

## 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
<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 manufactures 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 manufacture's instructions												
<b>Overall condition:</b> Clean, CE Marked												
<b>Maintenance:</b> Regular maintenance in accordance with manufactures recommendation												
<b>Walking Aid:</b> 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**