

# Maintenance Plan

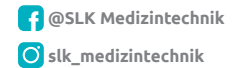
## SLK Hoist Slings



**Wellell Group**

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**Model:** \_\_\_\_\_

**Size:** \_\_\_\_\_

**Accessory:**  Extension Loops  Calf Band

**Serial number :** \_\_\_\_\_ **Date of manufacture:** \_\_\_/\_\_\_/\_\_\_

Please use the **current maintenance plan** from the SLK website [www.slk-gmbh.de](http://www.slk-gmbh.de) (download area) for documentation.

POS.	Object (Visual Inspection)	OK	not OK	Remarks
1	Declaration of compatibility for accessory and device combinations is available			
2	User guide available			
3	Type labels and servicelabel present and legible			
4	No cracks, holes or strong signs of wear present on the fabric or the sling loops/ extension loops			
5	No cracked, worn out or dissolved seams visible			
6	No deformation due to the influence of heat			
7	No cuts in the tissue			
8	No displacement of the tissue structure			
9	Velcro and fleece tape in perfect condition (if available)			
10	Seat swing including fasteners in perfect condition (if available)			

**The hoist sling/accessory can continue to be used. (The service label has been marked.)**

**The patient hoist must be serviced before reuse.**  
**A corresponding label has been appended. The person responsible has been informed and hereby confirms this with their signature:** \_\_\_\_\_

Position of the responsible person: \_\_\_\_\_

Name in printed letters: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of tester: \_\_\_\_\_

Next servicing: \_\_\_\_\_

Name in printed letters: \_\_\_\_\_