

Project, address, customer number:									
Bed type, manufacturer, Location of the MiS® Activ:									
Identification of the MiS® Activ (e.g. corresponding to the in-house inventory and Völker ID no.):									
Date of the test:		Name of the inspector:							
Type of test	Component to be tested	Annually	In order	Not in order	Not present				
Visual inspection	Inscriptions on the MiS® Activ legible								
	Instructions for use present								
	Lying surface, wings and spring elements	B*/S*							
	Mains connection cable, plug	B*							
	Strain reliefs, kink protection	B*/S*							
	Connecting cable, plug-in contacts	B*/S*							
	Power supply unit housing	B*							
	Hand control (housing, cable)	B*							
	Wear and tear	B*							
Functional check of the drives via hand control	Operate all motors - move to zero positions	X*/M*							
Remark									
Leakage current ≤ 100 µA							µA		
Measuring instrument used S/N									
Overall evaluation of the MiS® Activ:									
Signature of the inspector:		Next planned inspection:							

B*: Check for damage · **F*:** Check for deformation · **M*:** Check function of the motors, switch off motors when reaching zero position · **S*:** Check correct seat · **X*:** General functional inspection