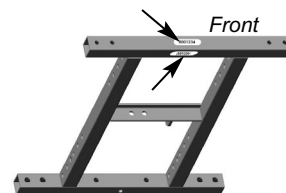


Important Information for Dealers Regarding Technical Service Calls

In order to service our customers efficiently and effectively, it is important that our Service Technicians obtain as much information as possible to conduct an accurate diagnosis of the problem. The following list identifies important information that can be determined by Dealer Technicians prior to making the initial service call. By gathering this information in advance, it will greatly assist our Technicians during their diagnosis and allow them to better isolate and resolve any problems.

Prior to Calling:

1. Please review the **Tech Troubleshooting Questionnaire** (see below) to help isolate and/or identify the problem.
2. Please record the **serial number (MC#)** of the seating system. (the system serial number is located on the seat frame; centered on the front tube, or on the underside of the front tube as illustrated at right).
note: for potential electronic issues, **electronic serial numbers** are also important for diagnosis (eg. control boxes, actuators)
3. Please have a copy of the system **Installation Report** and electronic **Configuration Guide** (copies are located in a re-sealable plastic pouch on the underside of the seat pan)
4. If possible, please have the **wheelchair and client present** when contacting our Technical Service Department
5. A **multi-meter** is highly recommended to assess and isolate electronic/ power related issues.



Motion Concepts- Technical Service Department		
Monday - Friday from 8:00am to 5:00pm		
USA:	888-433-6818	
Canada:	866-748-7943	

Tech Troubleshooting Questionnaire

General Information:

Powerbase Type: _____ System Serial No. (MC#): _____

System/Features: CG-Tilt Single Pivot Recline ESR (extended shear reduction) PES
 Precline Anterior Tilt PSB (power sliding back) Power Legs Power Center Mount
 Other: _____

User Weight: _____ lbs. TRx System: New Old Powerbase: New Old

Description of the Problem:

Has the system been modified or had equipment added or changed? Yes No

explain: _____

Tech Troubleshooting Questionnaire

I. Electronic/ Power Related Issue:

Control Box Type (seating system): _____ **Controller Type** (powerbase): _____

TRx Switches?: Yes No **Functions thru Joystick?:** Yes No

Questions/System Checks	Yes / No
Are the batteries fully charged (25V or higher)? (see <i>Battery Testing- p.132</i>) Actual Charge: _____ V	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the fuses OK (power harness fuse/ base fuse)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Manipulate wiring harnesses and re-check system-</i> Is the system functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Seating System function if you by-pass the Seating System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the wheelchair drive?Is the seating system in the neutral/ home position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Red drive lockout (DLO) light come on?Does the Red DLO light remain on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Control Box programmed correctly (see Configuration Guide)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a new part installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cables/switches properly connected with no visible damage or cuts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the problem intermittent (day to day/ during tilt/ during elevating/etc...)? <i>explain:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....Are cable ties affecting the connection (too tight/ too loose)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it work with all available switches (TRx Switch/ Joystick/ Attendant Switch)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the switch/cable plugged into the correct port?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there voltage (power) at the power harness (from battery)? (<i>check with voltmeter- see p.101</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there voltage (power) to the actuator? (<i>check with voltmeter- see p.101</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the original pre-tilt angle been adjusted? Actual Pre-Tilt: _____ °	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the mercury switches/ micro-switches functioning properly (Tilt/PES/DLO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....Is the angle/position of the mercury switch/micro-switch set correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....Is there continuity in the mercury switches? (<i>check with voltmeter- see p.100</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Mechanical Issue/ Defect:

Questions/System Checks	Yes / No
Is it a new part installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the part damaged/ broken? how was the part damaged? <i>explain:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the system making a noise? when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tilting <input type="checkbox"/> Reclining <input type="checkbox"/> Elevating <input type="checkbox"/> Power Legs <input type="checkbox"/> Other: _____	
..... type of noise?	
<input type="checkbox"/> Grinding <input type="checkbox"/> Squeaking <input type="checkbox"/> Chattering <input type="checkbox"/> Other: _____	
Has the system been lubricated? what type of lubricant was used? Lubricant: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No