



EZ Way, Inc.

*“Your Total Patient
Lift Solution”*



EZ Way Smart Lift® Safety & Maintenance Checklist

The EZ Way Smart Lift® requires a minimum of servicing to keep it in good working order. Nevertheless, it is important that certain basic checks be periodically made by maintenance staff to ensure on-going safety throughout the life of the device.

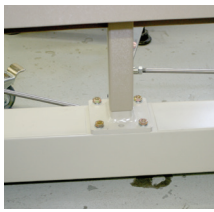
The manufacturer suggests that the following components and operating points be scheduled for inspection at intervals not greater than six months. Any detected deficiency must be rectified before the lift is put back into service.

- 1 Check wear of hanger assembly bushing** by moving hanger assembly up and down. If hanger assembly moves up and down and the thickness of 2 quarters can be inserted between hanger assembly and load cell the hanger assembly needs to be replaced.

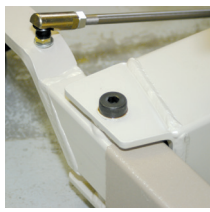
NEEDS REPLACEMENT



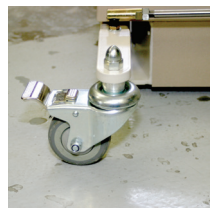
- 2 Check all bolts** to ensure they are tight.



BASE



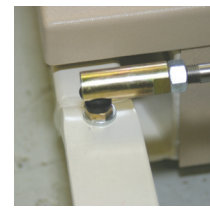
PIVOT



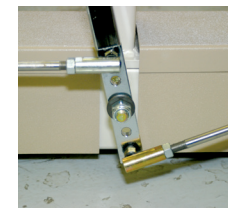
REAR WHEEL



FRONTWHEEL



LINKAGE



SPREADER

- 3 Check boom to hanger assembly pivot bolt**, peel rubber back to assure nut is tight and cotter pin is in place. Check boom to mast pivot bolt by removing plastic cap to assure nut is tight and cotter pin is in place. If plastic cap is missing order replacement.

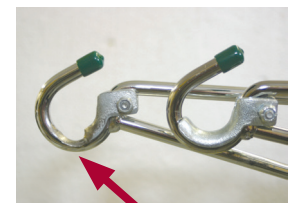


BOOM TO HANGER



BOOM TO MAST

- 4 Check the point where sling hanger and hanger spreader bar meet.** If excessively worn, replace the bushings immediately. The hanger spreader and sling hanger wear points need to be checked for wear. If hooks appear worn, call EZ Way for instructions.



BADLY WORN

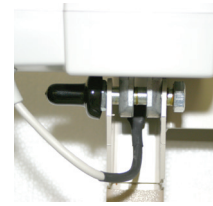
- 5 Check mounting bolts of actuator** top and bottom. Pay particular attention to top bolt hole for elongation.



ELONGATED



TOP OF ACTUATOR



BOTTOM OF ACTUATOR



Check actuator for the following.

- Inspect the plastic housing for any dents or cracks.
- Inspect the cables to see if they have been cut or pinched.
- See if the actuator appears deflected when fully extended under load.
- Verify that the mounting points do not have any cracks or other defects.
- Apply a heavy grease to actuator mounting pins as needed.
- Verify that the inner or outer tubes do not have any dents, dings, or large scratches in them.

Contact EZ Way's Service Department if the actuator shows any signs of the issues listed above.

- 6 Test the Emergency Stop Switch.** If the switch does not stop the lift when activated, call the EZ Way Service Department immediately!
- 7 Perform a functional test of the emergency lowering feature** of the lift actuator if it is so equipped.
- 8 Perform a functional test of the anti-pinch feature** of the lift actuator. This feature turns the actuator off when lowering the lift arm if an obstruction is encountered.
- 9 Check all the wheels and brakes** to make sure they are functioning properly. Hair that gets picked up and wrapped in between wheels should be cleaned out so that the lift will roll easily.
- 10 Do a visual check** for any damaged, missing or loose parts. Repair as necessary.
- 11 Check the entire sling for damage or wear**, including the loops and stitching. If damage or wear is present, discard the sling and order a new one. It is recommended that slings be replaced after one year or if the sling shows any sign of damage or wear.
- 12 When cleaning the lift, do not spray any liquid cleaners directly onto the front panel graphics.** To clean, use a glass cleaner such as Windex, dampen a cloth and wipe the panel.
- 13 At six month intervals, attach a load equivalent to the rated capacity of the lift to the unit.** Raise and lower the load with the lift. Listen for any unusual noises while operating the unit. With the test load applied to the lift, check all structural welds for any signs of stress or fatigue cracks. If any unusual noises or cracks are found, stop using the lift and call the EZ Way Service Department immediately!

IMPORTANT NOTICE

It is the responsibility of the purchaser to ensure that regular maintenance inspection is conducted on this device by competent staff.

DATE COMPLETED: _____

COMPLETED BY: _____

PASS / FAIL: _____

MODEL & SERIAL NO.: _____

EQUIPMENT PURCHASE DATE: _____