**Wheelchair/Positioning Equipment Maintenance Checklist**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CIRCLE ONE: W/C SL QOF CIS POF Stander Gait trainer Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

* Check for loose components, missing parts/screws, rough edges, and worn or rusted parts
* Complete the information in the table below
* Clean the wheelchair or positioning equipment according to the instructions for cleaning a wheelchair
* Do not attempt to make adjustments (i.e., change the position of a back or seat) to a wheelchair without first consulting the therapist or durable medical equipment vendor or Seating and Positioning Clinic

*(Initial in appropriate boxes)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***W/C or positioning components to check*** | ***Checked No Problem*** | ***Needs repair*** | ***Needs cleaning*** | ***Note Repairs and or cleaning completed and any comments*** |
| *1* | Push handles or tilt mechanism |  |  |  |  |
| *2* | *Back* |  |  |  |  |
| *3* | *Arm rests* |  |  |  |  |
| *4* | *Seat* |  |  |  |  |
| *5* | *PPD (seatbelt)* |  |  |  |  |
| *6* | *Foot rests* |  |  |  |  |
| *7* | *Wheels/casters* |  |  |  |  |
| *8* | *Breaks* |  |  |  |  |
| *9* | *Lap tray* |  |  |  |  |
| *10* | *Head rest* |  |  |  |  |
| *11* | *Padding* |  |  |  |  |
| *12* | *Make sure every part of the frame is cleaned (especially after enteral nourishment)* |  |  |  |  |
| *13* | *Other* |  |  |  |  |