

Inspection Form

Authorized **stryker** Distributor

Stryker Power-LOAD System

Serial Number: _____

Vehicle Number: _____

Reason For Service

- New / Initial Inspection
- Routine Maintenance
- Refurbishment
- Other

Inspection

- Check for loose fasteners.
- Check that the battery terminal screws are tight (torque to 9 in-lb).
- Clean debris from the foot and lock location on the transfer.
- Clean debris from the top of the transfer assembly and anchor assembly.
- Clean transfer roller channels to prevent debris accumulation.

Inspector Evaluation

- REFURBISHED** - Any faulty or broken parts and components have been replaced with Stryker OEM parts. Equipment is in functional condition and is ready for use. Follow regularly-scheduled maintenance inspections.

Date: _____

Signed by: _____

Inspection Form

Stryker Power-PRO Series Stretcher

Authorized **stryker** Distributor



Serial Number: _____

Vehicle Number: _____

<p>Reason For Service</p> <p><input type="radio"/> New / Initial Inspection</p> <p><input type="radio"/> Routine Maintenance</p> <p><input checked="" type="radio"/> Refurbishment</p> <p><input type="radio"/> Other</p> <p>Cylinder</p> <p><input checked="" type="checkbox"/> All fasteners are secure.</p> <p><input checked="" type="checkbox"/> Inspect for and verify that there are no hydraulic fluid (red) leaks.</p> <p><input checked="" type="checkbox"/> Extend the cylinder rod completely and wipe down with soft cloth and household cleaner.</p> <p><input checked="" type="checkbox"/> Inspect the fittings and tighten as necessary.</p> <p>Hydraulics</p> <p><input checked="" type="checkbox"/> Inspect motor mount and verify that all fasteners are secure.</p> <p><input checked="" type="checkbox"/> Verify that there are no hydraulic fluid leaks.</p> <p><input checked="" type="checkbox"/> Inspect the reservoir and verify that there are no leaks.</p>	<p>Cables/Wires</p> <p><input checked="" type="checkbox"/> Verify there is no damage or pinching of wiring harness, cable, or lines.</p> <p><input checked="" type="checkbox"/> Verify there are no damaged connectors.</p> <p><input checked="" type="checkbox"/> Check grounds and connections; verify there are no hanging wires.</p> <p>Manual Backup Release Handle</p> <p><input checked="" type="checkbox"/> Verify the base extends/ retracts smoothly when the manual back-up release handle is engaged.</p> <p><input checked="" type="checkbox"/> With 100 lbs or more on the cot, verify the cot does not lower when the manual backup release handle is pulled.</p> <p>Litter</p> <p><input checked="" type="checkbox"/> Verify all fasteners are secure.</p> <p><input checked="" type="checkbox"/> Verify backrest operates properly.</p> <p><input checked="" type="checkbox"/> Adjust pneumatic cylinder for full range motion if required.</p> <p>Base</p> <p><input checked="" type="checkbox"/> Verify all fasteners are secure.</p> <p><input checked="" type="checkbox"/> Inspect the cot frame/base.</p>	<p>X-Frame</p> <p><input checked="" type="checkbox"/> Verify all fasteners are secure.</p> <p>Head Section</p> <p><input checked="" type="checkbox"/> Verify all fasteners are secure.</p> <p><input checked="" type="checkbox"/> Verify the head section extends and locks properly.</p> <p><input checked="" type="checkbox"/> Inspect the SMRT battery housing and pole mount area for cracks or damage.</p> <p>Wheels</p> <p><input checked="" type="checkbox"/> Inspect all wheels for wear, rolling and spinning properly.</p> <p>Accessories</p> <p><input checked="" type="checkbox"/> Verify the I.V. pole operates properly.</p> <p>Labels</p> <p><input checked="" type="checkbox"/> Good</p>	<p>Inspector Evaluation</p> <p><input checked="" type="checkbox"/> REFURBISHED - Any faulty or broken parts and components have been replaced with Stryker OEM parts. Equipment is in functional condition and is ready for use. Follow regularly-scheduled maintenance inspections.</p> <hr/> <p>Acknowledgement of Maintenance, Service, and Repair</p> <p>The routine maintenance, service, or repair was completed and the equipment was evaluated with recommendations noted.</p> <p>Date of Service/Repair: _____</p> <p>Signature of Service/Repair Person: _____</p>
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