

Tool 15b: Wheelchair safety inspection record

Resident's name:
(if applicable)

Wheelchair make/number:

Key: S = satisfactory F= Faulty requires repair

Areas to inspect	J	F	M	A	M	J	J	A	S	O	N	D
Armrests: Secure, not damaged, remove/refit easily (where applicable)												
Backrest: Secure, no tears, folds appropriately (where applicable)												
Seat/cushion: Secure, no tears, not damaged, folds/unfolds (where applicable) (for specialist cushions follow manufacturers guidelines)												
Frame: Folds/unfolds (where applicable), no obvious damage												
Brakes: Good working order, not loose												
Wheels: Good condition, running freely												
Tyres: Properly inflated, good condition (good tread)												
Pushing handles/grips: Secure, no damage												
Footplates/loops: Secure, no damage												
Footplate latch: Good working order												
Hand rim/other attachments: Harness/seatbelt secure, no damage, in good order, fitted in accordance with manufacturer's instructions												
Overall condition: Clean, CE marked												
Manufacturer's instructions: available												
Maintenance: Regular maintenance in accordance with manufacturer's recommendations												

Any damage/faults identified should be reported with the wheelchair make and number. The wheelchair should then be labelled "Not for Use" and removed from use until repaired.