

IMPORTANT - URGENT FIELD SAFETY NOTICE (FSN)

FSN Reference: **OAR17302**

Date: **28th May 2010**

Product Affected: AA8974- Liftmaster 160, AA8943- Liftmaster 190 Purchased between November 1997 and June 1999

Attention: ALL users of Liftmasters and Service Companies

Description of the Problem:

Potentially dangerous, old style booms could still be in use. The boom or spreader bar could fail and cause injury to the person being transferred.

Advice on action to take:

Inspect the boom attachment mechanism on all Liftmasters.

If you find the old style attachment where the boom locates onto two vertical pins on the motor/gearbox assembly (see Fig 1) **STOP USING THE HOIST**

New style boom attachment is shown in Fig 2. The new style attachment is not affected by this FSN.



Fig 1



Fig 2

Continued...

Transmission of this Field Safety Notice

NOTE: This FSN **must** be passed onto the user of the hoist. Using the enclosed FSN Receipt Form, please provide feedback confirming that the user of the hoist has been made aware of this matter and a replacement has been made.

This FSN should also be passed on to anyone within your organisation who needs to be aware of this matter.

For more information, please contact Patterson Medical on 01623 448700.

The undersign confirms that the MHRA has been notified of the FSN.



Peter Hewitson
Regulatory and Compliance Manager

FSN Receipt Form

URGENT FIELD SAFETY NOTICE: Ref No. OAR17302

Date: 28/5/10

Re: Maintenance and Inspection of Products

Patterson Medical Ltd requires your acknowledgement as confirmation that you have received (and understood) the important safety information contained within the above Field Safety Notice (FSN). Please complete the details below (print clearly): -

I, _____ (Name), acknowledge I am in receipt of the above FSN and that the information contained within this FSN has been communicated to all users who I /or my company have supplied/provided the above products to. (This includes spares)

(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 (if applicable): _____

Address: _____

_____ Post Code: _____

The information forwarding has been completed.

Date completed: ___/___/___

Completed by (Print clearly): _____

Signature: _____

Please return this completed form to Patterson Medical Ltd. by faxing to **01623 448 820**, emailing to: Debbie.banks@patterson-medical.com or by post to the above address.