

## Tool 7b: Wheelchair safety inspection record

Resident's name:   
(if applicable)

Wheelchair make/number:

Key: S = satisfactory F= Faulty requires repair

Areas to inspect	J	F	M	A	M	J	J	A	S	O	N	D
<b>Armrests:</b> Secure, not damaged, remove/refit easily (where applicable)												
<b>Backrest:</b> Secure, no tears, folds appropriately (where applicable)												
<b>Seat/cushion:</b> Secure, no tears, not damaged, folds/unfolds (where applicable) (for specialist cushions follow manufacturers guidelines)												
<b>Frame:</b> Folds/unfolds (where applicable), no obvious damage												
<b>Brakes:</b> Good working order, not loose												
<b>Wheels:</b> Good condition, running freely												
<b>Tyres:</b> Properly inflated, good condition (good tread)												
<b>Pushing handles/grips:</b> Secure, no damage												
<b>Footplates/loops:</b> Secure, no damage												
<b>Footplate latch:</b> Good working order												
<b>Hand rim/other attachments:</b> Harness/seatbelt secure, no damage, in good order, fitted in accordance with manufacturer's instructions												
<b>Overall condition:</b> Clean, CE marked												
<b>Manufacturer's instructions:</b> available												
<b>Maintenance:</b> Regular maintenance in accordance with manufacturer's recommendations												

Any damage/faults identified should be reported with the wheelchair make and number. The wheelchair should then be labelled "Not for Use" and removed from use until repaired.