



NATIONAL SEATING & MOBILITY

Policy S-250 Loaner / Rental Equipment Maintenance

Introduction

As a normal part of our business, we deliver rental and loaner equipment to our clients to support their independence. The standard operating procedure below has been created to help ensure that we are providing quality loaner / rental equipment.

Procedure

1. When a loaner / rental is picked up and returned to the branch, it should be tagged per NSM policy and placed in the dirty area of the warehouse.
2. Dirty equipment should be cleaned and checked within 24 hours of return.
3. The clean and check of the equipment should be documented on the Loaner / Rental Equipment Checklist (attachment A).
4. The Technician that cleans and checks the equipment must sign and date the checklist.
5. If applicable, the Supervisor must QA the equipment, and sign and date the checklist.
6. The signed checklist must be attached to the chair in a clear envelope after being signed.
7. Once QA is complete, the Technician will move the equipment to the Client Ready Loaner / Rental Area.
8. When a loaner / rental need is determined, the Delivery Technician will go to the Client Ready Loaner / Rental Area and select an appropriate client ready chair.
 - a. The Delivery Technician will ensure that the equipment has a completed checklist.
 - b. The Delivery Technician will obtain and attach any additional accessories specific to the need of the client.
 - c. The Delivery Technician will check the final cleanliness and operation of the equipment, and sign off on the checklist.
9. The Delivery Technician will deliver the loaner / rental following NSM policy and have the work order or loaner ticket signed.
10. The Delivery Technician will ensure that the loaner ticket / work order and all required paperwork per policy is loaded into Rehab Advisor / Air, or returned to the branch for scanning into the related work order.

Policy S-250 Loaner / Rental Equipment Maintenance

Attachment A

Loaner / Rental Equipment Checklist

Make / Model: _____ Serial Number: _____

Warehouse Checklist (check box if item reviewed is clean and operational)

<ul style="list-style-type: none"><input type="checkbox"/> Cleaned (all tape, name tags, etc. should be removed)<input type="checkbox"/> Upholstery and Arm Pads (check for cracks and wear)<input type="checkbox"/> Armrests (check / adjust)<input type="checkbox"/> Seating System (check brackets)<input type="checkbox"/> Pneumatic Tires (check wear / pressure)<input type="checkbox"/> Solid Tires (check wear / tightness)<input type="checkbox"/> Wheels (spokes / mags)<input type="checkbox"/> Hand Rims and Mounting Hardware<input type="checkbox"/> Wheel Locks (check for tightness / function)<input type="checkbox"/> Casters (check for wear)<input type="checkbox"/> Bearings (check caster / stem condition and adjust)<input type="checkbox"/> Front Riggings (check foot plates / heel loops)<input type="checkbox"/> Frame (check side frame / cross braces / side posts)<input type="checkbox"/> Folding (ensure chair folds / unfolds properly)<input type="checkbox"/> Tips and Grips (check for wear)<input type="checkbox"/> Pulleys, Belts, Clutches (check for wear)<input type="checkbox"/> Cables (check for visual wear)<input type="checkbox"/> Tilt (ensure tilt is tested with weight in it)<input type="checkbox"/> Test Batteries (result: _____)<input type="checkbox"/> Joystick / Controller (check for secure mounting and function)<input type="checkbox"/> Charger<input type="checkbox"/> Reset Switch (present and operational)<input type="checkbox"/> Anti-tippers (present / functional)<input type="checkbox"/> General (ensure chair is fully operational in all directions / modes, and NSM sticker is attached)
--

Checked by: _____ Date: _____

Supervisor QA: _____ Date: _____

Delivery Technician Checklist (check box if item reviewed is clean and operational)

<ul style="list-style-type: none"><input type="checkbox"/> Clean and Fully Operational (NSM sticker attached)<input type="checkbox"/> Cushion and Back (check for wear and proper function / ensure you have pump if applicable)<input type="checkbox"/> Seat to Floor Height: _____
--

Delivered by: _____ Date: _____