Independent Lifter



Owner's Manual

Use and Care Troubleshooting Warranty Information

Introduction	2
Overview of the Independent Lifter	2
Components of the Independent Lifter	3
Component List	4
Specifications of the Independent Lifter	4
Cautions	5
Attaching the Independent Lifter	6
Detaching the Independent Lifter	6
Attaching the Quick Release Hook	7
Leg Support Sizing	8
Attaching Leg Supports to Independent Lifter	8
Basics in Transferring an Individual	9
General Inspection and Maintenance	11
Independent Lifter- Points of Attachment	12
Independent Lifter Replacement Parts	12
Adjusting Arm Support Bar for Sizing	13
Service Record History- Initial Information	14
Service Record History	15
Warranty	18





CAUTION: DO NOT ATTEMPT TO USE THIS EQUIPMENT WITHOUT FIRST UNDERSTANDING THE CONTENTS OF THIS MANUAL.

Introduction

Before using this equipment, and to ensure the safe operation of your **Independent Lifter**, carefully read this entire manual, especially the section on "**Cautions**". The **Independent Lifter** is designed to be used in conjunction with Vancare ceiling lifts and accessories. Please refer to any user guides supplied with these components and refer to them while reviewing this manual.

Should any questions arise from reviewing this manual contact your local authorized Vancare representative. Failure to comply with warnings in this manual may result in injury to either the operator, or the individual being lifted/ transferred. Damage to the lifter and/or related components may also occur. Be sure that the contents of this manual are completely understood prior to using this lifter.

Store this manual with the documents included with the **Independent Lifter** and accessories. Contents of this manual are subject to change without prior written notice.

Overview of the Independent Lifter

The **Independent Lifter** is a lifting aid intended for use alongside a caregiver. This lifter makes it possible to lift mobility impaired individuals with minimal strain or risk, while providing complete safety, dignity and comfort for the client. This device is primarily designed for clients with "some" upper body strength.

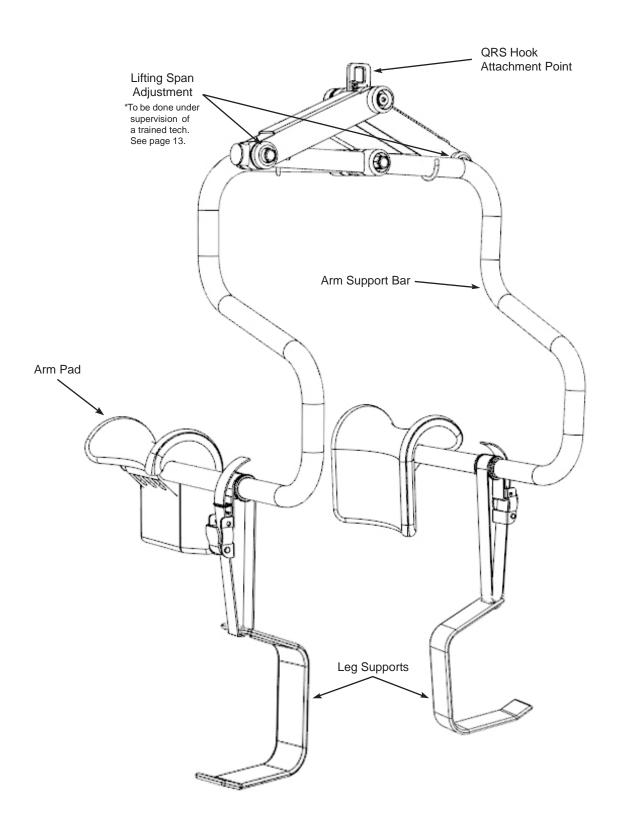
The **Independent Lifter** one of two components that make up this technology. The lifter is attached to the specially designed Vancare ceiling lift by means of a Quick Release System (QRS) Hook, and holds an individual while the lift or transfer takes place. A ceiling lift should already be installed or supplied at time of purchase. Please refer to any user guides supplied with the ceiling lift and reference them while reviewing this manual.

Please familiarize yourself with the components of the **Independent Lifter** by referring to the diagram on the next page.

Rev: 13 MAR 2015

Independent Lifter - Owner's Manual

Components of the Independent Lifter



Component List

The following components are included with your new **Independent Lifter**:

- Independent Lifter
- Arm Pads
- Leg Supports
- · Owner's Manual

Ceiling Lift: Please refer to the ceiling lift instructions for operation of the lift.

IMPORTANT: To use the **Independent Lifter**, the ceiling lift must be equipped with a QRS Hook at the strap end. Instructions for adding a QRS Hook to a ceiling lift are detailed on page 7 of this manual.

Specifications of the Independent Lifter

Lifter Weight (no Leg Supports): 18lbs. (8.2kg) **Lifter Weight (with Leg Supports):** 20lbs. (9.1kg)

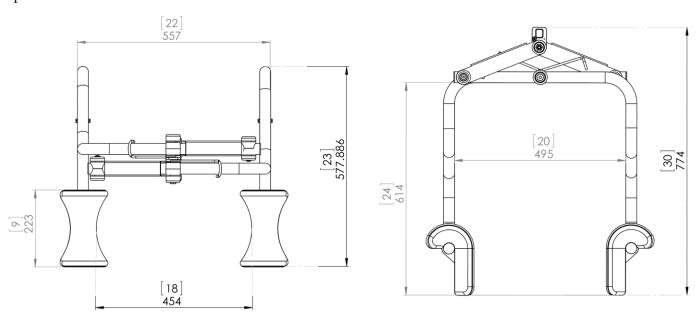
Maximum Load: Safe working load 440lbs. (200kg)

Service Life: 10 years

IMPORTANT: The maximum safe working load of a lifting system is equal to the minimum safe working load of any of the system components. e.g. If an **Independent Lifter** with the safe working load of 440lbs. is attached to a ceiling lift with a safe working load of 625lbs., then the safe working load of the system will be 440lbs. (equal to safe working load of the component with the minimum safe working load).

Top View Dimensions:

Back View Dimensions:



⚠ Cautions

- Under no circumstance should the **Independent Lifter** and ceiling lift be put in control of a person who has not been properly trained in the use and care of this equipment. Failure to adhere to this warning may result in serious injury to the operator, and/or the individual being lifted/ transferred.
- The **Independent Lifter** and ceiling lift are not toys. Do not use it for unsafe practices. Do not allow children to play with the lifter or any of its components.
- The manufacturer's warranty is voided if persons unauthorized by Vancare perform work on the **Independent Lifter**.
- In facilities where more than one operator will be responsible for using the **Independent Lifter** and ceiling lift it is imperative that all such members be trained in its proper use. A training program should be established by the facility to acquaint new operators with this equipment.
- Although the Independent Lifter is designed for occasional splash/exposure to water, long term
 exposure/ submersion in any liquid is not recommended. The effect of humidity/moisture on ceiling lift
 should also be considered.
- To maintain optimum function, the **Independent Lifter** should be inspected and maintained on a regular basis. See the section titled "General Inspection and Maintenance".
- The ceiling lift or any accessories used with the **Independent Lifter** should be checked to ensure that they are in good working order. Report any unusual wear, or damage immediately to your local authorized Vancare Service Provider.
- The **Independent Lifter** and associated ceiling lift(s) are intended only for lifting and transferring of a person. Vancare will not be responsible for any damage caused by the misuse, neglect or purposeful destruction of the lift, and/or its associated components.
- Do not, in any circumstance, exceed the maximum allowable load of this lifter. Refer to the "Specifications" section of this manual on page 4, and/or the labels on the lifter.
- Ensure that a clear space is maintained around the lifter. Move any obstacles out of the way before operating the **Independent Lifter**.
- The **Independent Lifter** can be decommissioned/disposed of after the recommended service life in accordance with regional component specific disposal recommendations.

IMPORTANT: Many of the following instructions require familiarity with the use of a ceiling lift. Please read the instructions provided with the ceiling lift to understand how to operate the lift in conjunction with the instructions provided with the Independent Lifter.

Attaching the Independent Lifter

Step 1) Place the **Independent Lifter** on a surface which the ceiling lift strap can reach to the QRS Hook Attachment Point (see page 3).

<u>Step 2</u>) Lower the ceiling lift. A Vancare ceiling lift requires tension to lower the strap. If the strap is not going down, apply slight downward pressure to the strap by pulling down while lowering the lift.

<u>Step 3)</u> Once the QRS Hook reaches the QRS Hook Attachment Point on the **Independent Lifter**, attach the QRS Hook to the lifter (see Figure 1).





Lift QRS Hook

<u>Step 4)</u> Following the attachment of the **Independent Lifter** to the ceiling lift, ensure the red locking latch on the QRS Hook is properly closed (see Figure 2).

<u>Step 5)</u> Raise the ceiling lift with the **Independent Lifter** and move into position for use or storage.

△ CAUTION: Always use extreme care when moving the lift from one location to another. Watch out for and avoid any obstructions that may cause injury to the individual in the lifter, or damage to the lift.

Detaching the Independent Lifter

<u>Step 1)</u> Move the **Independent Lifter** and ceiling lift to a location where the lifter can be lowered safely to a surface.

<u>Step 2)</u> Lower the ceiling lift to a height which allows enough slack for the QRS Hook to be detached.

<u>Step 3)</u> Once safely lowered and the **Independent Lifter** is on a safe surface, release the red lock on the QRS Hook by pushing downward on the red hook latch (see Figure 3).

Figure 3



Step 4) Detach the QRS Hook from the attachment point on the Independent Lifter (see Figure 4).

<u>Step 5)</u> Raise the ceiling lift strap and move both the **Independent Lifter** and ceiling lift in their respective storing areas. It is recommended that the ceiling lift strap is not raised to a point that cannot be reached by hand at a later point.

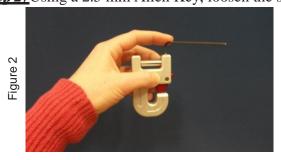
Attaching the Quick Release Hook

In some cases, your ceiling lift may not already include the quick release hook required for use of the **Independent Lifter**. This hook can easily be installed onto a C450/C625 ceiling lift strap using the following method:

Step 1) Obtain a Quick Release Hook (635185).



Step 2) Using a 2.5 mm Allen Key, loosen the set screw of the quick release hook and remove the pin.



Step 3) Insert the pin back through the lift's strap. Tighten the set screw.





Step 4) Ensure the strap can rotate freely about the pin; the assembly is complete. The **Independent Lifter** can now be attached to the ceiling lift.



Rev: 13 MAR 2015

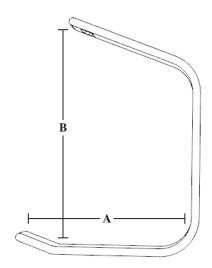
Ensure set screw is flush with QRS body after tightening

Figure 6

Leg Support Sizing

Use this as a general sizing guideline when selecting Leg Supports.





Size:	A	В
Small	5.1" (130mm)	6.3" (160mm)
Medium	7.3" (187mm)	8.9" (227mm)
Large	9.8" (249mm)	12.3" (312mm)

Attaching Leg Supports to Independent Lifter

Step 1) With the buckle facing outward, feed the strap through the back of the Leg Support (see Figure 1).

<u>Step 2)</u> Once through the Leg Support, feed the strap through the buckle from the bottom up by pressing the buckle down to allow the strap to feed through. Release the buckle once the strap is through (see Figure 2).

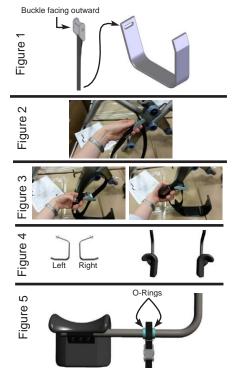
<u>Step 3)</u> Bring the strap through the bottom half of the metal slider and reverse the direction back through the other half of the slider.

<u>Step 4)</u> Loosen the strap just enough to allow the Leg Strap Support to be placed onto the **Independent Lifter**. Attach so the openings of the leg straps are facing outward.

<u>Step 5</u>) Move the Leg Support Strap to the preferred position on the Support Bar. Then, slide the o-rings in place to secure the Leg Support Strap (see Figure 8). <u>Step 6</u>) Follow the same procedure for the second Leg Support.

Rev: 13 MAR 2015

△ CAUTION: Ensure straps of both Leg Supports are adjusted to approximately the same length.



△ CAUTION: The Independent Lifter is intended for non-combative clients possessing high cognitive skills and sufficient upper body strength to stay upright in the lifter, without back support.

Basics in Transferring an Individual

A CAUTION: The following steps are intended to generally illustrate the procedure involved in the lifting and transferring of an individual from one location to another using the lifter.

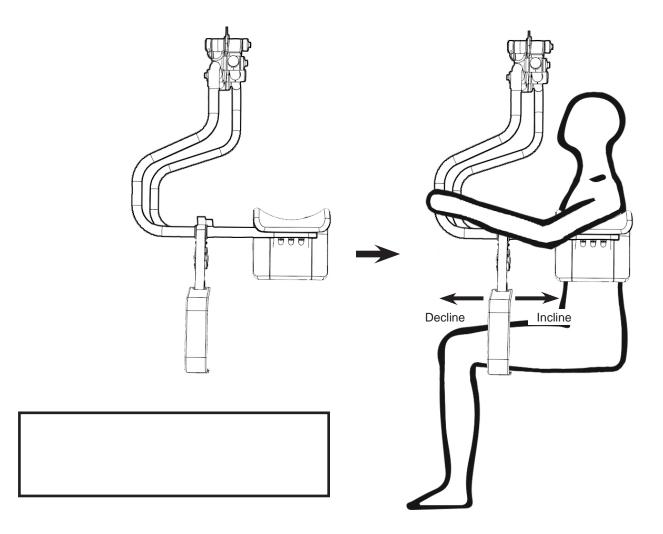
The manual for the ceiling lift that is used in conjunction with the lifter should be reviewed in detail prior to attempting these steps, as the ceiling lift illustrated here may not be the same as the one that was purchased.

Contact your local authorized Vancare Representatives if you have any questions or concerns.

<u>Step 1)</u> Position the **Independent Lifter** in front of the client. Adjust the height of the ceiling lift so that the arm pads are just beneath the arm pits.

<u>Step 2)</u> Place the **Independent Lifter** on the patient by placing arm pads beneath arm pits with the curvature of arm pads around the rib cage. Adjust leg straps and place underneath thighs at a comfortable position (See diagrams to right).

<u>Step 3)</u> The angle at which the client requires after lifting from a surface can be adjusted by changing the placement of the leg supports on the thighs. Place the Leg Straps beneath the thighs.



Basics in Transferring an Individual (continued)

△ CAUTION: Always use extreme care when moving the lift from one location to another. Watch out for and avoid any obstructions that may cause injury to the individual in the lifter, or damage to the lift.

<u>Step 4)</u> Once the **Independent Lifter** is in place, raise the lift using the hand control. While lifting is in progress, the height required in order for the transfer to be completed safely should be closely observed. Observe Leg Supports and ensure there is no slippage/movement of straps. Ensure that the individual being lifted will not be injured by any obstructions during the initial lifting.

△ CAUTION: Always verify that the client is properly positioned in the Independent Lifter while being raised. If repositioning is required, lower to the surface and reposition.

<u>Step 5)</u> Once at a safe height, the individual can be transferred to the desired location. Refer to ceiling lift manual for operating instructions.

<u>Step 6)</u> When the desired location is reached, the individual in the lifter can be lowered/raised to the correct height in order to complete the transfer. On completion of lowering/raising ensure that the individual is properly positioned and safely supported prior to removing the Leg Supports of the lifter from the individual.

△ CAUTION: Prior to removing the Leg Supports from the individual, be sure to check that the individual being lifted is securely supported in the final desired position.

△ CAUTION: When lowering the lifter, ensure the client's head does not come in contact with the top of the Arm Support Bar.

Step 7) Remove the Leg Supports from the thighs. Then, move lift and Independent Lifter away from the client.

△ CAUTION: Do <u>not</u> place fingers within scissoring mechanism located at the top of the Independent Lifter.

⚠ There are no known "contraindications" associated with the usage of the Independent Lifter, provided it is used per manufacturer's recommendations and guidelines.

However, it is recommended that a client-specific assessment is completed by a trained and knowledgeable health care professional to determine the method of transfer. Vancare does not recommend a required number of caregivers for the use of our products. This information and recommendation can only be provided after a thorough personalized, case specific assessment, as there are many factors that can influence these decisions. It is however, "obligatory" that a client that is assessed as being an independent user of our ceiling lift technology have the ability to receive assistance, during the transfer, in the event of a lift malfunction or personal concern. This assistance can be provided in the form of: a nearby qualified caregiver, a phone, a communication device, etc.

General Inspection and Maintenance

A) Each Use - To be completed by User

Prior to each use the, **Independent Lifter** must be visually inspected. **Should any of these items fail the inspection do not use the Independent Lifter**. Contact your local authorized dealer for service.

Visually check for the following:

- The **Independent Lifter** is securely attached to the QRS hook of the lift with "red" latch of the lift strap QRS in completely closed position. (See Figure 1)
- The **Independent Lifter** arm supports show NO signs of wear, deformation or breakage. (See Figure 2)
- The **Independent Lifter** Leg Supports show NO wear, deformation or breakage.
- The stitching on the Leg Supports where it connects to the Buckle show NO signs of fraying, wear or breaking.
- Ensure while lifting there is NO movement/slippage in Leg Supports. If there is any movement, lower the patient down and confirm the proper attachment of strap and buckle with the leg supports.
- Ensure that **Independent Lifter** arms are moving freely under spring tension.
- Discontinue use if you hear any unusual squeaking, grinding or crashing noise from the **Independent Lifter** unit.
- Follow the ceiling lift specific "pre-use" inspection procedure to ensure ceiling lift is safe to use.





B) Monthly - To be completed by User

Should any of these items fail the inspection do not use the Independent Lifter. Contact your local authorized dealer for service.

• Complete the visual inspection as noted in the "Each Use" section above.

With no one in the Body Lifter and being attached to the lift check the following:

- **Independent Lifter** arms are moving freely under spring tension.
- All screws and fasteners are tight and secure, especially the screws holding the arm tubes together (see points of attachment on page 12).

C) Preventative Maintenance - To be completed by a lift technician

To ensure continued safe and reliable operation of **Independent Lifter**, preventative maintenance should be performed at intervals recommended below:

• Generally the recommended preventative maintenance interval time is annual. Consult your local authorized dealer for advice on whether preventative maintenance should be completed every 6 months or on a yearly basis. Generally, in very frequent use (more than 1000 lifts per year), or in situations where heavier than normal clients regularly are lifted, Preventative Maintenance should be completed every 6 months.

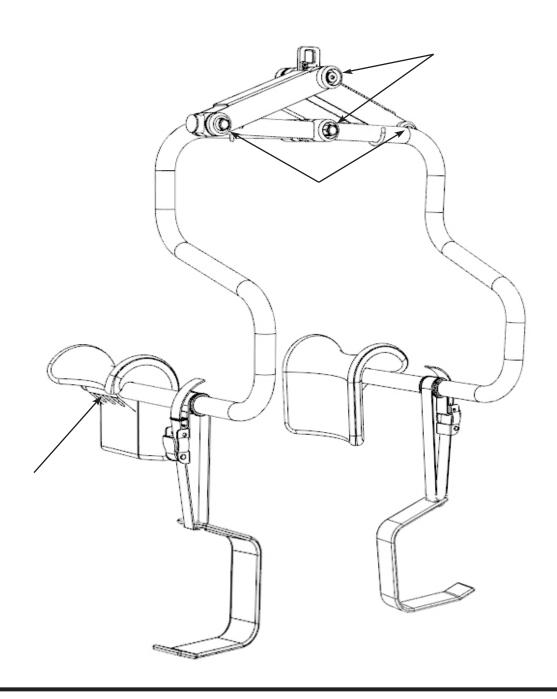
The following maintenance actions must be completed:

- Complete the visual inspection as noted in the "Monthly" section above.
- Visually inspect all structural components like arm tubes, arm supports, and leg supports for any signs of wear, deformation or breakage.

- Confirm the arm tension spring is held properly in its place and is working normally.
- Physically confirm that all fasteners are fully tight.

Independent Lifter - Points of Attachment

Use the described tools to tighten the bolts on a monthly basis in the areas shown.



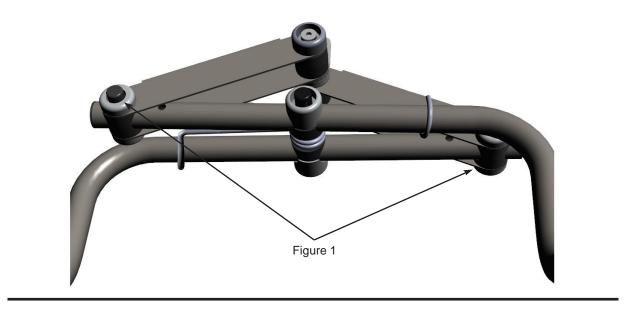
Independent Lifter Replacement Parts

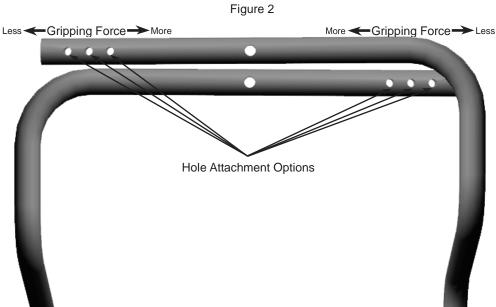
See page 3 for a diagram of the parts listed below.

Part No:	Description:	Includes:
341640	Spare Arm Support Kit	Single arm support pad and hardware
341650	Independent Lifter Leg Support Strap Kit-Small	Single leg support with strap and buckle
341660	Independent Lifter Leg Support Strap Kit-Medium	Single leg support with strap and buckle
341670	Independent Lifter Leg Support Strap Kit-Large	Single leg support with strap and buckle

Adjusting Arm Support Bar for Sizing

To be done under the supervision of a trained tech





Step 1) Unscrew the adjustment bolts as shown in Figure 1 (see page 12 for proper tool selection).

Step 2) Move the scissors away to match desired hole.

Step 3) Fasten the scissor mechanism the selected hole.

<u>Step 4)</u> Repeat for the other side of the lifter. Be sure to use the same hole on both arms.

IMPORTANT: The further out the utilized hole is from the center, the less gripping force the lifter will have (see Figure 2).

Service Record History - Initial Information

- Complete the following section on **Purchase and Service Information** as soon as this equipment is purchased.
- Use the service record history to record to any completed service and repairs.
- Ensure that the service record is signed and dated each time it is used.
- Be sure to have this piece of equipment serviced on a regular basis as described in the "General Inspection and Maintenance" Section.

Date of Purchase:	Independent Lifter		
Purchased From:		Model: Serial No:	
Purchased From:			
•			
(10cm aumorized varioure it			
Address:			
City, State:			Postal Code:
Telephone No:			
Comments:			-
SERVICE INFOR	RMATION:		
C 4 4 41 f - 11 i	g company for service:		
Contact the following			
Contact the following			
Company:			
	epresentative)		
Company:	epresentative)		
Company: (local authorized Vancare R	epresentative)		_ Postal Code:
Company: (local authorized Vancare R			Postal Code:
Company: (local authorized Vancare R Address: City, State:			_ Postal Code:

Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

Date:	Time:	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Completed By: _		
Company:	Printed Name	Signature
Remarks & Actio	on Taken:	
Date:	Time:	
* -	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
	Printed Name	Signature
	Talan.	
Remarks & Actio	on Taken:	
Date:	Time:	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Completed By: _		
Company:	Printed Name	Signature
Remarks & Actio		
Dotos	Timo	
Date:		n □ Renair □ Yearly Inspection □ Other
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	
Service Type: Completed By: _	Printed Name Monthly Inspection 6 Month Inspection	
Service Type: Completed By: _ Company:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time:	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time:	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type:	Printed Name Printed Name Time: Printed Name Printed Name Printed Name	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name Time: Printed Name On Taken:	Repair Yearly Inspection Other: Signature Note: Signature Note: Signature
Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Time: Printed Name On Taken: Printed Name Time: Printed Name Time: Time: Time: Time: Time: Time:	Repair Yearly Inspection Other: Signature Note: Signature Note: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type:	Printed Name Time: Printed Name On Taken: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Printed Name Time: Printed Name On Taken: Printed Name Time: Printed Name On Taken:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Company: _ Company: _ Company: _ Completed By: _ Completed By: _ Completed By: _	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type: Completed By: _ Company: Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature

Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

Date:	Time:	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Completed By: _		
Company:	Printed Name	Signature
Remarks & Actio	on Taken:	
Date:	Time:	
	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Completed By: _	Printed Name	Signature
Remarks & Actio	on Taken:	
Date:	Time•	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
	Printed Name	Signature
Company:		
Kemarks & Actio	on raken.	
Date:	Time:	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _	Printed Name Monthly Inspection 6 Month Inspection	
Service Type: Completed By: _	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: Company: Remarks & Action	Printed Name Printed Name On Taken:	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time:	Repair Yearly Inspection Other:
Service Type: Completed By: Company: Remarks & Action Date: Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _	Printed Name Time: Printed Name Printed Name Printed Name Time: Printed Name	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name Time: Printed Name On Taken:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name Time: Printed Name On Taken:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Company: _ Remarks & Action	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Company: _ Company: _ Completed By: _ Completed By: _ Completed By: _	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Company: _ Remarks & Action	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature

Service Record History

Complete this section after each service, repair inspection and/or maintenance. Photocopy additional pages as required.

Date:	Time:	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Completed By: _		
Company:	Printed Name	Signature
Remarks & Actio	on Taken:	
Date:	Time:	
	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Completed By: _	Printed Name	Signature
Remarks & Actio	on Taken:	
Date:	Time•	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
	Printed Name	Signature
Company:		
Kemarks & Actio	on raken.	
Date:	Time:	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	
Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _	Printed Name Monthly Inspection 6 Month Inspection	
Service Type: Completed By: _	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company:	Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: Company: Remarks & Action	Printed Name Printed Name On Taken:	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time:	Repair Yearly Inspection Other:
Service Type: Completed By: Company: Remarks & Action Date: Service Type:	Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _	Printed Name Time: Printed Name Printed Name Printed Name Time: Printed Name	Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature Repair Yearly Inspection Other:
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name Time: Printed Name On Taken:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _	Printed Name Time: Periodic Inspection Monthly Inspection 6 Month Inspection Printed Name Time: Printed Name Time: Printed Name On Taken:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time:	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Company: _ Remarks & Action	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Company: _ Company: _ Completed By: _ Completed By: _ Completed By: _	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature
Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Remarks & Action Date: _ Service Type: Completed By: _ Company: _ Company: _ Remarks & Action	Printed Name Time: Printed Name Printed Name Time: Printed Name Printed Name Printed Name Printed Name Time: Printed Name Printed Name Time: Printed Name Time: Printed Name Time: Printed Name Time: Printed Name	Repair Yearly Inspection Other: Signature

If you have any questions about the manufacture or operation of this equipment, please contact

Vancare, or your local authorized dealer.



Manufactured for:

Vancare, Inc. 1515 First Street Aurora, NE 68818 1-800-694-4525 www.vancare.com info@vancare.com

This document conforms to EN ISO 10535 requirements

Independent Lifter - Owner's Manual Rev: 13 MAR 2015 Page: 18