



Preventative Maintenance Program



1300 133 120
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Preventative Maintenance Program Objective

Aidacare's Preventative Maintenance & Asset Management Programs are tailored to meet our customer's requirements.



Service inclusions



Asset Assessment and Audit:

- Asset number sticker generated
- Detailed description of equipment, entered into Service Call Management software package.
- Condition / Hazard assessment report generated
- Equipment maintenance folder provided



Maintenance Program Developed in Conjunction with Client:

- Recommended equipment service periods used as basis for maintenance cycles
- Assets bundled into "sensible" groups per location
- Preplan / notified in advance of maintenance period
- Pre-Approval for conducting repairs outside of maintenance contract scope



Experienced Service Technicians:

- Industry trained ; Test & Tag certified; Police Checked



Asset Report Upon Completion:

- Equipment condition summarised
- Maintenance carried out summarised
- Quote on additional major repairs required
- Report of history of expenditure per equipment



Quality
ISO 9001
SAI GLOBAL
Syd, Mel, Bri

Recommended Equipment Service Cycle Guide

EQUIPMENT DESCRIPTION:	MAINTENANCE FREQUENCY:
Hospital Bed (electric)	Annually
Lifting Hoist (electric)	6-month
Lifting Hoist (ceiling)	6-month
Alternating Pressure Mattress	6-month
Shower Transport Commode	Annually
Commercial Trolley	Annually
Pressure/Positioning Chair	Annually
Wheelchair (manual)	Annually
Wheelchair (electric)	Annually
Wheelchair (tilt n space)	Annually
Shower Trolley (manual)	Annually
Shower Trolley (electric)	Annually
Walking Frame	Annually
Weigh Scales (not calibration)	Annually
Electrical Test & Tag (additional)	Annually
Sanitisers	6-month
Macerators	6-month

Equipment Service Overview – Product Sample

MAINTENANCE OF HOSPITAL BED



Checking Bed Operation Functions	Raising / Lowering
Checking Hand Controller Integrity	Function / Casing / Cable
Checking Castors	Movement / Brakes
Checking Frame Structure	Integrity / Condition
Checking Actuators	Movement / Noise
Electrical Test & Tag	Electrical Leads / Connections
Checking Mattress Structure	Integrity / Condition
Checking Bed Ends	Structural / Movement

MAINTENANCE - MOBILE HOISTS & CEILING HOISTS



Checking Hoist Operation Functions	Raising / Lowering
Checking Hand Controller Integrity	Function / Casing / Cable
Checking Castors	Movement / Brakes
Checking Frame Structure	Integrity / Condition / Moving parts
Checking Actuators	Movement / Load (weight) Test
Electrical Test & Tag	Electrical Leads / Connections
Checking Batteries & Charger	Load Test / Leads / Connections

MAINTENANCE OF PRESSURE MATTRESS



Checking Operation Functions	Airflow / Alternating Cycle
Checking Alternating Pump Integrity	Function / Casing / Cable
Checking Mattress	Bellows / Hoses / Connections
Checking Alternating Pump	Filters / Pump / Moving Parts
Electrical Test & Tag	Electrical Leads / Connections
Checking Mattress Cover	Material / Zips

Equipment Service Guide

MAINTENANCE OF SHOWER TRANSPORTER COMMODE



Checking Integrity of Frame	Structural / Corrosion / Wear & Tear
Checking Castors	Movement / Brakes / Clean
Checking Armrests	Integrity / Condition / Operation
Checking Seat Integrity	Padding / Secured
Checking Footrests	Operation / Integrity
Checking Tilt/Recline System	Operation / Integrity / Gas Struts / Cables

MAINTENANCE OF RECLINER / LIFT CHAIR (FOR ONCOLOGY)



Checking Recliner Operation Functions	Raising / Lowering / Heat / Massage
Checking Hand Controller Integrity	Function / Casing / Cable
Checking Frame Structure	Integrity / Condition / Moving Parts
Checking Recliner Upholstery	Integrity / Condition / Tears
Checking Actuators	Movement / Noise
Electrical Test & Tag (if required)	Electrical Leads / Connections

MAINTENANCE OF WHEELCHAIR (MANUAL)



Checking Wheelchair Operation	Functions / Movement / Folding Frame
Checking Wheelchair Structure	Integrity / Function / Moving Parts
Checking Tyres and Castors	Movement / Wear / Pressure
Checking Footplates	Integrity / Condition / Movement
Checking Upholstery	Integrity / Condition
Checking Brakes	Movement / Adjust

Equipment Service Guide - Sluiceroom

MAINTENANCE OF SANITISERS MACERATORS



Checking Operation	Test Run/ Controller / Functions
Checking Control System	Solenoids / Steam / Pumps
Checking Wash Pumps	Noise / Function / Bearings
Checking Thermal Integrity	AO 600 Steam Verification Test
Checking Instructional Sheets	Operation / Wall Charts in Place
Checking Cycle Times	Flush, Wash, Steam & Cool
Check Lid Functions	Auto / Open / Close
Check Electrical Items (if required)	Leads / Connections / Switches
Checking Detergent System	Pump / Flow / Close

MAINTENANCE OF MEDICATION CARTS & TROLLEYS



Checking Commercial Trolley Operation	Movement / Functions
Checking Frame Structure	Integrity / Condition / Moving Parts
Checking Draw Structure	Integrity / Condition / Moving Parts
Checking Castors	Integrity / Condition / Movement
Checking Locking Brakes	Movement / Adjust

MAINTENANCE OF SHOWER TROLLEY



Checking Shower Trolley Operation	Functions / Movement / Control System Components
Checking Integrity of Frame	Structural / Corrosion / Movement
Checking Castors	Movement / Wear / Condition / Clean
Checking Attachments	Hoses / Drainage
Checking Upholstery	Integrity / Condition / Tears
Checking Locking Brakes	Movement / Adjust

Preventative Maintenance Equipment Report

SAMPLE ONLY

Generic Work Program



Facility/First Name: _____

SCN No: _____

Equipment Details

Type: _____ Make: _____ Model: _____

Serial Number: _____ Asset Number: _____

Technician Details

Technician Name: _____ Date: _____

Castors			
<input type="checkbox"/>	Check Castors are swivelling correctly	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Wheels are rolling correctly	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Brakes operation	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Remove castors and clean	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Control System & Electrical			
<input type="checkbox"/>	Check All Functions	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Control System (casing, cabling & noise)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Electrical Leads & Connections	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check batteries – Batt #1 voltage: _____ Batt #2 voltage: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Battery Charger (casing, cabling & function)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check all Emergency Functions	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Actuators (function, noise & integrity)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Pump (filters, moving parts & connections)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Test & Tag (if requested – additional charge applies)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Calibration (if requested – additional charge applies)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Mechanical Components			
<input type="checkbox"/>	Check Castors/Wheels/Tyres (remove and clean)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Brakes (function, adjustment, wear & noise)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Forks/Pintles/Bearings	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Frame (corrosion, fractures, alignment & noise)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Removable Parts (operation & integrity)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Upholstery/Covers (condition, wear, tears)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Steering System (tension, wear & alignment)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Motor/Transaxle/Gearbox (noise, wear)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Motor Brushes (if applicable)	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Labelling			
<input type="checkbox"/>	Check Serial/Asset number is attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Safety label/s attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	SWL label attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Check Safety Labels on Accessories	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Anti tamper labels on battery case	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	Anti tamper labels on control box case	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, _____ (the client / authorised representative) acknowledge any defects as reported by Aidacare.

Signature: _____

Date: _____

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