

Maintenance Plan

SLK Eazy-up® Product Family



Wellell Group

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SLK Eazy-up® fix

SLK Eazy-up® flex

Serial number : _____ Date of manufacture: ___/___/___

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

| Pos. | Object | OK | not OK | Remarks | Repaired on: |
|------|---|----|--------|---|--------------|
| 1 | Hoist in original condition | | | | |
| 2 | Compatibility certificate for accessory and device combinations is available | | | | |
| 3 | User guide available | | | | |
| 4 | Type labels present and legible | | | | |
| 5 | Casters | | | • turn easily | |
| | | | | • pivotable by 360° | |
| | | | | • undamaged | |
| | | | | • Fastening screws tightened firmly | |
| | | | | • Brakes in functional condition | |
| 6 | Welding seams ok/ no crack formations/ no deformations | | | • Base | |
| | | | | • Mast | |
| | | | | • Lifting arm | |
| | | | | • Pusher bar | |
| | | | | • Motor brackets | |
| | | | | • Shin support | |
| 7 | No surface damage or corrosion | | | | |
| 8 | Function of the base expansion works easily (only Eazy-up® flex) | | | | |
| 9 | Bolt with SL clip in proper condition (replace in case if marks are present) | | | | |
| 10 | Bolt for fixating the lifting arm are present and in proper condition (replace in case marks are present) | | | | |
| 11 | Screws tightened firmly | | | • between the base and mast | |
| | | | | • between the mast and lifting arm (100 Nm tightening torque) | |
| | | | | • between the base and feet (only Eazy-up® flex) (100 Nm tightening torque) | |
| 12 | Pusher bar is screwed on | | | | |
| 13 | Plugs are present | | | | |

Serial number : _____

| POS. | Object | OK | not OK | Remarks | Repaired on: |
|--------------------------|---|----|--------|---------|--------------|
| Electrical system | | | | | |
| 14 | All cables undamaged and connected | | | | |
| 15 | Emergency-stop button present and functional (no function while emergency-stop button is pressed, reactivation only by turning) | | | | |
| 16 | Charger is present and undamaged, Connections clean, orange control lamp during charging | | | | |
| 17 | Charging function available | | | | |
| 18 | No lift function during charging | | | | |
| 19 | Tipping operation of the hand control works (releasing the hand control stops the lift operation) | | | | |
| 20 | Hand control including cable and strain relief are undamaged, control lamps work (if present) | | | | |
| 21 | Seal ring present on the plug of the hand control | | | | |
| 22 | Control box screwed on tightly | | | | |
| 23 | Battery pack without external damage or deformation, Connections clean, locking of the battery pack engages | | | | |
| 24 | Electrical control by means of the buttons on the control box works | | | | |
| 25 | Indicators/displays function | | | | |
| 26 | Both limit switches function (drive switches off at the top and bottom) | | | | |
| 27 | No remarkable noises in the drive motor | | | | |
| 28 | Mechanical emergency lowering works | | | | |
| 29 | Grease deposits removed from the thrust rod | | | | |
| 35 | Base expansion works | | | | |
| 36 | Test of the entire lifting cycle performed with 50% of the maximum nominal load of the hoist pursuant to EN 10535 Annex B1 | | | | |

The patient hoist can be used.

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: _____

All defects have been repaired professionally. The patient hoist can be used.

Date: _____

Signature of tester: _____

Next servicing: _____

Name in printed letters: _____