

# Contour Recline Service Record Form

<b>Hospital Name</b>			
<b>Department</b>			
<b>Product Model</b>	Contour Recline		
<b>Product Serial Number</b>		<b>Asset Number</b>	
<b>Service Date</b>		<b>Service Person</b>	

	Pass	Fail	Comments
<b>Mattress</b>			
Is the mattress torn or punctured			
Is the foam firm and intact			
Is the mattress clean underneath			
<b>Handrail / Bump Strips</b>			
Is the extrusion worn or gouged			
<b>Backrest Operation</b>			
Is the backrest operating smoothly both sides			
Are the backrest hinge bushes worn			
<b>Dropside Operation</b>			
Do the dropsides have excessive side movement			
Are any dropside arms bent			
Are the catches locking in safely			
<b>Plastic Cover</b>			
Have the plastic coverings been cracked or torn			
<b>Brake / Steer Pedals</b>			
Are any pedals bent broken or loose			
<b>Castors</b>			
Is any castor visibly damaged			
Do the trolley brakes work correctly			
Does the trolley steer wheel lock in			
<b>High / Low Operation</b>			
Is the trolley raising and lowering acceptable			
Are the electrics trouble free			
<b>Bolts Pins and Springs</b>			
Are all bolts nuts and pins tight and in place			
Are all springs returning properly			
Have all moving parts been lubricated with grease			
<b>IV Pole</b>			
Is the drip hanger bent			
Is the IV extension lock working			
<b>Accessories</b>			
Are any extra options damaged			