

Stability Test Certificate

Moulded Seat Insert KATO Seat Carved Foam Other

Order No.: _____ Customer: _____

Client's name: _____

Wheelchair Details

Make: _____ Model: _____ Serial No.: _____

Detail any modifications made or accessories fitted to the standard wheelchair before testing:

Accessories: _____

Stability Test

This is to certify that the above wheelchair with the described Seating System fitted has been tested for stability at:

12° / 16° / Other _____ (delete/enter as appropriate) to the horizontal and is shown to be satisfactory.

Date: _____ Signed: _____ Position: _____

For and on behalf of Chas A Blatchford and Sons Ltd.

To be completed by the Wheelchair Service authorised representative:

I confirm that the above Seating System is suitable for the above client.

Signed: _____ Name (block caps): _____

Position: _____ Date: _____

The Seating System described is specially made to fit the above Wheelchair and has been tested with it. The Wheelchair must not be modified or another substituted without ensuring that the specification requirements have been met. If this Seating System is used in a manner other than specified by the manufacturer then the client, the client's guardian or attendant must take full responsibility for the client's safety.

This Seating System is not suitable for use as a car seat.

User Manual

I have received a copy of the User Manual and verbal guidance in the use of the Special Seating system supplied.

Client or Client's representative:

Signed: _____ Name (block caps): _____

Position or Relationship: _____ Date: _____