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COMMISSIONING, MAINTENANCE & REPAIR REPORT - Manual Wheelchair

RMR No.

Name		Email address					
Address		Mobile No.					
Doc No.		Date of Purchase					
Model		Serial No.					
Name on behalf of user							
Customer's Description of Defects, if any:							
	Checklist		Yes	No			
1.	Wheelchair rolls straight, left & right smoothly (no excessive drag or pull to one						
	side)						
	Frame & cross-bars not damaged, with all nuts / bolts intact & tightened						
	Tyre treads are not worn or loose. Side-wall bulges (for air tyre)						
4.	Tyres are not punctured, pressure is with						
	pressure gauge)						
5.	When lifted, rear wheel spins freely without wobbling						
6.	Rear wheels do not veer in or out, a sign						
	smoothly (for quick-release models)						
7.	Wheel Spokes are not loose or broken						
	Hand rims are not loosened from wheel, rough or have sharp edges						
9.	Wheel locks are in firm contact with wheels, screws are tight. Braking mechanism						
10	functions smoothly & secures wheelchair safely.Both front castors touch the ground. When chair is lifted up, the castor spins						
10.	freely without wobbling.						
11.	When chair is lifted, castor fork spins freely without wobbling.						
	Footrest swings, can be detached & re-attached freely						
-	Footplates are not cracked and can be flipped up or to the sides smoothly						
	Elevating leg rests can be lifted and lowered smoothly without drag						
15.	Calf pads are not broken or cracked	· · · · · · · · · · · · · · · · · · ·					
16.	Armrests can be adjusted, detached & re-attached freely.						
17.	Armrest pads are not broken & do not have sharp edges.						
	18. Push Handle grips are secure						
19.	Upholstery is not torn, detached or has sagged						
	20. Backrest folding mechanism works smoothly. Folding lever not broken.						
21. Reclining /tilting mechanism works smoothly							
Assessment:							
Job Done:							

Greenstyle Pte Ltd Rep	Name of Customer /User	
Maintenance Date	Maintenance Date	
Signature	Signature	

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