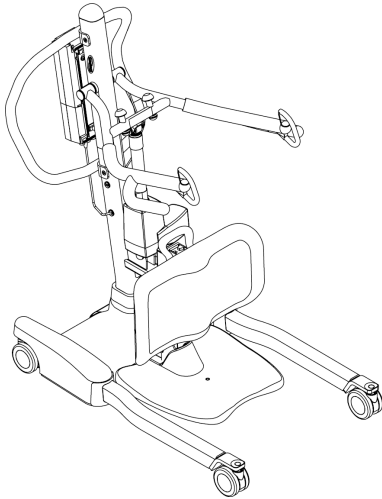


Invacare® Roze™

en Stand Assist Patient Lift User Manual



This manual **MUST** be given to the user of the product.
BEFORE using this product, read this manual and save for future reference.



Yes, you can.®

© 2017 Invacare Corporation.

All rights reserved. Republication, duplication or modification in whole or in part is prohibited without prior written permission from Invacare. Trademarks are identified by ™ and ®. All trademarks are owned by or licensed to Invacare Corporation or its subsidiaries unless otherwise noted. A spare parts catalog is available upon request.

Making Life's Experiences Possible is a registered trademark in the U.S.A.

Contents

| | |
|---|-----------|
| 1 General | 5 |
| 1.1 Intended Use | 5 |
| 1.2 Indications For Use | 5 |
| 1.3 Contraindications | 5 |
| 1.4 Technical Description | 5 |
| 1.5 Symbols | 6 |
| 2 Safety | 8 |
| 2.1 General Guidelines | 8 |
| 2.2 Operating Information | 10 |
| 2.2.1 Positioning | 11 |
| 2.2.2 Pinch Points | 12 |
| 2.3 Radio Frequency Interference | 12 |
| 2.4 Product Labeling | 13 |
| 3 Components | 14 |
| 3.1 Main Parts of the Lift | 14 |
| 3.2 Accessories | 15 |
| 4 Setup | 17 |
| 4.1 Scope of Delivery | 17 |
| 4.2 Safe Assembly | 17 |
| 4.3 Assembling the Mast to the Base | 18 |
| 4.4 Assembling the Knee Pad to the Mast Assembly | 20 |
| 4.5 Assembling the Foot Plate to the Mast Assembly | 20 |
| 4.6 Checking the Service Light | 21 |
| 4.7 Attaching the Battery Charger Mounting Bracket to the Wall | 21 |
| 4.8 Attaching the Battery Charger Mounting Bracket to the Mast Assembly | 22 |
| 5 Usage | 23 |
| 5.1 Introduction | 23 |
| 5.2 Locking/Unlocking the Rear Casters | 23 |
| 5.3 Closing/Opening Legs of the Lift | 23 |
| 5.3.1 Closing/Opening Legs of the Electric Lift | 24 |
| 5.4 Raising/Lowering the Lift | 24 |
| 5.4.1 Raising/Lowering an Electric Lift | 24 |
| 5.5 Activating a Mechanical Emergency Release | 25 |
| 5.5.1 Primary Emergency Release | 25 |
| 5.5.2 Secondary Emergency Release | 25 |
| 5.6 Performing an Emergency Stop | 26 |
| 5.7 Charging the Battery | 26 |
| 5.7.1 Battery Indicator | 26 |
| 5.7.2 Using a Power Cord to Charge the Battery | 28 |
| 5.7.3 Using the Battery Charger to Charge the Battery | 29 |
| 6 Lifting the Patient | 30 |
| 6.1 Safe Lifting | 30 |
| 6.2 Preparing to Lift | 32 |
| 6.3 Attaching the Sling to the Lift | 34 |
| 6.4 Lifting the Patient | 36 |
| 6.4.1 Transferring from the Lift to a Bed | 38 |
| 6.4.2 Transferring from the Lift to a Commode | 39 |
| 6.4.3 Transferring from the Lift to a Wheelchair | 42 |
| 7 Troubleshooting | 43 |
| 7.1 Troubleshooting | 43 |
| 8 Maintenance | 45 |
| 8.1 Safe Maintenance | 45 |
| 8.1.1 Service Life | 45 |
| 8.1.2 Wear and Tear Items | 46 |
| 8.1.3 Service Interval | 46 |
| 8.1.4 LOLER Statement | 46 |
| 8.1.5 General Maintenance | 47 |
| 8.1.6 Daily Inspection | 48 |
| 8.1.7 Safety Inspection Checklist | 49 |
| 8.2 Lubricating the Lift | 50 |
| 8.3 Cleaning the Sling and the Lift | 50 |
| 8.4 Resetting the Service Light | 51 |
| 8.5 Replacing the Electric Actuator | 51 |
| 8.6 Replacing the Leg Actuators | 53 |

| | | |
|-----------|---|-----------|
| 8.7 | Replacing Rear Casters | 54 |
| 8.8 | Replacing Front Casters | 54 |
| 8.9 | Adjusting the Knee Pad Height | 55 |
| 9 | Technical data | 56 |
| 9.1 | Patient Lift | 56 |
| 9.2 | Environmental Conditions | 59 |
| 9.3 | Materials | 59 |
| 9.3.1 | Electric Lifts | 59 |
| 9.4 | Electromagnetic Compatibility (EMC) Information | 60 |
| 9.4.1 | Electromagnetic Compatibility (EMC) | 61 |
| 10 | After Use | 66 |
| 10.1 | Transportation and Storage | 66 |
| 10.2 | Reuse | 66 |
| 10.3 | Disposal | 66 |
| 10.4 | Warranty Information | 66 |

1 General

1.1 Intended Use

The Invacare stand assist lift is NOT a transport device. It is intended to transfer an individual from one seated surface to another (such as a bed to a wheelchair).

1.2 Indications For Use

The stand assist lift can be used to transfer and position partially immobile weight-bearing patients.

1.3 Contraindications

The stand assist lift is contraindicated for patients who:

- are not cooperative
- are not coherent
- do not have head and neck control

Some slings designed for the stand assist lift are contraindicated for patients who cannot support the majority of their weight. Refer to the sling user manual for more information.

1.4 Technical Description

Stand assist lifts are transfer devices designed to be used in most of the common lifting situations, for example:

- Between the bed and the wheelchair
- To and from the toilet
- Rehabilitation, assisting a patient from a seated position to a standing position

The stand assist lift is only intended to lift patients up to the maximum weight limit stated in Technical Data.

Selecting the appropriate slings and accessories for each individual is important to assure safety when using a stand assist lift. See Invacare's sling and accessory user manuals for further information on those devices.

The stand assist lift can be turned (rotated) in place with limited floor space.

1.5 Symbols

Signal words are used in this manual and apply to hazards or unsafe practices which could result in personal injury or property damage. See the information below for definitions of the signal words.



DANGER!

– Danger indicates an imminently hazardous situation which, if not avoided, will result in death or serious injury.



WARNING!

– Warning indicates a potentially hazardous situation which, if not avoided, could result in death or serious injury.



CAUTION!

– Caution indicates a potentially hazardous situation which, if not avoided, may result in property damage or minor injury or both.



IMPORTANT


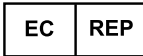

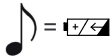




– Indicates a hazardous situation that could result in damage to property if it is not avoided.














Gives useful tips, recommendations and information for efficient, trouble-free use.

Symbols on the Product

Refer to Product Labeling in the Safety section of the manual for the location of the symbols on the product.

| | |
|--|---|
|  | <p>This product complies with Directive 93/42/EEC concerning medical devices.</p> <p>The launch date of this product is stated in the CE declaration of conformity.</p> |
|  | <p>European Representation</p> |
|  | <p>Read Manual</p> |
|  | <p>Audible tone when battery low. Refer to Charging the Battery in the Usage section of the manual.</p> |
|  | <p>Caster lock.</p> |
|  | <p>Open/close Legs</p> |
|  | <p>Raise/lower the boom</p> |
|  | <p>Emergency stop</p> |

| | |
|---|--|
|  | Safe Working Load |
|  | Ensure clip is fully closed and sling loop is completely on the hook before lifting the patient. |
|  | Double Insulated, Class II equipment |
|  | Type B applied part |
|  | Date of manufacture. |
|  | Manufacturer |
|  | Recycle this product. Refer to Disposal section. |
|  | Wrench |
|  | Battery Indicator |

| | |
|--|---------------------|
|  | Direct Current |
|  | Blinking LED Lights |

2 Safety

2.1 General Guidelines



DANGER!

Risk of Death, Injury or Damage

Improper use of this product may cause death, injury or damage.

- If you are unable to understand the warnings, cautions or instructions, contact a healthcare professional, dealer or technical personnel before attempting to use this equipment.
- DO NOT use this product or any available optional equipment without first completely reading and understanding these instructions and any additional instructional material such as user manuals, service manuals or instruction sheets supplied with this product or optional equipment.

Continued use of this product with damaged parts could lead to the product malfunctioning, causing injury to the user and/or caregiver.

- Check ALL product components and carton for damage, and test components before use. DO NOT use product if components are damaged or if product is not working properly. Contact a qualified technician or Invacare for repair.



NOTICE

- The information contained in this document is subject to change without notice.



WARNING!

Risk of Injury or Damage

The product can be used indoors or outdoors. Some surfaces may cause the product to be unstable and cause injury or damage.



WARNING!

Risk of Injury or Damage

Excessive moisture will damage the product and may cause injury if the product is used in the shower or bath area. Make sure to dry the product carefully.

- DO NOT use the product in the shower or bath or in any prolonged moisture environment. Invacare recommends that the patient be transferred to a shower chair or other means for bathing.
- Ensure that the product is wiped clean of any moisture after use.
- DO NOT store the product in a damp area or damp condition.
- Periodically inspect all components of the product for signs of corrosion or damage. Replace parts that are corroded or damaged.
- Avoid using this product on an incline. Invacare recommends that the product only be used on a flat surface.
- DO NOT roll product over uneven surfaces that may cause the patient to tip over.

**WARNING!****Risk of Death, Injury or Damage**

To avoid injury or damage when operating the product:

- Close supervision is necessary when the product is used near children or pets.

**WARNING!****Risk of Death, Injury or Damage**

Improper use of this product may cause death, injury or damage.

The lift could tip and endanger the patient and assistants.

- DO NOT attempt any transfer without the approval of the patient's physician, nurse or medical assistant.
- Thoroughly read the instructions in this user manual, and observe a trained team of experts perform the lifting procedures. Perform the entire lifting procedure several times with proper supervision and a capable individual acting as a patient.
- Although Invacare recommends that two assistants be used for all lifting preparation, transferring from and transferring to procedures, our equipment will permit proper operation by one assistant. The use of one assistant is based on the evaluation of the health care professional for each individual case.

**WARNING!****Risk of Injury or Falling**

Invacare slings and lift accessories are specifically designed to be used in conjunction with Invacare patient lifts.

To avoid injury or falls:

- Patients who are transferred and positioned using the stand assist lift MUST be cooperative, coherent and have head and neck control. Otherwise, injury may occur.
- Patients who are transferred and positioned using slings compatible with the stand assist lift MUST be able to support a majority of their own weight. Otherwise, injury or damage may occur. Refer to the sling user manual for more information.



WARNING!

Risk of Death, Injury or Damage

Improper use of this product may cause death, injury or damage.

The lift could tip and endanger the patient and assistants.

- DO NOT exceed maximum weight limitation of the patient lift. See Technical Data or the labeling on the lift for the weight limitation of the lift.
- Use steering handle on the mast at all times to push or pull the patient lift.
- Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair or commode).

2.2 Operating Information

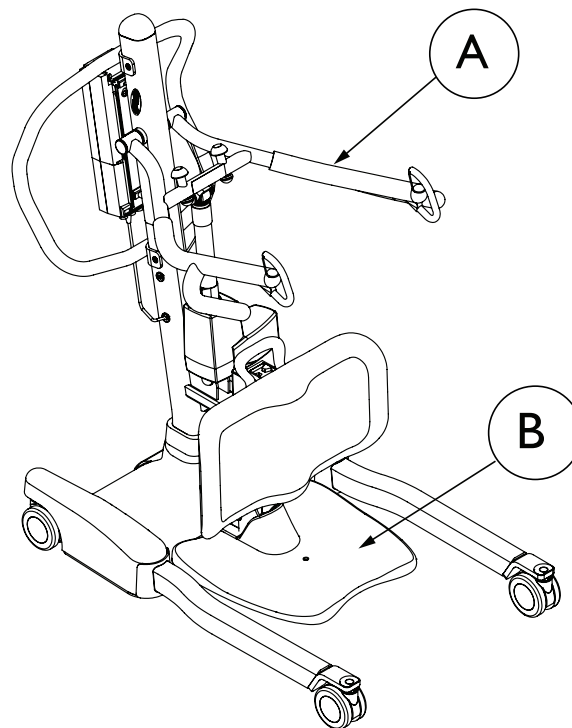
This section of the manual contains general safety information about your product. For specific safety information, refer to the appropriate section of the manual and procedures within that section. For instance, for safety information related to assembling the lift, refer to the Setup section of the manual.

2.2.1 Positioning



WARNING!
Risk of Injury

- ALWAYS be aware of the Lift Arms (A). Injury to the patient and/or assistant may occur.
- ALWAYS be aware of the Foot Plate (B), especially the patient's position on the foot plate. Injury to the patient and/or assistant may occur.



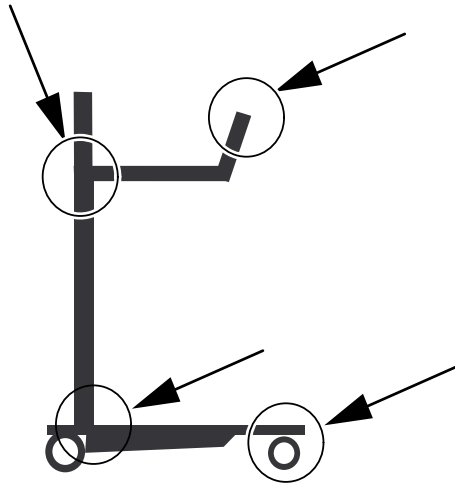
2.2.2 Pinch Points



WARNING!
Risk of Injury

Pinch points are present in several locations on the lift and fingers could be pinched.

- ALWAYS keep hands and fingers clear of moving parts to avoid injury.



2.3 Radio Frequency Interference



WARNING!
Risk of Injury or Damage

Most electronic equipment is influenced by Radio Frequency Interference (RFI).

CAUTION should be exercised with regard to the use of portable communication equipment in the area around such equipment, otherwise injury or damage may occur.

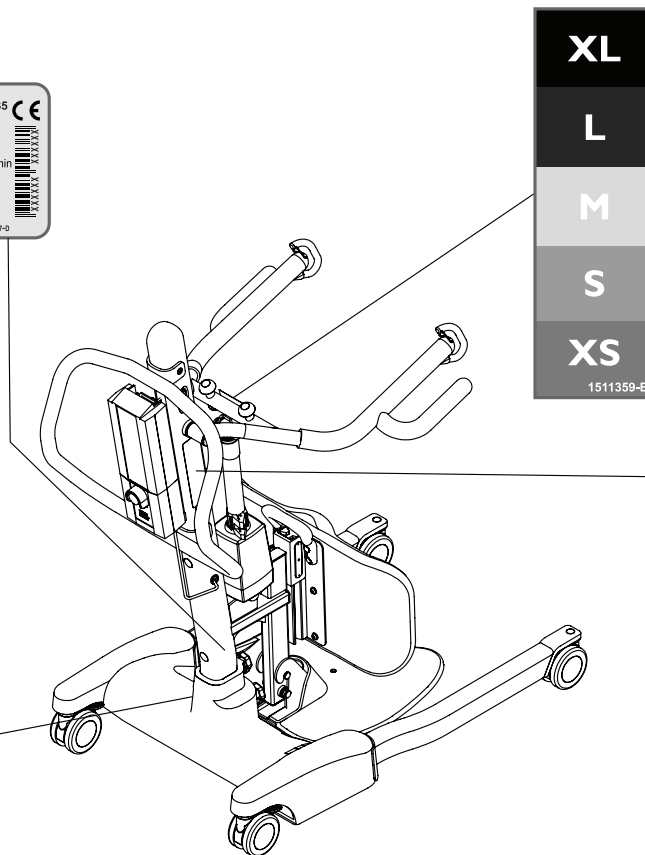
If RFI causes erratic behavior:

- PUSH the Red Power Switch OFF IMMEDIATELY.
- DO NOT turn the Power Switch ON while transmission is in progress.

2.4 Product Labeling

| | | | | | | | |
|---------|--------------------|--|------------------|-------------------|--|--|--|
| | | Invacare Rehabilitation Equipment (Suzhou) Co., Ltd No. 5 Wei Xi Road SIP, Suzhou Jiangsu, P.R.C. 215121 | | ISO 10535 IP24 | | | |
| REF | XXXXXXXXXX | UIn | 100-240V, AC | | | | |
| SN | XXXXXXXXXXXXXXXXXX | 50/60 Hz | IP24 | | | | |
| | | lin max. | 400mA | | | | |
| | | Int. max. | 10% 2 min/18 min | | | | |
| | | UOut | 24V DC, 2.9Ah | | | | |
| | = 200 kg | | | 1171877-0 | | | |
| YYYY-MM | Roze | | | | | | |

| |
|---|
| <p>⚠ WARNING</p> <p>Risk of injury or damage. Only use the Roze mast with this base.</p> <p>⚠ ATTENTION</p> <p>Risque de blessure ou de dommages. Utiliser exclusivement le mat Roze avec cette base.</p> <p>⚠ ADVERTENCIA</p> <p>Riesgo de lesiones o daños. Utilice únicamente el mástil de Roze en esta base.</p> <p>⚠ ADVARSEL</p> <p>Risiko for ulykke eller skade. Bruk kun Roze mast på dette understell.</p> <p>⚠ ADVARSEL</p> <p>Risiko for ulykke eller skade. Anvend kun masten til Roze til denne base.</p> <p>⚠ WARNING</p> <p>Verletzungsgefahr oder Gefahr der Beschädigung. Den Roze Mast nur mit dieser Basis benutzen.</p> <p>⚠ ATTENZIONE</p> <p>Pericolo di lesioni o danni. Con questa base, utilizzare solo l'albero Roze.</p> <p>⚠ ADVARSEL</p> <p>Skaderisiko eller risiko for beskadigelse. Brug kun Roze-masten med dette understel.</p> <p>1171782-B</p> |
|---|

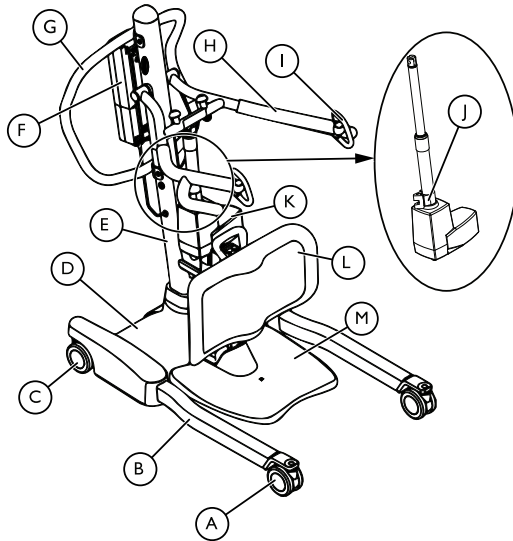


| |
|--------------|
| = 200 kg |
| |
| |
| |
| |
| |
| = |
| |

1164947-C

3 Components

3.1 Main Parts of the Lift



| ITEM | Description |
|------|------------------------------------|
| Ⓐ | Front Caster |
| Ⓑ | Leg |
| Ⓒ | Rear Caster with Brake |
| Ⓓ | Base |
| Ⓔ | Mast |
| Ⓕ | Control Unit with Battery |
| Ⓖ | Steering Handle |
| Ⓗ | Lift Arm |
| Ⓘ | Hook for Sling |
| ⓵ | Manual Emergency Lowering Handgrip |
| Ⓚ | Actuator |
| Ⓛ | Knee Pad |
| Ⓜ | Foot Plate |

3.2 Accessories



WARNING!

Risk of Injury or Death

Improperly attached, improperly adjusted, or damaged slings can cause the patient to fall or cause injury to assistants.

- Use an Invacare approved sling that is recommended by a health care professional for the comfort and safety of the individual being lifted.
- Invacare slings and patient lift accessories are specifically designed to be used in conjunction with Invacare patient lifts.
- After each laundering (in accordance with instructions on the sling), inspect sling(s) for wear, tears and loose stitching.
- Bleached, torn, cut, frayed or broken slings are unsafe and could result in injury. Discard immediately.
- DO NOT alter slings.
- Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair or commode).



WARNING!

Risk of Injury or Damage

Accessories designed by other manufacturers have NOT been tested by Invacare. Use of Non-Invacare accessories may result in injury or damage.

In certain instances, the use of other manufacturer's slings may be possible.

- Contact your local Invacare office for more information about accessories.

Available accessories



WARNING!

Stand Assist Sling

– Before lifting the patient, make sure the bottom edge of the stand assist sling is positioned on the lower back of the patient and the patient's arms are outside the stand assist sling. The belt **MUST** be snug, but comfortable on the patient, otherwise the patient can slide out of the sling during transfer possibly causing injury.

Transfer Stand Assist Sling

– Before lifting the patient, make sure the bottom edge of the transfer sling is at the base of the spine and the patient's arms are outside the transfer sling.

– **DO NOT** raise the patient to a full standing position while using the transfer sling, otherwise injury may occur.

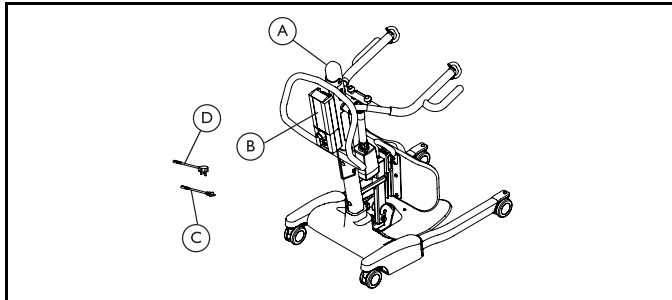
Sling models:

- Stand assist sling – Standing transfer for those with some weight bearing ability
- Transfer stand assist sling – Seated transfer for those with minimal weight bearing ability

4 Setup

4.1 Scope of Delivery

The items listed in the tables are included in your package. Slings are sold separately.



| Item | Description | Quantity |
|-----------|----------------------------|----------|
| A | Lift | 1 |
| B | Battery | 1 |
| C | Charging Cord, EU | 1 |
| D | Charging Cord, UK | 1 |
| Not Shown | Hand Control | 1 |
| Not Shown | Lift User Manual | 1 |
| Not Shown | Wall Charger (if equipped) | 1 |

4.2 Safe Assembly



WARNING!

Risk of Injury

Improper assembly may cause injury or damage. Use of incorrect or improper parts, including replacement (service) parts, may cause injury or damage.

- Assembly **MUST** be performed only by qualified personnel.
- Use only Invacare parts in the assembly of this lift. The lift components are manufactured to specifications that assure correct alignment of all parts for safe functional operation.
- Replacement parts **MUST** match original Invacare parts.
- **ALWAYS** provide the lift serial number to assist in ordering the correct replacement parts.
- **DO NOT** overtighten the mounting hardware. This will damage the mounting bracket.

Risk of Injury or Damage

There is a risk of squeezing of both limbs and wires during assembly and disassembly of the lift.

- Activate the emergency stop before assembly or disassembly to prevent entrapment/squeezing.
- Take the utmost care when lifting components during assembly. Some parts are heavy. Always remember to adopt the correct lifting position.



There are no tools required to assemble the stand assist lift.

If there are any issues or questions during assembly, contact a local Invacare representative. Refer to the contact information in the back of this manual.

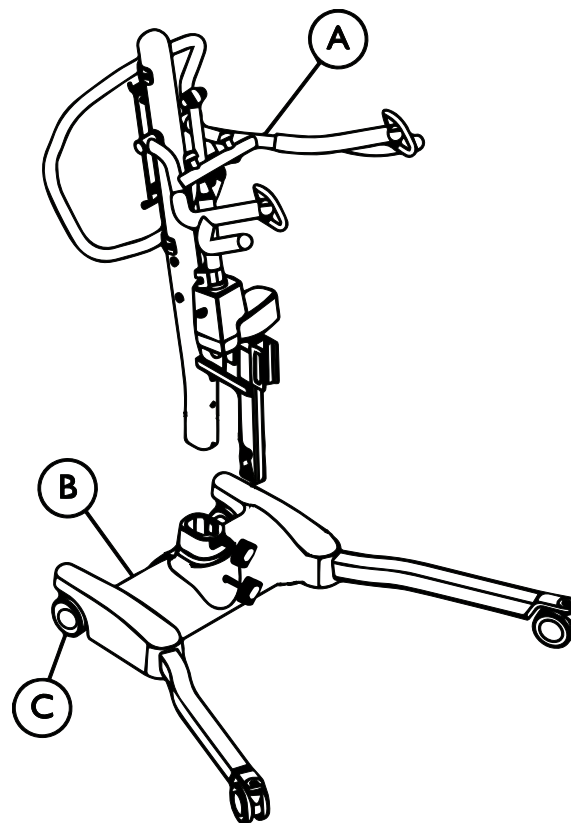
4.3 Assembling the Mast to the Base



WARNING!

Risk of Fire

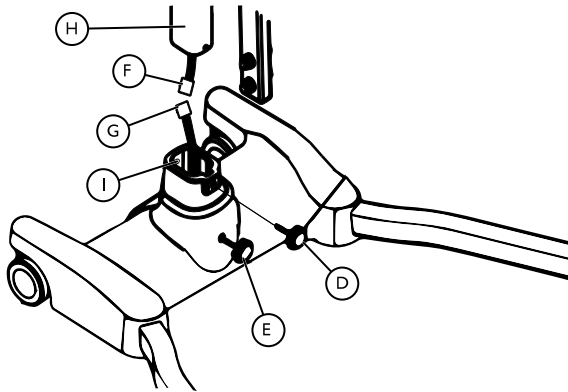
- Incorrect electrical connections can cause fire.
- Before making electrical connections, inspect connectors for damage. If damage is found, contact an Invacare dealer or qualified technician for service.
 - Ensure electrical connectors are completely connected
 - Ensure electrical connectors are connected to the correct components.
 - DO NOT force connectors together. If connections are not easy and smooth, verify the correct components are being connected. Contact Invacare, a dealer or a qualified technician for service.





The mast assembly (A) may be removed from the base (B) for storage or transporting. The mast assembly **MUST** be properly secured to the base assembly before use.

1. Put the base (B) on a level surface so all casters (C) make contact with the floor.
2. Lock the rear casters. Refer to Locking/Unlocking the Rear Casters in the Usage section of the manual.



3. Unscrew the top knob (D) and remove it from the base.
4. Loosen the bottom knob (E), but leave it screwed into the base.

5. Connect the mast assembly cable (F) to the base cable (G).



WARNING!
Risk of injury

– DO NOT place hands between the mast and base during assembly.

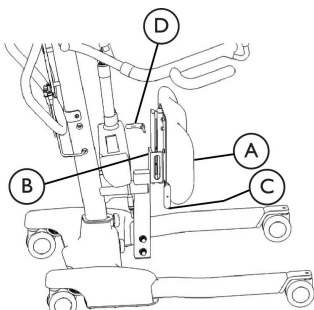


CAUTION!
Risk of Damage.

– DO NOT crush the connected cables between the mast and base during assembly.

6. Put the tube of the mast assembly (H) into the hole in the base (I).
7. While supporting the mast assembly, tighten the bottom plastic knob.
8. Screw the top plastic knob into the hole in the base.
9. Reverse STEPS 3–8 to disassemble the mast from the base.

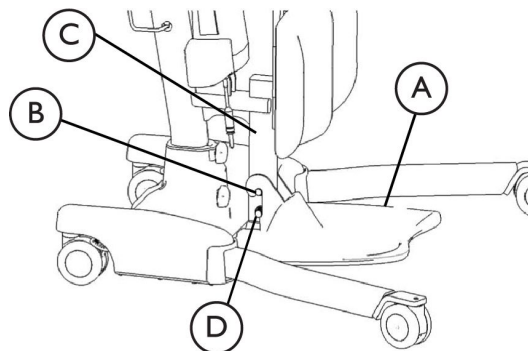
4.4 Assembling the Knee Pad to the Mast Assembly



i The knee pad may be removed from the stand assist lift for storage or transporting. The knee pad **MUST** be properly secured to the mast assembly before use.

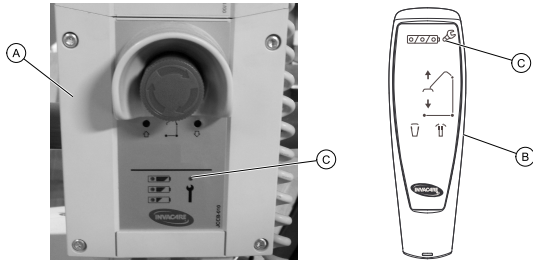
1. Push the knee pad **A** down into position on the knee pad mounting bracket **B** on the mast assembly.
2. Put the fix block **C** in place on the knee pad mounting bracket.
3. Insert the quick release knob **D** through the mounting bracket, knee pad and fix block.
4. Tighten the quick release knob.
5. To adjust the knee pad, refer to Adjusting the Knee Pad Height in the Maintenance section of the manual.


4.5 Assembling the Foot Plate to the Mast Assembly



1. Rotate the foot plate **A** up and place the hooks attached to the foot plate onto the top mounting bolts **B** in the mast assembly **C**.
2. Rotate the foot plate down towards the base assembly. The bottom of the foot plate will rest against the bottom bolts **D** on the mast assembly.
3. Ensure that the foot plate is level and secure.

4.6 Checking the Service Light

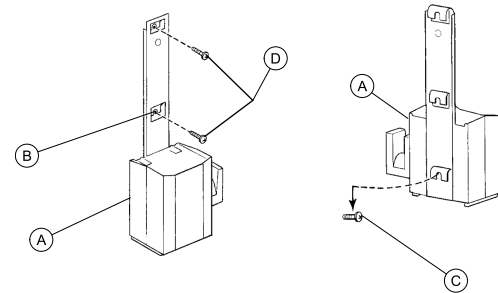



 Each time the lift is assembled, and before using the lift, the service light should be checked.

1. Assemble the lift.
2. Examine the control box **A** or the hand control **B** to see if the service light **C** is flashing.
3. Refer to the table.


| Service Light | Initial Assembly | Reassembly |
|---------------|---|--|
| Flashing | Reset the service light. Refer to Resetting the Service Light in the Maintenance section of the manual. | The lift requires service. Contact your local Invacare dealer or representative for service. |
| Not Flashing | N/A | The lift is ready for use |

4.7 Attaching the Battery Charger Mounting Bracket to the Wall

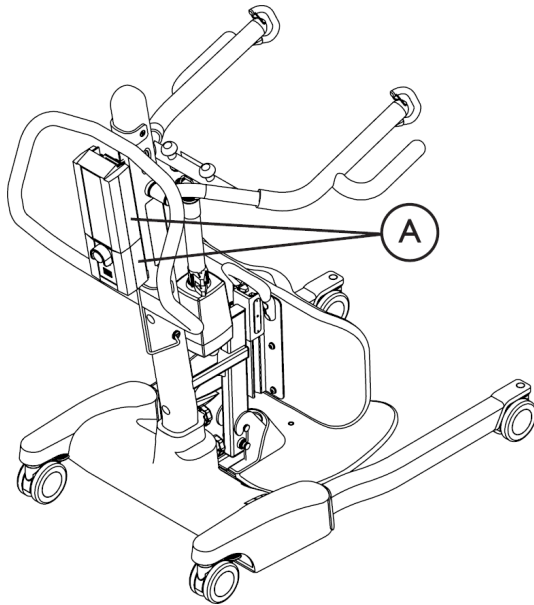


 Refer to your local regulations concerning proper mounting procedures.

1. Place the battery charger with mounting bracket **A** on the wall at the desired position.
2. With a pencil, mark the middle hole **B** position.
3. Measure down 16.5 cm (6½ inches) from the pencil mark and drill one mounting hole.
4. Install the bottom mounting screw **C** until there is an approximate 3 mm (1/8-inch) gap between the screw head and the wall.
5. Install the battery charger with mounting bracket onto the bottom mounting screw.
6. Drill the remaining two mounting holes.

7. Install the two remaining mounting screws ① through the mounting bracket and into the wall. Tighten securely.
8. Plug the battery charger into the wall electrical outlet.
 LED light indicating ON should illuminate.

4.8 Attaching the Battery Charger Mounting Bracket to the Mast Assembly




① = Battery and battery charger shown in place on mast assembly.

1. Remove and dispose of the two mylar pieces covering the mounting holes on the back of the mast assembly.
2. Insert the hook screws into the mounting holes.
3. Tighten the hook screws.
4. Mount the battery charger mounting bracket on the hook screws.
5. Charge the battery. Refer to Charging the Battery in the Usage section of the manual.

5 Usage

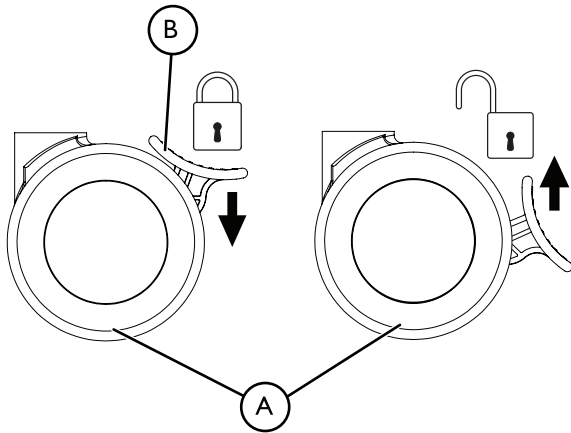
5.1 Introduction

The operation of the stand assist lift is an easy and safe procedure.

 Before using the lift with a patient, refer to the following procedures for safety information and instruction:

- Operating Information
- Lifting the Patient

5.2 Locking/Unlocking the Rear Casters



- To Lock the Caster (A): Press tab (B) down.
- To Unlock the Caster (A): Press tab (B) up.

5.3 Closing/Opening Legs of the Lift



WARNING!


Risk of Death, Injury or Damage

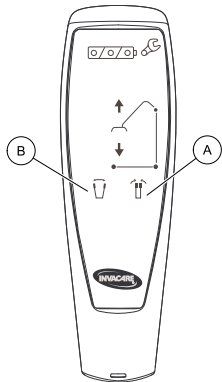
The lift could tip and endanger the patient and assistants.

- The legs of the lift must be in the maximum open position for optimum stability and safety during transfers. If it is necessary to close the legs of the lift to maneuver the lift under a bed, close the legs of the lift only as long as it takes to position the lift in front of the patient and lift the patient off the surface of the bed. When the legs of the lift are no longer under the bed, return the legs of the lift to the maximum open position.


5.3.1 Closing/Opening Legs of the Electric Lift

The hand control is used to open or close the legs of the base for stability when lifting a patient.

 Refer to the safety information in Closing/Opening Legs of the Lift before performing this procedure.



1. To close the legs of the lift, press and hold the legs closed button **(A)**.
2. To open the legs of the lift, press and hold the legs open button **(B)**.

 The legs will stop moving when the button is released.

5.4 Raising/Lowering the Lift



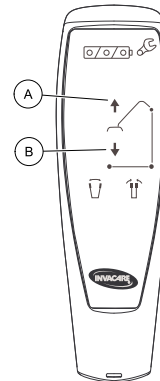
WARNING! **Risk of Injury**

The lift could tip and endanger the patient and assistants.

- Invacare recommends that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed or any stationary object.

5.4.1 Raising/Lowering an Electric Lift

The hand control is used to raise or lower the lift.



1. To raise the lift — Press and hold the UP arrow button **(A)** to raise the lift arms and the patient.
2. To lower the lift — Press and hold the DOWN arrow button **(B)** to lower the lift arms and the patient.

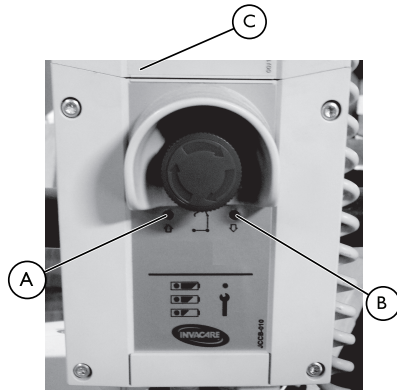


Release the button to stop raising or lowering the lift.

5.5 Activating a Mechanical Emergency Release

There are two types of mechanical emergency release — primary and secondary.

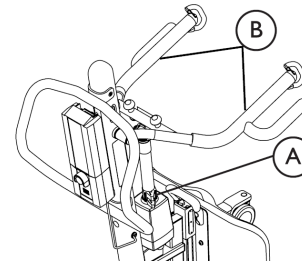
5.5.1 Primary Emergency Release



1. Insert a pen into the hole labeled Emergency Up **A** or Emergency Down **B** on the control box **C**.

i Pen must remain in position within the hole for the Emergency Release to function. Removal will stop the lowering.

5.5.2 Secondary Emergency Release

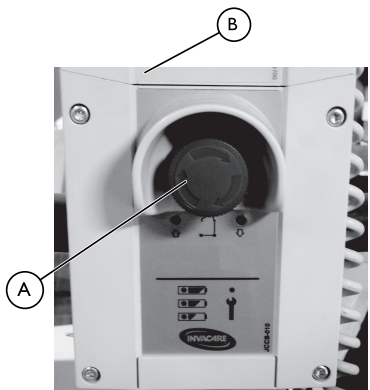


i It is recommended that the primary emergency release be used. The secondary emergency release is only a back-up to the primary emergency release.

In cases where the primary release is either not functioning or unreachable, a secondary emergency release may be used.

1. Pull up on the EMERGENCY grip **A** and push down on the lift arms **B** at the same time.

5.6 Performing an Emergency Stop



1. Press the RED button (A) on the control box (B) in to stop the boom and patient from raising or lowering.
2. To reset, rotate the emergency button clockwise.

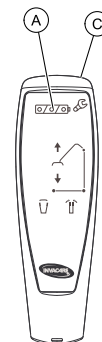
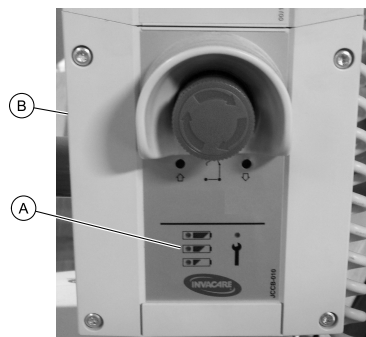
5.7 Charging the Battery



Invacare recommends the battery be recharged daily to prolong battery life.









There are two different methods to charge the battery. One method uses a power cord that attaches to the control box, and the other requires the battery to be mounted to the battery charger. Follow the appropriate procedure to charge the battery for your patient lift.

5.7.1 Battery Indicator




The battery indicator (A) is located on the control box (B) and on the hand control (C).

The LEDs indicate the battery state:

| Hand Control Battery Indicator | Control Box Battery Indicator | Battery State | Description |
|---|---|---------------------------|--|
|  |  | Full Charge | The battery is OK — no need for charging (100–50%). The third LED is GREEN. |
|  |  | Partial Charge | The battery needs to be charged (50–25%). The second LED is YELLOW. |
|  |  | Low Charge | The battery needs to be charged (Less than 25%). The horn beeps when a button is pressed. The first LED is YELLOW. |
|  |  | Low Charge (LED blinking) | The battery needs to be charged. Some of the functionality of the lift is lost and it is only possible to lower the boom. An audible alarm will sound (horn will beep) when battery is low. If the audible alarm sounds during a transfer, complete that transfer and then charge the battery. |

5.7.2 Using a Power Cord to Charge the Battery



 **A** = Power cord connects here.




WARNING!

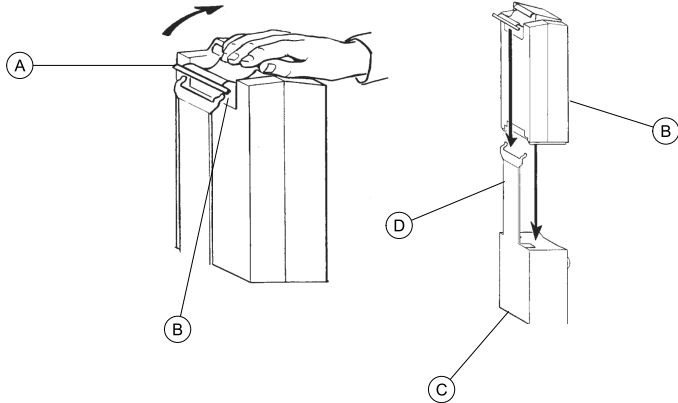
Risk of Death, Injury or Damage

The battery is capable of being charged while attached to the lift.

- DO NOT activate the emergency stop when attempting to charge the battery. The battery will not charge if the emergency stop is activated.
- While charging takes place, the patient lift cannot be used. DO NOT attempt to move or use the patient lift without unplugging the power cord from the wall outlet.
- DO NOT attempt to use the patient lift if the battery housing is damaged. Replace the battery before any further use.

1. Attach the power cord to the control box.
2. Plug the power cord into a power outlet.
 -  The battery will charge in approximately 4 hours. Charging must be done in a room with good air ventilation.
3. Disconnect the power cord from the power outlet after the battery has been fully charged.

5.7.3 Using the Battery Charger to Charge the Battery




Remove from Lift

1. Lift up on the handle (A) on the back of the battery (B).
2. Lift the battery up and out away from the control box (C).



CAUTION!

Mounting the battery improperly may cause injury or damage.
 – Make sure there is an audible click when mounting battery on the battery charger to confirm proper mounting.

3. Place the battery on the battery charger (D) as shown. Make sure there is an audible click.
 -  The charge LED will illuminate. When charging is complete, charge LED will stop illuminating. A battery needing to be fully recharged will take approximately four hours.


Remove from Charger

1. Lift up on the handle on the back of the battery.
2. Lift the battery up and out away from the battery charger.



CAUTION!

Mounting the battery improperly may cause injury or damage.
 – Make sure there is an audible click when mounting battery on the control box to confirm proper mounting.

3. Reinstall the battery onto the control box (C). Make sure there is an audible click.
 -  The battery mounts to the control box and battery charger as shown.

6 Lifting the Patient

6.1 Safe Lifting



WARNING!

Risk of Death, Injury or Damage

Improper use of this product may cause death, injury or damage.

The lift could tip and endanger the patient and assistants.

- The Invacare patient lift is NOT a transport device. It is intended to transfer an individual from one resting surface to another (such as a bed to a wheelchair).
- Wheelchair and bed wheel locks MUST be in a locked position before lowering the patient onto or lifting the patient off of the wheelchair or bed to prevent the wheelchair or bed from moving during transfer.
- Before transferring, check that the wheelchair (bed, commode or other surface) weight capacity can withstand the patient's weight.



WARNING!

Risk of Death, Injury or Damage

- DO NOT exceed the maximum patient weight limitation of 200 kg (31 stone).
- ALWAYS keep hands and fingers clear of moving parts to avoid injury.
- ALWAYS be aware of the foot plate, especially the patient's position on the foot plate. Injury to the patient and/or assistant may occur.



WARNING!

Risk of Death, Injury or Damage

Improper use of this product may cause death, injury or damage.

The lift could tip and endanger the patient and assistants.

- The legs of the lift must be in the maximum open position for optimum stability and safety. If it is necessary to close the legs of the lift to maneuver the lift under a bed, close the legs of the lift only as long as it takes to position the lift in front of the patient and lift the patient off the surface of the bed. When the legs of the lift are no longer under the bed, return the legs of the lift to the maximum open position.
- Invacare recommends locking the rear casters of the lift ONLY when positioning or removing the sling from around the patient.
- Invacare recommends that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed or any stationary object.

**WARNING!****Risk of Death, Injury or Damage**

Improper use of this product may cause death, injury or damage.

- Use the steering handle on the mast at all times to push or pull the product.
- Avoid using the product on an incline. Invacare recommends that the product only be used on a flat surface.
- During transfer, with the patient suspended in a sling attached to the lift, DO NOT roll lift over uneven surfaces that could cause the lift to tip over.

**WARNING!****Risk of Injury or Damage**

Damage to parts of the lift (hand control, casters, etc.) caused by impact with the floor, walls or other stationary objects may cause damage to the product and lead to injury.

- DO NOT allow parts of the lift to impact the floor, walls or other stationary objects.
- ALWAYS store the hand control properly when not in use.

**WARNING!****Risk of Death**

The hand control cord can cause injury if improperly positioned and secured.

- ALWAYS be aware of the location of the hand control cord in relation to the patient and caregivers.
- DO NOT allow the hand control cord to become entangled around the patient and caregivers.
- The hand control must be secured properly. ALWAYS store the hand control properly when not in use.

**WARNING!****Risk of Entrapment or Strangulation**

Items in the patient's surroundings can cause entrapment or strangulation during lifting. To avoid entrapment or strangulation:

- Before lifting, check that the patient is completely free of his/her surroundings.

**WARNING!****Risk of Entrapment**

There is a risk of entrapment between the lifting arm hooks and the sling.

- Use caution when lifting.
- NEVER put hands or fingers on or near the hooks when lifting.
- Ensure the patient's hands and fingers are away from the hooks before lifting.

**WARNING!****Risk of Injury or Damage**

- Use the sling that is recommended by a healthcare professional for the comfort and safety of the individual that is being lifted.
- Before lifting a patient from a stationary object (wheelchair, commode or bed), slightly raise the patient off the stationary object and check that all sling attachments are secure. If any attachment is not correct, lower the patient and correct the problem, then raise the patient and check again.
- Be sure to check the sling attachments each time the sling is removed and replaced to ensure that it is properly attached before the patient is removed from a surface.



Refer to the patient sling brochure for more information.

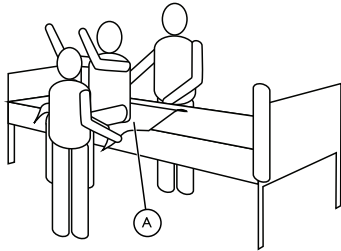
6.2 Preparing to Lift

**WARNING!****Risk of Injury or Damage**

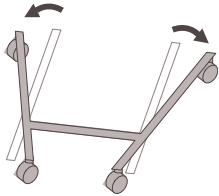
- Ensure equipment used with the lift is of adequate strength to lift the load (e.g. sling). Ensure that should the equipment malfunction the person being lifted is not exposed to danger.
- Before positioning the legs of the lift around the patient, make sure that the patient's feet are out of the way of the foot plate, otherwise injury may occur.
- Adjustments for safety and comfort should be made before moving the patient. Patient's arms should be outside of the sling straps.

1. Refer to the Safety section of the manual and review the information in Safe Lifting before proceeding further. Observe all warnings indicated.
2. The patient **MUST** be in a seated position to use the stand assist lift. If the patient is on a bed, use the head section of the bed to get the patient upright then move their legs over the side of the bed.

- Position the patient into the sling (A). Refer to the sling user manual.



- Unlock the rear casters. Refer to Locking/Unlocking the Rear Casters in the Usage section of the manual.
- Open the legs of the lift. Refer to Closing/Opening Legs of the Lift in the Usage section of the manual.



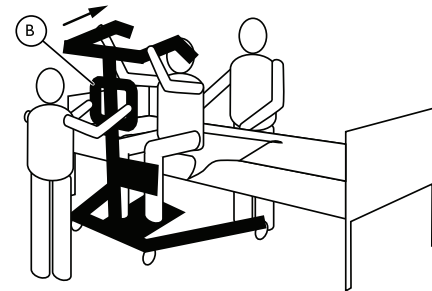
- Use the steering handle (B) to push the patient lift into position.

**WARNING!**

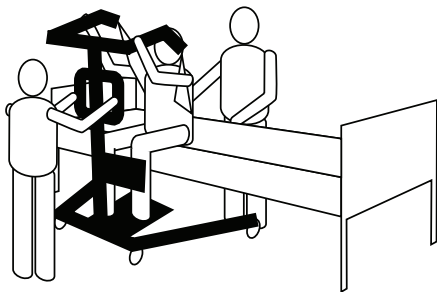
– When using the lift in conjunction with beds or wheelchairs, be aware of the position of the lift in relationship to those other devices so that the lift does not become entangled.



Before positioning the legs of the patient lift under a bed, make sure that the area is clear of any obstructions.



7. Lower the lift arms for easy attachment of the sling.



8. Lock the rear casters. Refer to Locking/Unlocking the Rear Casters in the Usage section of the manual.
9. Attach the sling to the lift. Refer to Attaching the Sling to the Lift in the Lifting the Patient section of the manual.

6.3 Attaching the Sling to the Lift



WARNING!

Risk of Injury or Death

Improperly attached, improperly adjusted, or damaged slings can cause the patient to fall or cause injury to assistants.

- Use an Invacare approved sling that is recommended by the individual's doctor, nurse or medical assistant for the comfort and safety of the individual being lifted.
- Invacare slings and patient lift accessories are specifically designed to be used in conjunction with Invacare patient lifts.
- After each laundering (in accordance with instructions on the sling), inspect sling(s) for wear, tears and loose stitching.
- Bleached, torn, cut, frayed or broken slings are unsafe and could result in injury. Discard immediately.
- DO NOT alter slings.
- Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair or commode).
- Position the patient in the sling as directed by the instructions provided with the sling.
- Adjustments for patient safety and comfort should be made before moving the patient.

**WARNING!****Risk of Injury or Death**

Improperly attached, improperly adjusted, or damaged slings can cause the patient to fall or cause injury to assistants.

- Individuals that use the stand assist sling **MUST** be able to support the majority of their own weight, otherwise injury may occur.
- **DO NOT** move the patient if the sling is not properly connected to the attachment points of the lift. Check that the sling is properly connected to the attachment points prior to lifting a patient. If any attachments are not properly in place, correct the problem.
- When the sling is elevated a few inches/cm off the stationary surface and before moving the patient, check again to make sure that all sling attachments are secure. If any attachments are not properly in place, lower the patient back onto the stationary surface and correct the problem.

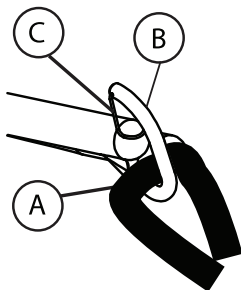
**WARNING!****Stand Assist Sling**

- **DO NOT** use the stand assist sling in combination with the patient lift as a transport device. It is intended to transfer an individual from one resting surface to another (such as a bed to a wheelchair).
- Before lifting the patient, make sure the bottom edge of the stand assist sling is positioned on the lower back of the patient and the patient's arms are outside the stand assist sling. The belt **MUST** be snug, but comfortable on the patient, otherwise the patient can slide out of the sling during transfer possibly causing injury.

Transfer Stand Assist Sling

- Before lifting the patient, make sure the bottom edge of the transfer sling is at the base of the spine and the patient's arms are outside the transfer sling.
- **DO NOT** raise the patient to a full standing position while using the transfer sling, otherwise injury may occur.

1. Place the loops of the sling (A) over the hooks (B) of the lift arms. Ensure that the clips (C) are fully closed after the sling is attached.



2. Lift and transfer the patient. Refer to the Lifting the Patient section of the manual.

6.4 Lifting the Patient



WARNING! **Risk of Injury**

The lift could tip and endanger the patient and assistants.

- Refer to the Safety information and instructions in the following procedures BEFORE performing this procedure:

Safe Lifting in the Lifting the Patient section of the manual

Preparing to Lift in the Lifting the Patient section of the manual

Attaching the Sling to the Lift in the Lifting the Patient section of the manual

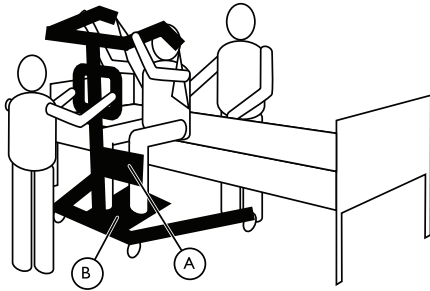
Raising/Lowering the Lift in the Usage section of the manual



Invacare recommends at least two (2) individuals assist in transferring the patient using this product.

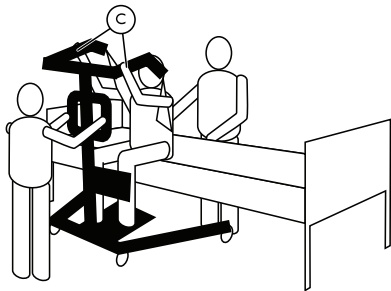
1. Move the lift to the patient area, open legs and prepare to lift. Refer to Preparing to Lift in the Lifting the Patient section of the manual.
2. Attach the sling to the lift. Refer to Attaching the Sling to the Lift in the Lifting the Patient section of the manual.

- Position the patient's knees securely against the knee pad (A). Properly position their feet on top of the foot plate (B).

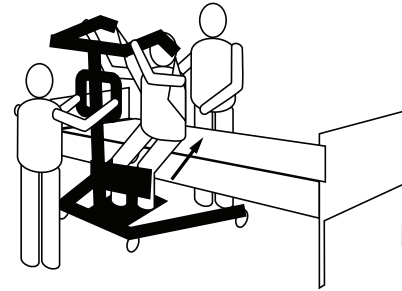


i Although a bed is pictured, the following procedure can be performed using any stationary object (bed, wheelchair or commode).

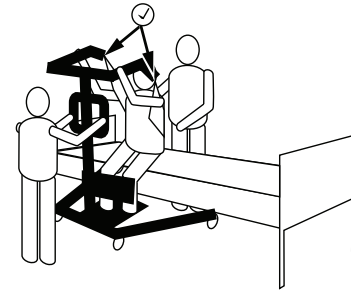
- Unlock the rear casters.
- Instruct the patient to hold onto the hand grips (C) on both sides of the stand assist lift.



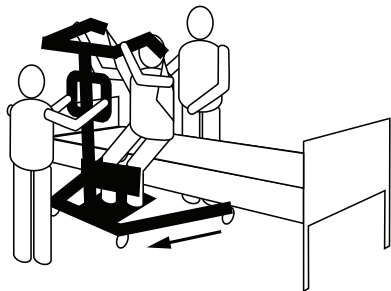
- Instruct the patient to lean back into the sling.



- Press the UP arrow button on the hand control to raise the patient above the stationary object. Before moving the patient, check again to make sure that the sling is properly connected to the hooks of the lift arms. If any attachments are not properly in place, lower the patient back onto the stationary object and correct the problem.



- Using the steering handle, move the lift away from the stationary object.

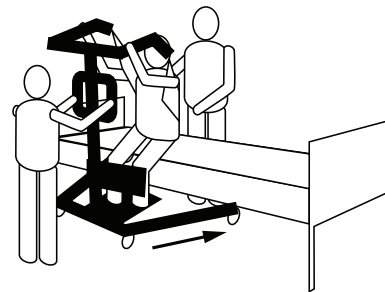


Read and understand the information in the Lifting the Patient section of the manual that pertains to transfer to specific types of surfaces BEFORE proceeding:

- Transferring from the Lift to a Bed
- Transferring from the Lift to a Commode
- Transferring from the Lift to a Wheelchair

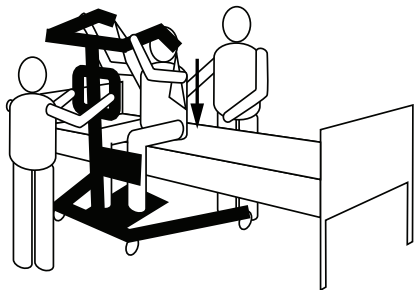
6.4.1 Transferring from the Lift to a Bed

1. Perform the steps in the Lifting the Patient section of the manual before transferring to a bed.
2. Lower the bed to the lowest position before transferring the patient.
3. Position the patient as far over the bed as possible.

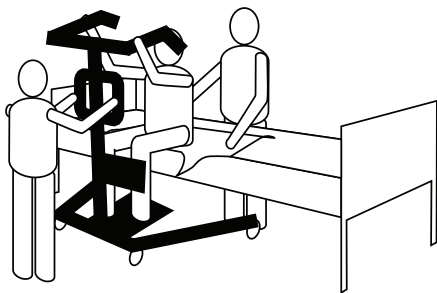


If the patient is being transferred from a surface that is lower than the bed, press the UP arrow button to suspend the patient above the surface of the bed.

- Press the DOWN arrow button and lower the patient onto the bed.

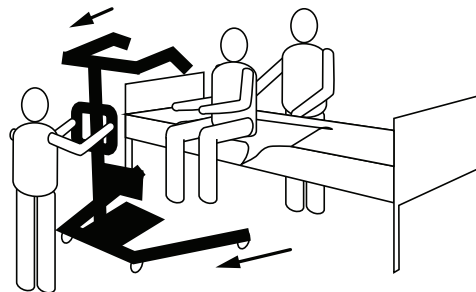


- Lock the rear casters.
- Unhook the sling from all attachment points on the stand assist lift.



- Instruct the patient to lift their feet off of the foot plate. Assist the patient if necessary.

- Unlock the rear casters.
- Move the lift away from the bed.



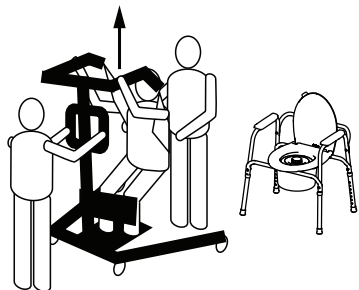
6.4.2 Transferring from the Lift to a Commode



The Invacare stand assist lift is NOT intended as a transport device. If the bathroom facilities are NOT near the bed or if the lift cannot be easily maneuvered towards the commode, then the patient MUST be transferred to a wheelchair and transported to the bathroom facilities before using the lift again to position the patient on a standard commode.

- Perform the steps in the Lifting the Patient section of the manual before transferring to a commode.
- Before transferring the patient, the lift should be guided to the bathroom facilities to check that it can be easily maneuvered towards the commode.

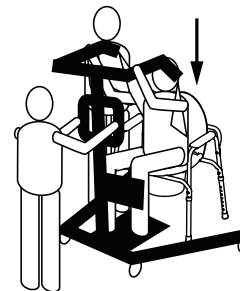
3. Press the UP arrow button on the hand control to elevate the patient high enough to suspend above the commode. Refer to Raising/Lowering the Lift in the Usage section of the manual.



4. Position the lift so the legs of the lift are outside of the commode legs and guide the patient onto the commode. Both assistants should help guide the patient onto the commode.



5. Press the DOWN arrow button to lower the patient onto the commode.

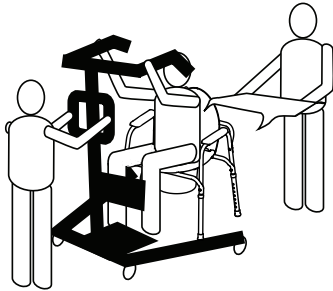


6. Lock the rear casters.
7. Depending on the style of sling, perform one of the following:
 - Stand Assist Sling - unhook the stand assist sling from the attachment points on the stand assist lift.
 - Transfer Stand Assist Sling -
 - a. Unhook the transfer stand assist sling from the bottom attachment points on the stand assist lift.
 - b. Lift up on the patient's legs and remove the thigh supports from underneath the patient.
 - c. If desired, unhook the transfer stand assist sling from the top attachment points on the stand assist lift.

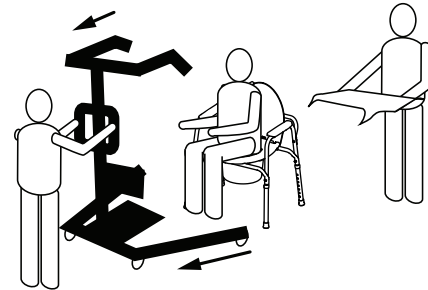


The patient can remain in the upper portion of the transfer stand assist sling while using the commode. Refer to Attaching the Sling to the Lift and the sling user manual for more information about attaching and removing slings.

8. If the sling has been unhooked from the lift, instruct the patient to lift their feet off of the foot plate. Assist the patient if necessary. If the patient will be remaining in the sling while using the commode, disregard STEPS 12–14.
9. Remove the sling from around the patient.



10. Unlock the rear casters and move the lift away from the commode.



11. To return the patient to the bed, wheelchair or other surface, reverse the following procedures:
 - Lifting the Patient in the Lifting the Patient section of the manual
 - Raising/Lowering the Lift in the Usage section of the manual
 - Transferring from the Lift to a Bed in the Lifting the Patient section of the manual
 - Transferring from the Lift to a Wheelchair in the Lifting the Patient section of the manual

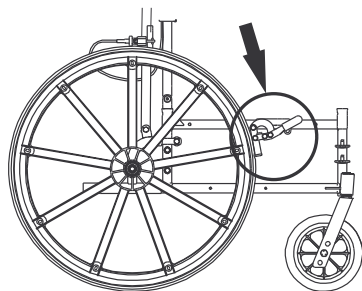
6.4.3 Transferring from the Lift to a Wheelchair



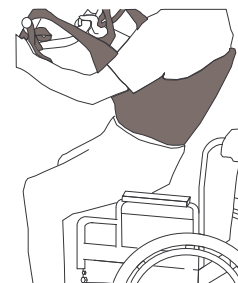
WARNING!
Risk of Injury

- Before transferring, check that the wheelchair weight capacity can withstand the patient's weight.
- The wheelchair wheel locks **MUST** be in a locked position before lowering the patient into the wheelchair for transport.

1. Perform the steps in the Lifting the Patient section of the manual before transferring to a wheelchair.
2. Engage the wheel locks of the wheelchair to prevent movement of the wheelchair.



3. Position the patient over the wheelchair. There should be one assistant behind the wheelchair to ensure that the patient is as far back as possible into the seat for proper positioning.



4. Press the **DOWN** arrow button and lower the patient into the wheelchair.
5. Lock the rear casters.
6. Unhook the sling from all attachment points on the lift.
7. Instruct patient to lift their feet off the foot plate. Assist the patient if necessary.
8. Remove the sling from around the patient.
9. Unlock the rear casters and pull the stand assist lift away from the wheelchair.

7 Troubleshooting

7.1 Troubleshooting

| SYMPTOMS | FAULTS | SOLUTION |
|--|---|--|
| Patient lift feels loose. | Mast/Base joint loose. | Refer to the Assembling the Mast to the Base section of the manual. |
| Casters/Brakes noisy or stiff. | Lint, dirt, debris or other foreign objects in bearings. | Refer to Replacing Front Casters and Replacing Rear Casters sections in the manual. |
| Noisy or dry sound from pivots. | Needs lubrication. | Refer to Lubricating the Lift. |
| Electric actuator fails to lift or legs fail to open when button is pressed. | Hand-control or actuator connector loose. | Connect hand control or actuator connector. Ensure connectors are seated properly and fully connected. |
| | Battery low. | Charge batteries. Refer to Charging the Battery. |
| | RED emergency stop button pressed IN. | Rotate RED emergency stop button CLOCKWISE until it pops out. |
| | Battery not connected properly to control box. | Reconnect the battery to the control box. Refer to Charging the Battery. |
| | The connecting terminals are damaged. | Replace the battery pack. Refer to Charging the Battery. |
| | Electric actuator in need of service or load is too high. | Refer to Replacing the Electric Actuator or Replacing the Leg Actuators. Contact your Dealer or Invacare representative. |

| SYMPTOMS | FAULTS | SOLUTION |
|---|---|---|
| Unusual noise from lift arm actuator. | Actuator is worn or damaged or spindle is bent. | Refer to Replacing the Electric Actuator or Replacing the Leg Actuators. Contact your Dealer or Invacare representative. |
| Lift arms will not lower in uppermost position. | Lift arms require a minimum weight load to lower from the uppermost position. | Pull down slightly on the lift arms. |
| Legs don't open and close properly. | Leg actuators may be worn or damaged or spindle is bent. | Refer to Replacing the Leg Actuators. |
| Service light is flashing | 12 months have passed since the lift was manufactured or initially assembled. | Initial assembly — Reset the service light. Refer to Resetting the Service Light. After initial assembly — Service the lift. Contact your local Invacare dealer. |

 If problems are not remedied by the suggested means, please contact your dealer or Invacare.

8 Maintenance

8.1 Safe Maintenance



WARNING!

Risk of Injury or Damage

Lack of product maintenance can lead to loss of product function, injury or damage.

Improper assembly may cause injury or damage.

Use of incorrect or improper parts, including replacement (service) parts, may cause injury or damage.

- Assembly and maintenance **MUST** be performed only by qualified personnel.
- Regular maintenance of patient lifts and accessories is necessary to assure proper operation.
- Use only Invacare parts in the assembly of this patient lift. The base, legs, mast, boom or lift arms, and pump or actuator assembly are manufactured to specifications that assure correct alignment of all parts for safe, functional operation.
- **ALWAYS** provide the lift serial number to assist in ordering the correct replacement parts.
- **DO NOT** overtighten the mounting hardware. This will damage the mounting bracket.

8.1.1 Service Life



WARNING!

Risk of Injury or Damage

Use of the product beyond this time period may cause product damage and injury.

- This product has an expected lifetime of eight (8) years when used in accordance with safety instructions, maintenance intervals and correct use stated in this manual.
- Perform all maintenance according to the recommended schedule in this manual.



The effective lift lifetime can vary according to the frequency and intensity of use.

8.1.2 Wear and Tear Items

Normal wear and tear items and components include, but are not limited to the items in the table:

| Product Type | Wear and Tear Items |
|--------------|-----------------------------|
| Slings | None (Replace entire sling) |
| Lifts | Hand Control |
| | Actuators |
| | Cords |
| | Batteries |
| | Battery Chargers |
| | Shrouds & Clips |
| | Casters |
| Handle Grips | |

Invacare reserves the right to ask for any item back that has an alleged defect in workmanship. See the Warranty that shipped with the product for specific warranty information.

Refer to Service Life for the useful life of the product.

Refer to the procedures in Safe Maintenance for preventative maintenance information.

8.1.3 Service Interval

At normal daily operation, a service check-up should take place every year, according to the Safety Inspection Checklist. When performing annual or regular maintenance, all parts designed to carry load must be, at a minimum, tested with maximum load. All safety features must be checked according to EN ISO 10535:2006 Annex B. Regional requirements may vary.

After the first twelve months of operation, inspect all pivot points and fasteners for wear. If the metal is worn, the parts **MUST** be replaced. Perform this inspection every year thereafter.

8.1.4 LOLER Statement

The UK Health and Safety Executive's Lifting Operations and Lifting Equipment Regulations 1998, require any equipment that is used in the workplace to lift a load be subject to safety inspection on a six monthly basis. Please refer to the HSE web site for guidance www.hse.gov.uk.

The person responsible for the equipment must ensure adherence to LOLER regulations.

8.1.5 General Maintenance



WARNING!

Risk of Injury

Worn or damaged parts of the lift may cause injury to the patient or assistants.

- After the first year of use, the hooks of the lift arms and the mounting components should be inspected to determine the extent of wear. Check for signs of cracking, fraying, deformation or deterioration. If these parts become worn, they must be replaced.
- Periodically inspect all components of the patient lift for signs of corrosion. Replace all parts that are corroded or damaged.



Regular cleaning will reveal loose or worn parts, enhance smooth operation and extend the life expectancy of the lift.

Follow the maintenance procedures described in this manual to keep your patient lift in continuous service.

The Invacare lift is designed to provide safe, efficient and satisfactory service with minimum care and maintenance.

It is important to inspect all stressed parts, such as slings, lift arms and any pivot points for signs of wear, cracking, fraying, deformation or deterioration. Replace any defective parts immediately and ensure that the lift is not used until repairs are made. Refer to the Safety Inspection Checklist for specific information regarding wear items.

There is no adjustment or maintenance of either the casters or brakes, other than cleaning, lubrication and checking axle and swivel bolts for tightness. Remove all debris, etc. from the wheel and swivel bearings. If any parts are worn, replace these parts immediately.

If you question the safety of any part of the lift, contact your Dealer or Invacare representative immediately and advise him/her of your concerns.

8.1.6 Daily Inspection

The patient lift should be checked each time it is used. Perform the following checks in addition to those listed in the Safety Inspection Checklist. If you question the safety of any part of the lift, do not use. Contact your Dealer or Invacare representative immediately.

- Visually inspect the patient lift. Check all parts for external damage or wear. If damage is found, do not use. Contact your Dealer or Invacare representative immediately.
- Check the emergency lowering function (both electrical and/or mechanical). Check all parts for external damage or wear. If damage is found, do not use. Contact your Dealer or Invacare representative immediately.
- Check all hardware, attachment points and cables for damage or wear. Check all parts for external damage or wear. If damage is found, do not use. Contact your Dealer or Invacare representative immediately.
- Verify that the hand control is functional (lifting and leg movements) and that all cables are properly attached.
- Charge the battery every day the lift is used.
- Check the emergency stop functions.
- Ensure that the patient lift is wiped clean of any moisture after use.

8.1.7 Safety Inspection Checklist

Periodic inspections should be performed by a qualified technician.

| |
|---|
| Date of Inspection: |
| THE CASTER BASE <ul style="list-style-type: none"> <input type="checkbox"/> Inspect for missing hardware. <input type="checkbox"/> Base opens/closes with ease. <input type="checkbox"/> Inspect casters and axle bolts for tightness. <input type="checkbox"/> Inspect casters for smooth swivel and roll. <input type="checkbox"/> Inspect and clear wheels of debris. <input type="checkbox"/> Inspect pivot joints for wear. |
| SLINGS AND HARDWARE <ul style="list-style-type: none"> <input type="checkbox"/> Check all sling attachments each time it is used to ensure proper connection and patient safety. <input type="checkbox"/> Inspect sling material for wear. <input type="checkbox"/> Inspect straps for wear. <input type="checkbox"/> Inspect stitching. |
| THE ELECTRIC ACTUATOR ASSEMBLY <ul style="list-style-type: none"> <input type="checkbox"/> Check for leakage. <input type="checkbox"/> Inspect hardware on mast and base. <input type="checkbox"/> Check for wear or deterioration. If damaged, return to factory. <input type="checkbox"/> Cycle to ensure smooth quiet operation of the electric actuator. |

THE LIFT ARMS AND LINKAGE

- Check all hardware and attachment points.
- Inspect for bends or deflections.
- Inspect bolted joints of the lift arms for wear.
- Inspect to ensure that the lift arms are centered between the base legs.
- Inspect pivot joints for wear.
- Check sling hooks for wear or deflection.

THE MAST

- Mast must be securely assembled to lift arms.
- Inspect for bends or deflections.
- Inspect pivot joints for wear.

CLEANING

- Clean whenever necessary.

LEG ACTUATORS

- Check for leakage.
- Inspect hardware on base.
- Check for wear or deterioration. If damaged, return to factory.
- Cycle to ensure smooth quiet operation of the leg actuators.

8.2 Lubricating the Lift



WARNING!

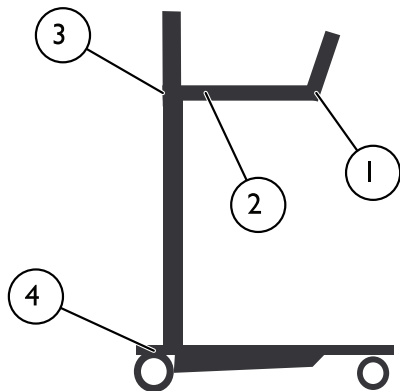
Risk of Falling

Hydraulic oil or lubricant on the floor can cause a fall and injury.

- Wipe excess lubricant from the lift after lubrication.

The Invacare lift is designed for minimum maintenance. However, a yearly check and lubrication should ensure continued safety and reliability.

Keep lift and slings clean and in good working order. Any defect should be noted and reported to your Dealer or Invacare representative as soon as possible.



Refer to the figure for lubrication points. Lubricate all pivot points with a light grease (waterproof auto lubricant). Wipe all excess lubricant from the lift surface.

1. Lift Arms
2. Lift Arms/Actuator Mounting Bracket
3. Lift Arms/Mast Mount
4. Casters



The casters **MUST** swivel and roll smoothly. Apply lubricant to the ball bearing swivel of the casters once a year. Apply more frequently if the casters are exposed to extreme moist conditions.

8.3 Cleaning the Sling and the Lift

Cleaning the Sling

Refer to the washing instructions on the sling and to the sling manual for cleaning details.

Cleaning and Disinfecting the Lift



CAUTION!

Risk of Damage

Motors, control unit and mounting parts can be damaged if the lift is cleaned improperly.

- Never use acids, alkaline or solvents for cleaning the lift.
- Dry the lift carefully after cleaning.

To prevent cross-infection, the lift must be cleaned and disinfected after each use.

A soft cloth, dampened with water and a small amount of mild detergent, is all that is needed to clean the patient lift. The lift can be cleaned with non-abrasive cleaners.

Motors, control unit and mounting parts can be damaged if the lift is cleaned any other way than stated above.

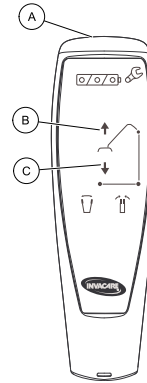
The lift must be wiped with a moistened, firmly wrung cloth with ordinary household disinfectants. Only use disinfection detergents approved by the facility and follow the facility policy. For more information about the residence time and concentration of disinfectants, please contact your disinfectant dealer or the manufacturer of the disinfectant.

8.4 Resetting the Service Light



This procedure should only be performed by a qualified technician.

This procedure should only be performed after performing the steps in the Checking the Service Light section.



1. Locate the hand control (A).
2. Press and hold the UP button (B) and DOWN button (C) at the same time for five seconds.



You will hear a sound when the service light has been reset.

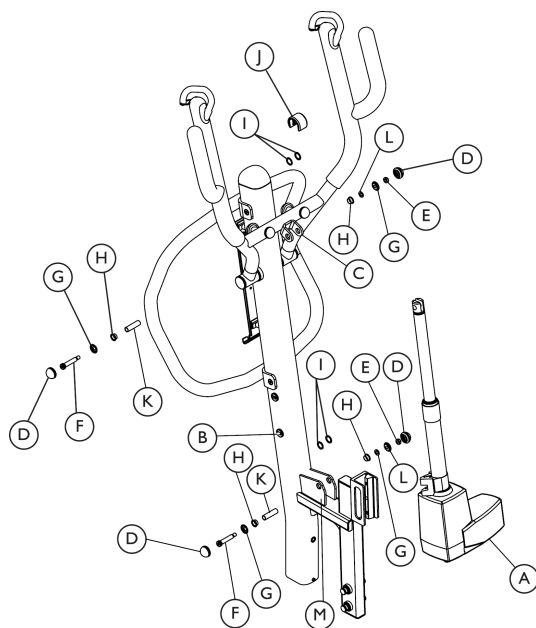
The service light is now reset to indicate a service requirement after a 12 month period or 8000 cycles.

If the service light is required to be set for a period shorter than 12 months, a special hand control and further instructions are required. Contact Invacare to order this hand control and instructions.


8.5 Replacing the Electric Actuator



This procedure should only be performed by a qualified technician. If possible, use an assistant when performing this procedure.



1. Unplug the electric actuator (A) from the control box on the mast assembly. Thread the actuator lead through the actuator lead routing hole (B) in the mast assembly.
2. Remove the hardware that secures the top of the electric actuator to the lift arm actuator mounting bracket (C).
 - a. Remove the rubber caps (D) from the nut (E) and screw (F) that attach the electric actuator to the lift arm actuator mounting bracket.
 - b. Remove the screw (F), washer (G), bearing (H), nylon washer (I), actuator cap (J), bushing (K), flat washer (L) and nut (E).

 The actuator cap will become loose when the attaching hardware is removed. Inspect the actuator cap for damage. Replace the actuator cap if damage is found.
3. Remove the hardware that secures the bottom of the electric actuator to the mast assembly actuator mounting bracket (M).
 - a. Remove the rubber caps (D) from the nut (E) and screw (F) that attach the electric actuator to the mast assembly actuator mounting bracket.
 - b. Remove the screw (F), washer (G), bearing (H), nylon washer (I), bushing (K), bearing (H), washer (G), flat washer (L) and nut (E).
4. Reverse STEPS 1-3 to replace the electric actuator.

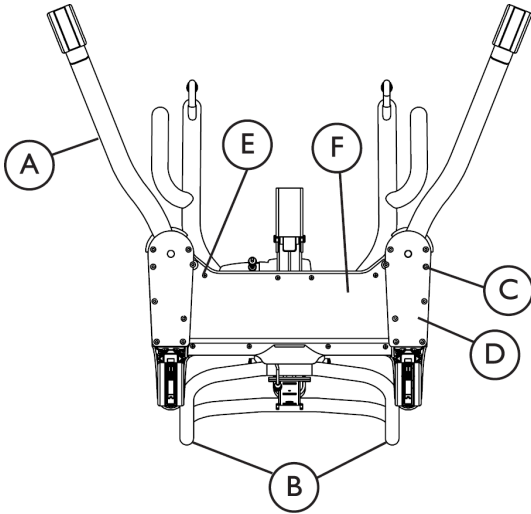
**CAUTION!**

Improper assembly may cause injury or damage.
 – DO NOT overtighten the mounting hardware.
 This will damage the mounting bracket.




8.6 Replacing the Leg Actuators



This procedure should only be performed by a qualified technician.



If the legs **A** of the patient lift do not open and close properly, it may be necessary to replace one or both of the leg actuators.

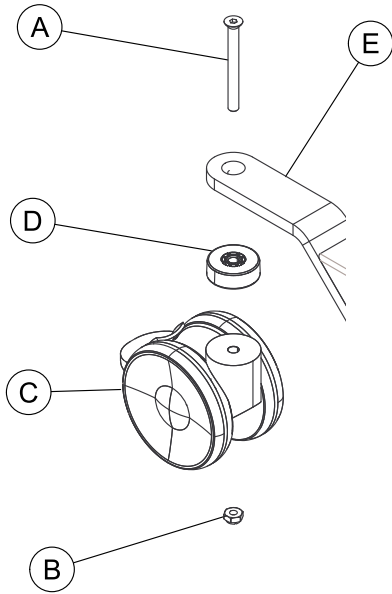
1. Test the operation of the legs:
 - Press the close button on the hand control to close the legs.
 - Press the open button on the hand control to open the legs.
2. While holding on to the mast handles **B**, carefully tip the patient lift back until it rests on the floor.
 -  It is necessary to remove both small base covers **D** before removing the large base cover **F**.
3. Remove the sixteen screws **C** that attach the small base covers to the base.
4. Remove the eight pan head screws **E** that attach the large base cover to the base.
 -  If the left or the right leg of the patient lift does not operate properly, perform the following steps on the side of the base necessary to replace the actuator. If both legs do not operate properly, perform this replacement procedure on both sides of the base.
5. Locate and disconnect the leg actuator lead wires.
 -  The actuator lead wires will be visible after the large base cover is removed.
6. Remove the socket head screw and washer that attach the leg actuator to the base.
7. At the other end of the actuator, remove the socket head screw and nut that attach the leg actuator to the leg bracket.
8. If necessary, repeat STEPS 5-7 on the opposite side of the base to remove the other leg actuator.

9. To replace the actuator(s), reverse STEPS 5-7.
10. Reverse STEPS 3-4 to replace the small base covers and large base cover.

8.7 Replacing Rear Casters



This procedure should only be performed by a qualified technician.

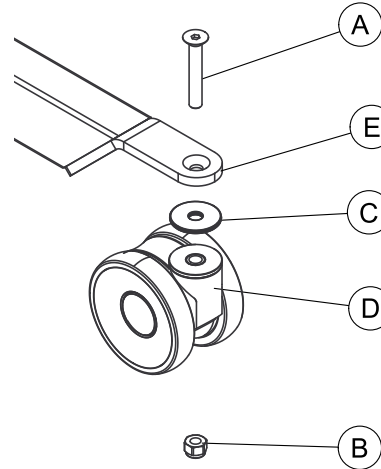


1. Place the lift on its side.
2. Remove the bolt (A) and locknut (B) that secure the existing rear caster (C) and bearing (D) to the rear caster bracket (E).
3. Install the bolt through the rear caster bracket, bearing and new rear caster. Apply thread locker and tighten securely with the locknut.

8.8 Replacing Front Casters

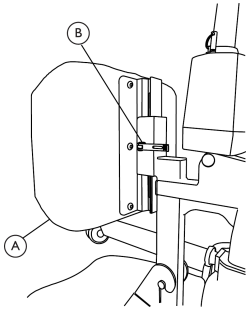


This procedure should only be performed by a qualified technician.



1. Place the lift on its side.
2. Remove the bolt (A), bearing (C) and locknut (B) that secure the existing front caster assembly (D) to the front caster bracket (E).
3. Install the bolt through the front caster bracket and the new front caster assembly. Apply thread locker and tighten securely with the locknut.

8.9 Adjusting the Knee Pad Height

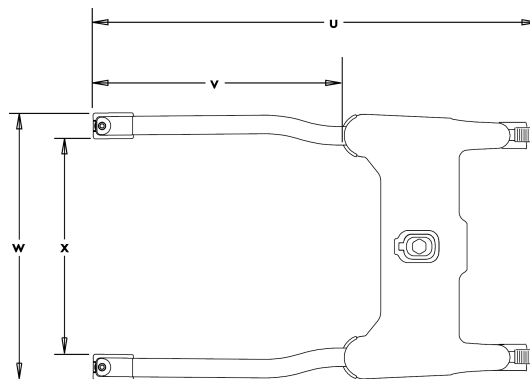
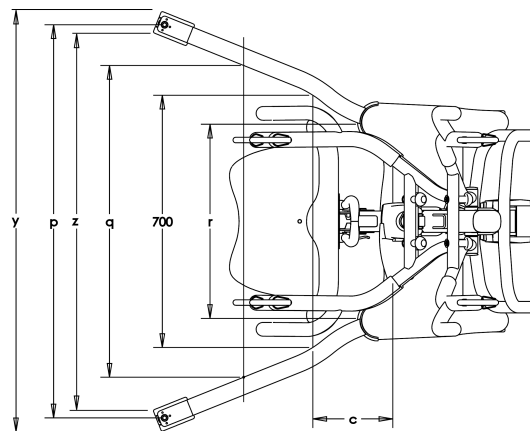
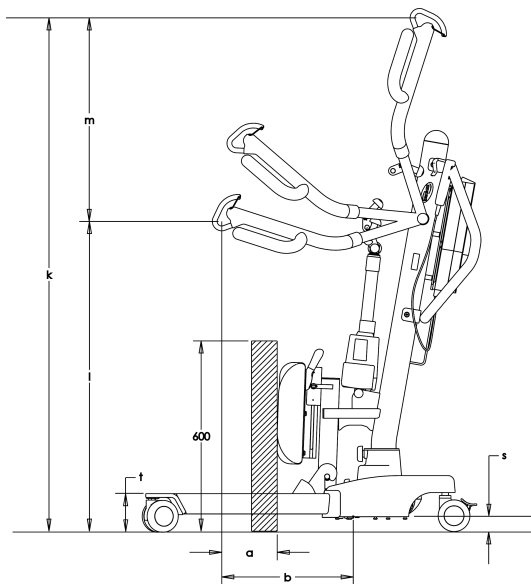


i When adjusted properly, the patient's knee will make contact at the center of the knee pad.

1. While supporting the knee pad (A), disengage the quick release knob (B) on the side of the knee pad mounting bracket.
2. Choose a height adjustment that will be comfortable for the patient and will provide the necessary support. Engage the quick release knob into position until the knee pad is securely in place.

9 Technical data

9.1 Patient Lift



| | |
|--|----------|
| Maximum height capacity (k) | 161 cm |
| Lowest position (min. height) (l) | 94 cm |
| Internal width at maximum reach (q) | 86,5 cm |
| Total width (closed) external measure | 67 cm |
| Base height (clearance) | 12 cm |
| Base length | 103,6 cm |
| Overall height | 124,7 cm |
| Overall length | 111,7 cm |
| Overall width | 66 cm |
| Lifting area (height range) (m) | 67 cm |
| Minimum internal width (r) | 53,8 cm |
| Total width (open) internal measure | 105 cm |
| Total width (open) centre to centre of castors (p) | 109 cm |
| Turning radius | 138 cm |
| Height to upper edge of legs | 12 cm |
| Min. free height | 4,5 cm |
| Maximum reach at 60 cm (a) | 17,5 cm |
| Maximum reach from base (b) | 41,4 cm |

| | |
|---|----------------------|
| Reach from base with legs spread to 70 cm (c) | 22,2 cm |
| Minimum Clearance of Base from the Floor (s) | 3,7 cm |
| Maximum Clearance of Base from the Floor (t) | 12 cm |
| Maximum External Length of the Base (u) | 110,6 cm |
| Maximum Internal Length of the Base (v) | 62,4 cm |
| Maximum External Width of Legs (y) | 115,5 cm |
| Minimum Internal Width of Legs (z) | 104,5 cm |
| Maximum Internal Width of Legs (w) | 66,2 cm |
| Minimum Internal Width of Legs (x) | 53,4 cm |
| Caster size (FRONT/REAR) | 10 cm |
| Sling Options | Standing or Transfer |
| Sling Material | Polyester |
| Maximum patient weight limitation | 200 kg (31 stone) |
| Total weight (weight out of carton) | 53 kg/117 lbs |

| | |
|---|-----------------------------|
| Weight, Mast including battery | 18,5 kg/40,8 lbs |
| Weight, base, leg section | 20,5 kg/45,2 lbs |
| Weight, Knee Pad | 7,5 kg/16,5 lbs |
| Weight, Foot Plate | 6 kg/13 lbs |
| Operating forces of buttons | Max. 5N |
| Battery (voltage output) | 24V DC mb max. 240VA |
| Charger Input (voltage supply) | 100-240V AC ~ 50/60 Hz |
| Charger Output/Charging Time | 29.5V DC 2.9 Ah Max 6 hours |
| Audio/Visual Low Battery Alarm | Yes |
| Motor Safety Devices | Anti-Entrapment |
| *Approx. Lifts per Charge (working ability) | *100-200 Cycles per charge |
| Max. current input | Max. 400 mA |
| Degree of protection**, lift | IP24 |
| Degree of protection, battery | IPX5 |
| Degree of protection, control unit | IPX4 |
| Degree of protection, hand control | IPX4 |

| | |
|-------------------------------------|---|
| Degree of protection, actuator | IPX4 |
| Insulation class | Class II equipment, Type B applied part |
| Intermittens | 10%, max, 2 minutes/18 minutes |
| Battery capacity | 2,9 Ah |
| Manual emergency lowering | Yes |
| Electric emergency lowering/lifting | Yes/Yes |
| Expected lifetime | 8 years |
| Lifting Speed | The Roze lift passes the “velocity of lifting and lowering” in the ENISO10535 (<0.15 m/s under maximum load and <0.25 m/s unloaded) |



* Varies depending on load and stroke.

** The degree of protection describes the ability of the device to protect users from accessing hazardous parts, and the protection against the ingress of water and other foreign objects.

9.2 Environmental Conditions

| | |
|------------------------------|--------------------------------------|
| Operating temperature | 5°C to 40°C |
| Operating air humidity | 20% to 90% at 30° C — not condensing |
| Sound pressure | 45–50 dB(A) |
| Atmospheric pressure | 700 hPa to 1060 hPa |
| Storage temperature | above 0°C |
| Storage air humidity | less than 60% |
| Storage atmospheric pressure | 700 hPa to 1060 hPa |

9.3 Materials

| Component | Material | Protection |
|--|---------------|------------|
| Actuator housing | Plastic — ABS | n/a |
| Lift arm handles, washers, spacers | Plastic — PA | n/a |
| Battery bracket, pins, bushings, screws, tie rods, washers, carabiner, clips, nuts | Steel | Zinc plate |
| Bolts | CrNiMo | Zinc plate |

| Component | Material | Protection |
|---|-----------------|-------------|
| Retainer wire | Stainless steel | n/a |
| Push handle, legs, base support plate, sling attachment hooks, lift arm frame | Steel | Powder coat |

9.3.1 Electric Lifts

Invacare® is continuously working towards ensuring that the company’s impact on the environment, locally and globally, is reduced to a minimum. We comply with the current environmental legislation (e.g. WEEE and RoHS directives). We only use REACH compliant materials and components.

9.4 Electromagnetic Compatibility (EMC) Information

Medical Electrical Equipment needs to be installed and used according to the EMC information in this manual.

This equipment has been tested and found to comply with EMC limits specified by IEC/EN 60601-1-2 for Class B equipment.

Portable and mobile RF communications equipment can affect the operation of this equipment.

Other devices may experience interference from even the low levels of electromagnetic emissions permitted by the above standard. To determine if the emission from the lift is causing the interference, run and stop running the lift. If the interference with the other device operation stops, then the lift is causing the interference. In such rare cases, interference may be reduced or corrected by the following:

- Reposition, relocate, or increase the separation between the devices.

9.4.1 Electromagnetic Compatibility (EMC)

Guidance and manufacturer’s declaration – electromagnetic emission

The patient lift is intended for use in the electromagnetic environment specified below. The customer or the user of the patient lift should assure that it is used in such an environment.


| Emissions test | Compliance | Electromagnetic environment - guidance |
|---|------------|--|
| RF emissions CISPR 11 (partly) | Group I | The patient lift uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment. |
| RF emissions CISPR 11 (partly) | Class B | The patient lift is suitable for use in all establishments including domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes. |
| Harmonic emissions IEC 61000-3-2 | Class A | |
| Voltage fluctuations / flicker emissions IEC 61000-3-3 | Complies | |

Guidance and manufacturer’s declaration – electromagnetic immunity

The patient lift is intended for use in the electromagnetic environment specified below. The customer or the user of the patient lift should assure that it is used in such an environment.

| Immunity test | IEC 60601 test level | Compliance level | Electromagnetic environment – guidance |
|--|------------------------------|------------------------------|---|
| Electrostatic Discharge (ESD) IEC 61000-4-2 | ± 6 kV contact ± 8 kV air | ± 6 kV contact ± 8 kV air | Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%. |

| | | | |
|--|---|---|---|
| Electrostatic Transient / Burst IEC 61000-4-4 | ± 2 kV for power supply lines ± 1 kV for input/output lines | ± 2 kV for power supply lines ± 1 kV for input/output lines | Mains power quality should be that of a typical commercial or hospital environment. |
| Surge IEC 61000-4-5 | ± 1 kV line(s) to line(s) | ± 1 kV line(s) to line(s) | Mains power quality should be that of a typical commercial or hospital environment. Product is double-insulated. There are no other possible connections to earth |
| Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11 | < 5% U_T (>95% dip in U_T) for 0,5 cycle 40% U_T (60% dip in U_T) for 5 cycles 70% U_T (30% dip in U_T) for 25 cycles < 5% U_T (>95% dip in U_T) for 5 sec | < 5% U_T (>95% dip in U_T) for 0,5 cycle 40% U_T (60% dip in U_T) for 5 cycles 70% U_T (30% dip in U_T) for 25 cycles < 5% U_T (>95% dip in U_T) for 5 sec | Mains power quality should be that of a typical commercial or hospital environment. If the user of the patient lift requires continued operation during power mains interruptions, it is recommended that the patient lift be powered from an un-interruptible power supply or a battery. U_T is the a. c. mains voltage prior to application of the test level. |
| Power Frequency (50/60 Hz) Magnetic Field IEC 61000-4-8 | 3 A/m | 30 A/m | Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment. |

| | | | |
|--|-------------------------|-------------------------|---|
| <p>Conducted RF IEC 61000-4-6</p> <p>Radiated RF IEC 61000-4-3</p> | <p>3 V</p> <p>3 V/m</p> | <p>3 V</p> <p>3 V/m</p> | <p>Portable and mobile RF communications equipment should be used no closer to any part of the patient lift including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter.</p> <p>Recommended separation distance:</p> $d = \left[\frac{3,5}{V_1} \right] \sqrt{P}$ $d = \left[\frac{3,5}{E_1} \right] \sqrt{P} \quad 80 \text{ MHz to } 800 \text{ MHz}$ $d = \left[\frac{7}{E_1} \right] \sqrt{P} \quad 800 \text{ MHz to } 2,5 \text{ GHz}$ <p>where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in metres (m).^b</p> <p>Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey,^a should be less than the compliance level in each frequency range.^b</p> <p>Interference may occur in the vicinity of equipment marked with the following symbol:</p>  |
|--|-------------------------|-------------------------|---|

^a Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the patient lift is used exceeds the applicable RF compliance level above, the patient lift should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the patient lift.

^b Over the frequency range 150 kHz to 80 MHz, field strengths should be less than [V1] V/m.

At 80 MHz and 800 MHz, the higher frequency range applies.

Recommended separation distances between portable and mobile RF communications equipment and the patient lift

The patient lift is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the patient lift can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the patient lift as recommended below, according to the maximum output power of the communications equipment

| Rated maximum output of transmitter [W] | Separation distance according to frequency of transmitter [m] | | |
|---|---|--|--|
| | 150 kHz to 80 MHz | 80 MHz to 800 MHz | 800 MHz to 2,5 GHz |
| | $d = \left[\frac{3,5}{V_1}\right]\sqrt{P}$ | $d = \left[\frac{3,5}{E_1}\right]\sqrt{P}$ | $d = \left[\frac{7}{E_1}\right]\sqrt{P}$ |
| 0.01 | 0.12 | 0.12 | 0.23 |
| 0.1 | 0.37 | 0.37 | 0.74 |
| 1 | 1.17 | 1.17 | 2.33 |
| 10 | 3.69 | 3.69 | 7.38 |
| 100 | 11.67 | 11.67 | 23.33 |

For transmitters rated at a maximum output power not listed above the recommended separation, distance d in metres (m) can be estimated using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.



These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

10 After Use

10.1 Transportation and Storage



WARNING!

Risk of Damage

Improper storage or transportation of the lift may cause damage. To avoid damage:

- During transportation, or when the patient lift is not to be used for some time, the emergency stop button should be pushed in. Refer to the Usage section of the manual for emergency stop procedures.
- DO NOT store the lift in a damp area or in a damp condition. Refer to Environmental Conditions in the Technical Data section of the manual for storage condition information.

10.2 Reuse

This product is suitable for reuse. The maximum number of times it can be reused is dependent upon product condition. To prevent the transmission of infection, the patient lift and slings must be cleaned after each use. Before reuse or refurbishment of the lift, refer to Cleaning the Sling and Lift in the Maintenance section of the manual. Always provide the user manual with the reused or refurbished lift.

10.3 Disposal



WARNING!

Environmental Hazard

This product has been supplied from an environmentally aware manufacturer that complies with the Waste Electrical and Electronic Equipment (WEEE) Directive 2012/19/EU. Device contains lead acid batteries.

This product may contain substances that could be harmful to the environment if disposed of in places (landfills) that are not appropriate according to legislation.

- DO NOT dispose of batteries in normal household waste. They MUST be taken to a proper disposal site. Contact your local waste management company for information.
- Please be environmentally responsible and recycle this product through your recycling facility at its end of life.

10.4 Warranty Information

Terms and conditions of the warranty are part of the general terms and conditions particular to the individual countries in which this product is sold.

Contact information for your local Invacare office is located inside the back cover of this manual.

| | |
|--|--|
| Australia | Invacare Australia Pty Limited • 1 Lenton Place • North Rocks • NSW 2151 • Australia • Tel: 1800 460 460 • Fax: 1800 814 367 • www.invacare.com.au • sales@invacare.com.au |
| Belgium & Luxemburg | Invacare nv • Autobaan 22 • B-8210 Loppem • Tel: (32) (0)50 83 10 10 • Fax: (32) (0)50 83 10 11 • belgium@invacare.com • www.invacare.be |
| Danmark | Invacare A/S • Sdr. Ringvej 37 • DK-2605 Brøndby • Tel: (45) (0)36 90 00 00 • Fax: (45) (0)36 90 00 01 • denmark@invacare.com • www.invacare.dk |
| Deutschland | Invacare GmbH • Alemannenstraße 10 • D-88316 Isny • Tel: (49) (0)75 62 7 00 0 • Fax: (49) (0)75 62 7 00 66 • www.invacare.de • kontakt@invacare.com |
| España | Invacare SA • c/Areny s/n • Polígon Industrial de Celrà • E-17460 Celrà (Girona) • Tel: (34) (0)972 49 32 00 • Fax: (34) (0)972 49 32 20 • www.invacare.es • contactsp@invacare.com |
| Eastern Europe, Middle East & CIS | Invacare EU Export • Kleiststraße 49 • D-32457 Porta Westfalica • Germany • Tel: +49 5731 754540 • Fax: +49 5731 754541 • webinfo-eu-export@invacare.com • www.invacare-eu-export.com |
| France | Invacare Poirier SAS • Route de St Roch • F-37230 Fondettes • Tel: (33) (0)2 47 62 64 66 • Fax: (33) (0)2 47 42 12 24 • www.invacare.fr • contactfr@invacare.com |
| Ireland | Invacare Ireland Ltd. • Unit 5 Seatown Business Campus • Seatown Road • Swords • County Dublin – Ireland • Tel : (353) 1 810 7084 • Fax: (353) 1 810 7085 • www.invacare.ie • ireland@invacare.com |
| Nederland | Invacare AE • Galvanistraat 14–3, NL-6716 BZ Ede • Tel: (31) (0)318 695 757 • Fax: (31) (0)318 695 758 • www.invacare.nl • nederland@invacare.com • cseede@invacare.com |
| New Zealand | Invacare NZ • 4 Westfield Place • Mt. Wellington • Auckland • New Zealand • Tel: 0800 468 222 • Fax: 0800 807 788 • www.invacare.co.nz • sales@invacare.co.nz |
| Norge | Invacare AS • Grensesvingen 9 • Postboks 6230 • Etterstad • N-0603 Oslo • Tel: (47) (0)22 57 95 00 • Fax: (47) (0)22 57 95 01 • norway@invacare.com • www.invacare.no • island@invacare.com |
| Österreich | Invacare Austria GmbH • Herzog Odilostrasse 101 • A-5310 Mondsee • Tel: (43) 6232 5535 0 • Fax: (43) 6232 5535 4 • info@invacare-austria.com • www.invacare.at |
| Portugal | Invacare Lda • Rua Estrada Velha • 949 • P-4465-784 Leça do Balio • Tel: (351) (0)225 1059 46/47 • Fax: (351) (0)225 1057 39 • www.invacare.pt • portugal@invacare.com |
| Schweiz/Suisse/Svizzera | Invacare AG • Benkenstrasse 260 • CH-4108 Witterswil • Tel.: (41) (0)61 487 70 80 • Fax.: (41) (0)61 487 70 81 • www.invacare.ch • switzerland@invacare.com |
| Suomi | Camp Mobility • Patamäenkatu 5, 33900 Tampere • Tel.: 09–350 76 310 • info@campmobility.fi • www.campmobility.fi |

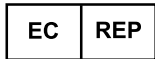
Sverige

Invacare AB • Fagerstagatan 9 • S-163 53 Spånga • Tel: (46) (0)8 761 70 90 • Fax: (46) (0)8 761 81 08 • sweden@invacare.com • www.invacare.se

United Kingdom

Invacare Limited • Pencoed Technology Park, Pencoed, Bridgend CF35 5AQ • Tel: (44) (0) 1656 776 222 • Fax: (44) (0) 1656 776 220 • www.invacare.co.uk • UK@invacare.com

Invacare Corporation



EU Representative

Invacare Portugal, Lda

Rua Estrada Velha n° 949

4465-784 Leça do Balio

Portugal

Tel: (351) (0)225 1059 46/47

Fax: (351) (0)225 1057 39

www.invacare.com



1195052-B 2017-07-28



USA

One Invacare Way

Elyria, Ohio USA

44035

800-333-6900



Manufacturer

Invacare Portugal, Lda

Rua Estrada Velha n° 949

4465-784 Leça do Balio

Portugal

Tel: (351) (0)225 1059 46/47

Fax: (351) (0)225 1057 39

Making Life's Experiences Possible®



Yes, you can.®