650	1890
Minimum Lifting Height	500	600
Internal Leg open	1150	1150
Internal Leg Closed	590	590
Overall Length	1190	1260
Spreader Bar at Max Reach	1040	1240
Reach at Max Height	520	560
Reach at Min Height	420	500
Max Reach	735	810
Turning Radius	1250	1350
Legs Open - External Width	1250	1350
Legs Open - Internal Width	1150	1150
LegsClosed - External Width	700	700
Legs Closed -Internal Width	590	590
Overall Height of Legs	97	123
Ground Clearance	35	50
Front Twin castors	100	100
Rear Braked Castors	100	100
Weights		
Mast & Boom inc all fixings	19	21
Base Assembly	14	18
Assembled Unit	33	39

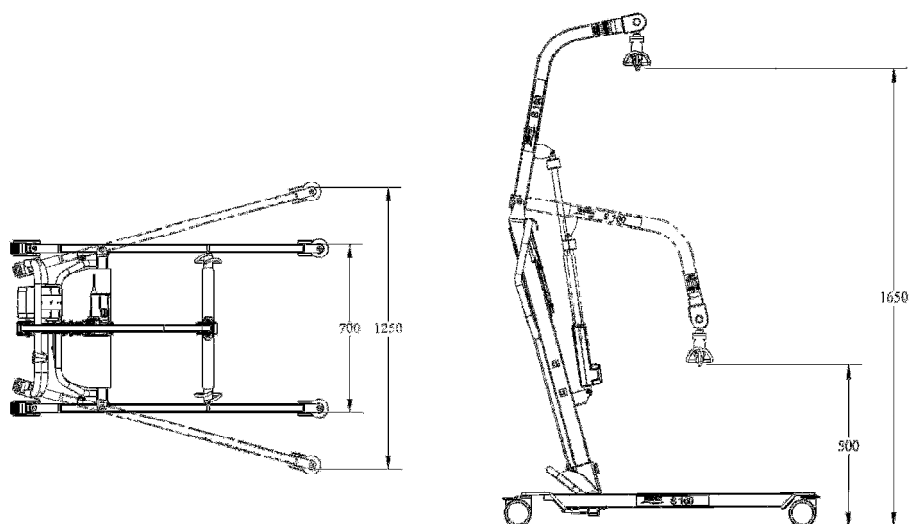
(Dimensions in mm and weight in Kgs)

6.2 Sound Levels— Measured in dB A

	S160	S180
Unloaded	43.5	43.5
Loaded	43.5	43.5

TECHNICAL SPECIFICATION

6.3 Maximum lifting Height & leg width



6.4 Electrical detail

Electrical Specifications

- Batteries – 2 x 12 volt rechargeable sealed lead acid
 - Battery capacity – 2.9 ampere hours
 - Charger Input – 230V ac 50/60Hz
- Charger Output – 27.4/29.0V dc @ 0.8A

Electric shock protection-

Charger	Class 2
Hoist	Internal Power Source

Degree of Shock protection -

Charger	Type B
Hoist	Type B

IP Rating -

Control box	IPX4
Handset	IPX4

The policy of Prism Medical UK is one of continual improvement and we reserve the right to modify designs without notice.

7.0 Fault Finding / Maintenance

7.1 Fault Finding

If the hoist will not operate:-

- ENSURE THE BATTERY IS CHARGED AND THAT IT IS ATTACHED CORRECTLY TO THE CONTROL BOX
- ENSURE THAT STOP BUTTON IS IN THE OUT POSITION.
- MAKE SURE THE CHARGING LEAD IS DISCONNECTED FROM THE MAINS POWER SUPPLY
- CHECK THE HANDSET LEAD HAS NOT BEEN PULLED FROM THE CONTROL BOX SOCKET OR WIRES DAMAGED

If the above checks prove unsuccessful, contact the service department of your nearest FREEWAY APPROVED AGENT

7.2 Service / Maintenance

Any works performed on the S-series mobile hoist must be in accordance with the specifications detailed in the test requirements of BS 10535: 2006.

You should also consider if the hoist requires servicing in accordance with “LOLER REGULATIONS” (Lifting Operations and Lifting Equipment Regulations 1998).

7.3 Cleaning, Disinfection and Sterilisation

The S-Series hoist has an anti-microbial coating. This does not replace the need to clean and maintain the hoist unit.

- **Routine cleaning:** the exterior of the hoist can be wiped over with a damp cloth containing a mild soap solution.
- **Disinfection and Sterilisation:** the exterior of the hoist should only be, disinfected and sterilised using Isopropyl alcohol. Dampen a cloth with isopropyl alcohol and wipe down the entire exterior of hoist.



DO NOT USE ABRASIVE MATERIALS
DO NOT IMMERSE THE HOIST UNIT.

DECLARATION OF CONFORMITY

Manufacturers Name: Prism Medical UK Ltd

MHRA Registration No: CA 013248

Manufacturers Address: Units 1-4, Tir Llwyd Industrial Estate,
Kinmel Bay, Conwy,
LL18 5JA, UK
Tel +44 (0) 844 980 2296
Fax +44 (0) 844 980 2297

Declares that the manufactured product:-

Product Name: Prism Medical UK— Mobile Hoists
Model Number (S): S 160 & S180
Product Options: 160 Kg & 180Kg

Conforms to the following European Union Council Directives:-

Directive 93/42/EEC and all amendments up to Directive 2007/47/EC

Classification Class 1, Low Risk Medical Device

Tested in accordance with BS EN ISO 10535:2006 & IEC 60601 3rd Edition


Directive 89/336/EEC for Electromagnetic Compatibility

Supplementary Information:

The undersigned declares the product herewith complies with the requirements set out above and carries the CE mark accordingly.

The Technical Construction File required by this directive is maintained by the manufacturer as detailed above.

Signed:



Date:

14th November 2014

Craig Wright, Manufacturing Director

8.0 Test Certificate & Guarantee

TEST CERTIFICATE S-Series Mobile Hoist

Safe Working Load: 160Kgs ☐ 180Kgs ☐

Model: S-160 ☐ S-180 ☐

Serial No:

Date of Test:

This Test Certificate confirms that the above numbered hoist has been fully tested in accordance with the tests specified in BS EN 10535 and has conformed fully therewith.

Signature of Tester

Guarantee

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

- 1) Prism Medical UK guarantees the S160 / S180, supplied as new, against failure within the period of twenty four 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 authorised agents, in accordance with manufacturer's recommendations, or if any unauthorised 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.

Exemptions: Batteries will be guaranteed for a period of 90-days after original purchase.

9.0 Service Record History

9.1 Initial Information

- Complete the following section on **Purchase and Service Information** as soon as this equipment is supplied.
- Use the service record history to record to any completed service and repairs.
- Ensure that the service record is signed and dated each time it is used.
- Be sure to have this piece of equipment serviced on a regular basis (6 monthly where LOLER applies).

PURCHASE INFORMATION:

Product Name: Freeway S-Series Mobile Hoist **Model:** S160 ☐ S180 ☐

Date of Purchase: _____ **Serial#:** _____

Purchased From: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone No: _____

Comments:

SERVICE INFORMATION:

Contact the following company for service:

Company: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone No: _____

Comments:

9.2 Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

Date: _____

Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Date: _____

Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Date: _____

Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Service Record History	Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.
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Service Record History	Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.
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Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Printed Name Signature </div>	
Company: _____	
Remarks & Action Taken: <div style="height: 100px; border: 1px solid black;"></div>	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Printed Name Signature </div>	
Company: _____	
Remarks & Action Taken: <div style="height: 40px;"></div>	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ Printed Name _____ Signature	
Company: _____	
Remarks & Action Taken:	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Printed Name Signature </div>	
Company: _____	
Remarks & Action Taken: <div style="height: 50px; border: 1px solid black;"></div>	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Printed Name Signature </div>	
Company: _____	
Remarks & Action Taken:	

Date: _____		Time: _____	
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____			
Completed By: _____ <div style="text-align: center;">Printed Name</div>		_____ <div style="text-align: center;">Signature</div>	
Company: _____			
Remarks & Action Taken:			

Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

Date: _____ Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Date: _____ Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Date: _____ Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

<h2>Service Record History</h2>	<p>Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.</p>
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<h2>Service Record History</h2>	<p>Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.</p>
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Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____	
Printed Name	Signature
Company: _____	
Remarks & Action Taken:	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="text-align: center; margin-top: -10px;">Printed Name</div>	_____ <div style="text-align: center; margin-top: -10px;">Signature</div>
Company: _____	
Remarks & Action Taken:	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____	
Printed Name	Signature
Company: _____	
Remarks & Action Taken:	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Printed Name Signature </div>	
Company: _____	
Remarks & Action Taken: <div style="height: 40px;"></div>	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____	
Printed Name	Signature
Company: _____	
Remarks & Action Taken:	

Date: _____	Time: _____
Service Type: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Monthly Inspection <input type="checkbox"/> 6 Month Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Yearly Inspection <input type="checkbox"/> Other: _____	
Completed By: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Printed Name Signature </div>	
Company: _____	
Remarks & Action Taken:	

Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

Date: _____ Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Date: _____ Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

Date: _____ Time: _____

Service Type: ☐ Periodic Inspection ☐ Monthly Inspection ☐ 6 Month Inspection ☐ Repair ☐ Yearly Inspection ☐ Other: _____

Completed By: _____
Printed Name Signature

Company: _____

Remarks & 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:

NOTES



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 for any errors or omissions. Prism Medical operates a policy of continuous improvement. Specifications and other data are subject to change without notice.



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