

Technical check of Völker hospital and healthcare beds in accordance to German standards and safety regulations incl. measurements required

| Project, address, customer no.: | | | | | |
|---|--|--------------------------|---------------|--------------|----------------|
| Type of bed, product, location of the bed: | | | | | |
| Bed Identification (e.g. facilities own identification or Völker ID-no.): | | | | | |
| Date of check: | | Name of technician: | | | |
| Kind of check | Component to be checked | Annually | Accepted | Not accepted | Not applicable |
| Visual inspection | Inscription on device readable | | | | |
| | Instructions for use available | | | | |
| | Base frame | B* | | | |
| | Lying surface, wing and spring elements (if existing) | B* | | | |
| | Trapeze bar adapter, infusion bar adapter | B* | | | |
| | Power supply cable, plug or charger, charging connection | B* | | | |
| | Strian relieve, bend protection, cable hook | B*/S* | | | |
| | Connecting cable, plug-in contacts, blind plugs | B*/S* | | | |
| | Positioning (spacing 1 mm) and sensor cabling (only Vis-a-Vis-bed) | B*/S* | | | |
| | Housing (motor, control electronics) | B* | | | |
| | Hand control (housing, cable) | B* | | | |
| | Nurse keypad, nurse hand control (housing, cable) | B* | | | |
| | Trapeze bar, assist rail infill panel (side rail centre), additional accessories | B*/F* | | | |
| | Transverse motors and cover, head and foot ends | B* | | | |
| | Castors | B* | | | |
| | Wall buffer wheel (if existing) | B* | | | |
| Side rails including telescopic section, if applicable | B* | | | | |
| HiLow-elevation: check screw locking (only for 5380) | S* | | | | |
| Functional inspection of side rails including telescopic section, if applicable | Locking devices | X* | | | |
| | Deformation | X* | | | |
| | Abrasions | X* | | | |
| Functional inspection of drives with hand control and nurse keypad/nurse hand control | Back section, upper leg section, lower leg section, height adjustment, Trendelenburg position, reverse Trendelenburg position, length adjustment (only for Vis-a-Vis-bed) - approach all end positions | X*/M* | | | |
| | Angle limitation (back section to upper leg section >90°) | X* | | | |
| | Adjustment lower leg section (rastomat/hydrolift/support plate) | X* | | | |
| | CPR function (if existing) | X* | | | |
| | Brake (electrical or mechanical) - brake applied - free running (only for hospital beds and - steering position S 280/S 310/S 380/S 282/S 382 (Vis-a-Vis)) | X* | | | |
| | Mechanical release (only for electrical brakes of hospital beds) | X* | | | |
| Functional inspection replacement | 9 V battery (only for beds with Oki-/Ilcomat except S 960-1W/S 961) Replaced (yes/no) | A2* | | | |
| | Trapeze bar handle and belt (if existing) Replaced (yes/no) | A* | | | |
| Functional inspection miscellaneous | Bed extension (if existing) | B* | | | |
| | Bedding storage/bedding drawer (if existing) | B* | | | |
| | Check of the glue joints at the head and foot boards (if existing) | B* | | | |
| Comment | | | | | |
| Legally relevant for Germany only (in accordance to DIN EN 62363) | Leakage current by means of alternative measurement $\leq 500 \mu\text{A}$ | | μA | | |
| | Potential equalization impedance < 0.2 Ohm (if existing) | | Ω | | |
| | Measuring instrument S/N | | | | |
| Total result of the inspection: | | | | | |
| Signature of technician: | | Next regular inspection: | | | |

A*: To be replaced every 5 years for handles (H) and for H with roll function (RF) in nursing home mode. every 3 years for H with RF in hospital mode, every 2 years for H with RF for cleaning in automatic bed washing systems · A2*: To be replaced every two years · B*: Check for damage · F*: Check for deformation · M*: Check function of motors and end switches, does the motor switch off when reaching the end position? · S*: Check for correct fit · X*: General function control

