

Urgent Field Safety Notice

Name of Product: - All Freeway Shower Chairs with integral drop down armrests.
FSCA 0001 – 01.09.2010

Action :- Reduction in maximum user weight.

Date: 1st September 2010

Attention: All distributors, therapists, carers and users of Freeway shower chairs supplied with a backrest with attached drop down armrests.

Details on affected devices: All Freeway Shower Chairs with integral drop down armrests supplied prior to June 2010.



This design of armrest requires reviewing

Description of the problem: Following a recent review of the testing procedures for the shower chair range, a potential issue has risen regarding the armrests that are integrally fitted to backrests. Excessive weight placed upon the armrests can cause distortion of the backrest framework.

Chairs with removable armrest are NOT affected.



This design of armrest is **not** affected

Action to be taken by the user / carer / therapist:-

- Identify affected products
- Contact Freeway or authorised dealer to arrange an evaluation visit.

Action to be taken by the dealer / manufacturer

- Identify locations where product has been supplied
- Contact end user
- Attend site to evaluate the product / end user
- Either re-label existing product with a SWL of 80Kg or replace with new design of backrest and label with a SWL of 160Kg.

For further information please contact:-

Brian Ruttie
Group Technical Support Manager
Prism Medical UK
Unit 4 Jubilee Business Park
Jubilee Way
Grange Moor

Email:- technical@prismmedical.co.uk
Tel:- 0844 980 2260
Fax:- 0844 980 2261

FSN Receipt / Response Form

Urgent Field Safety Notice Reference : - FSCA 0001

Date:- 1st September 2010

Product:- All Freeway Shower Chairs with integral drop down armrests.

Action: - Reduction in maximum user weight

Prism Medical UK requires your acknowledgement as confirmation that You have received and understood the information contained in the attached Field Safety Notice (FSN). Please complete the details below.

I,(Name), acknowledge the receipt of FSN Ref:-FSCA 0001 and that the information contained within this FSN has been communicated to all users who I / or my company have supplied the above products to. (This includes replacement backrests with this type of armrest).

(if required, this blank form may be copied and distributed to end users as part of your management activity in communicating this FSN)

In respect of this product, I am the:-

Please specify:.....(carer, partner, relative, friend, dealer, etc)

Organisation / Facility Name (if applicable).....

Address.....

.....

.....

.....

Post Code.....

Backrest needs assessing? **Yes / No** Quantity.....

The information forwarding has been completed.

Date Completed:.....

Completed by (Print)..... Signature.....

Please return this completed form to Prism Medical UK by faxing to 0844 980 2261 or by email to technical@prismmedical.co.uk
For attention of Brian Ruttle