

Sehr geehrte Damen und Herren,

Sie haben in der Vergangenheit Völker-Pflegebetten der Modelle 2080, 2082, S 280, S282 und 3010 von uns erworben.

Wir hoffen, dass Sie weiterhin mit unserem Produkt zufrieden sind und möchten Sie nachstehend gerne über eine Änderung an der technischen Dokumentation der o.g. Produkte informieren:

Im Rahmen unserer kontinuierlichen Marktbeobachtung haben wir festgestellt das sich nach einem längerem Gebrauch der Betten, abhängig von der individuellen Nutzung der Seitengitter durch das Pflegepersonal, in seltenen Fällen die Verleimung zwischen Seitengitter und Kopf- bzw. Fußteil lösen kann.

Um diese Abnutzungserscheinung frühzeitig zu erkennen und ein Abfallen des Seitengitters während der Nutzung des Bettes zu verhindern, haben wir einen entsprechenden Hinweis in die Checkliste für die jährlich durchzuführende technische Kontrolle unserer Betten mit aufgenommen. Eine Kopie dieses Dokumentes finden Sie anbei. Bitte beachten Sie dieses bei der nächsten durchzuführenden technischen Kontrolle.

Wir hoffen, dass wir Ihnen mit dieser Information weiterhelfen konnten und freuen uns auf eine weiterhin konstruktive Zusammenarbeit. Bei Rückfragen stehen wir Ihnen selbstverständlich gerne zur Verfügung.

Dear Sir or Madam,

in the past you have bought Völker nursing beds 2080, 2082, S 280, S 282 or 3010 from us.

We hope you are still satisfied with our product and would like to inform you about a change on our technical documentation of the above named products.

As we are continuously monitoring the performance of our products we detected that after a long usage of the beds, depending on the individual handling by the staff, in rare cases the glue between the side rail and the head and foot board can get loose.

To detect this issue and prevent the side rail from falling down while being used we added a corresponding reference in our checklist for the annual technical control of the beds. Please pay attention to the attached copy and follow the instructions during the next technical control.

We hope that this information was helpful for you and look forward to a good cooperation in the future. If you have any further questions do not hesitate to contact us.

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

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

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

