

# Power Mobility Device Service Checklist



**Drs Name:** \_\_\_\_\_

**Diagnosis Code(s):** \_\_\_\_\_

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Repair Tech: \_\_\_\_\_

Serial #: \_\_\_\_\_

Items Ordered Today: \_\_\_\_\_ Conf #: \_\_\_\_\_

Items Which Need to be Ordered: \_\_\_\_\_

Why Items Were Not Ordered Today: \_\_\_\_\_

**1=Excellent**  
**2=Fair**  
**3=Poor**

Description of Service	Condition	Adjusted/Replaced	Other Service	Notes
Upholstery: Check for sags, tears and splits, check foam for wear				
Tires: Check for excessive wear/tire pressure				
Spokes/Rims: Check tightness and for broken/missing spokes				
Wheel release lever: Check for tightness and adjust				
Bearings: Check for condition and adjust all bearings				
Front riggings: Check foot plates/legrest/springs/straps				
Frame: Check for damage, bent tubes, broken welds				
Remove arms: Adjust height/inspect				
Folding chairs: Ensure proper folding				
Check tips and grips for wear				
Verify all accessories are correct and properly installed				
Check seat/back if aftermarket for wear and proper installation				
Ensure you have cleaned the chair thoroughly and properly				
Check batteries for proper charge and any leaks				
Ensure battery charger is working properly				
Joystick/modules and battery box are mounted securely				
Make sure kill switch is present and operable				
Make sure chair is operating properly in all modes/directions				
Alternate drives test functionality				
Tilt/Recline: lubricated and tested				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your power mobility device has been carefully inspected according to manufacturer's specifications. If you have any questions or comments regarding this equipment, please contact BFRIN at 866-473-3325. Thank you for the opportunity to serve you!

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

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