

E6/7 Wheelchair/Walking Aid Safety Inspection Record

Residents Name:

(if applicable)

Wheelchair make/number:

Key: S =Satisfactory F=Faulty required repair

Areas to inspect	J	F	M	A	M	J	J	A	S	O	N	D
Armrests: Secure, not damaged, remove/ refit easily (where applicable)												
Backrest: Secure, no tears, folds appropriately (where, applicable)												
Seat/Cushion: Secure, no tears, not damaged, folds/ unfolds (where applicable) (for specialist cushions follow manufactures guidelines)												
Frame: Folds/unfolds (where applicable), no obvious damage												
Brakes: Good working order, not loose												
Wheels: Good condition, running freely												
Tyres: Properly inflated, good condition (good tread)												
Pushing handles/grips: Secure, no damage												
Footplates/loops: Secure, no damage												
Footplate Latch: Good working order												
Hand rim/other attachments: Harness/seatbelt secure, no damage, in good order, fitted in accordance with manufacture's instructions												
Overall condition: Clean, CE Marked												
Maintenance: Regular maintenance in accordance with manufactures recommendation												
Walking Aid: Check for wear and tear. Does ferrule need replaced, do bolts need tightened? Is it fit for purpose												

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.

Any damage/faults for walking aids should be reported to the local Physiotherapist department