mackworth

Raiser Transfer Aid

Doc No. 999061

User Manual

Revision of document: A
Revision Date: 19.04.21

CONTENTS

1.0 SAFETY INSTRUCTIONS AND WARNINGS

1.1 Introduction

As transferring a person presents a potential risk, the information in this manual is important to your safety.
Please read and understand this manual in its entirety before using your Raiser Transfer Aid.
Should any questions arise from reviewing this manual, contact your local authorised representative.

The information in this manual is important for the safety of anyone near the Raiser Transfer Aid and must be read and understood to help prevent injuries. It is also crucial to the proper operation and maintenance of the Raiser transfer aid.

Failure to comply with warnings in this manual may result in; injury to the operator and/or client and/or damage to the Transfer Aid or related components.

If, during the use of this device or as a result of its use a serious incident has occurred, please report it to the manufacturer and to your national authority.

Store this manual with the documents included with the Transfer Aid. Contents of this manual are subject to change without prior written notice.

Unauthorised modifications on any Prism Medical UK product may affect its safety. The manufacturer will not be held responsible for any accident, incident or deficiencies of performance that occur as a result of any unauthorised modification to its products.

Do not attempt to use this equipment without first understanding the contents of this manual.

1.2 Manufacture

The Transfer Aid is manufactured at the address below:

Prism Medical UK
Unit 1, Tir Llwyd Industrial Estate, St Asaph Avenue, Kinmel Bay, Conwy, LL18 5JZ
Telephone number: 01924 840100

1.3 European Authorised Representative

The address of the European Authorised Representative for this product:

European Healthcare & Device Solutions (Ireland) Ltd.
Stratton House, Bishopstown Road,
Cork, Ireland.
T12 Y9TC.
Telephone number: +353(86)2280846

1.4 Symbols Used

The Table below includes all Symbols from BS EN ISO 15223-1:2016 that can be found in this Manual and on the Product and what they represent. Refer back to this Table when you are unsure of what a symbol represents.

	Consult instructions before use		Caution – see instructions for use
	Manufacturer	**SWL**	Safe Working Load represents the maximum load rated for safe operation
	Packaging indicator – This way up		Date of manufacture
SN	Serial number		Packaging indicator – Keep dry
	Please observe local laws on recycling		For internal use only
	Temperature range	**IP$_{N_1N_2}$**	Degree of protection provided by enclosure. N_1: Ingress of particles N_2: Ingress of water
	Humidity range	**MD**	Medical Device
REF	Catalogue number	**EC REP**	European Authorised Representative

Table 1

1.5 Contraindications/Limitations

There are no known "contraindications" associated with the usage of the Raiser Transfer Aid, provided they are used as per manufacturer's recommendations and guidelines. However, it is recommended that a client specific assessment is completed by a trained and knowledgeable health care professional to determine the method of transfer.

Prism Medical UK does not recommend a required number of care givers for the use of our products. This information and recommendation can only be provided after a thorough personalised, case specific assessment, as there are many factors that can influence these decisions.

1.6 Intended Use

For internal use only.

The Mackworth Raiser is a sit to stand platform, which is designed to provide an active, safe and comfortable transfer of the user. It is ideal for short distance transfers, such as to/from bed to chair.

Its versatility allows use with wheelchairs, toilet and shower chairs. Soft and wide padding in the leg support improves stability, and the sturdy handle offers many grip options for both the user and the carer.

The rear wheels with independent locking manual brakes, makes it easy for a carer to manoeuvre, and provides maximum stability and safety for the user.

The Mackworth Raiser has a safe working load of 160 kg**,** this load must not be exceeded.
The device is used under instruction, and the operation of the aid is undertaken by a trained carer.
A risk assessment must be performed before using any other manufactured Transfer Aid, to ensure safe use can be established.

The belt(s) is a specially designed fabric accessory that attaches to the Transfer Aid by means of the hooks on the rear face of the handle, this holds and aids an individual while the transfer takes place. The sling is supplied separately from the Transfer Aid at the initial time of purchase.
If additional accessories have been supplied with the Transfer aid, refer to the instructions included with those items.

The Transfer Aid:

- Helps to assist a user with sit to stand transfers
- Maximum user weight: 160 kg
- Padded leg support for added comfort
- Multiple grip options for both user and carer
- Raiser Strap & Safety Belt available to enable a carer to assist a user to their feet
- Independent locking rear brakes

- The Raiser is intended to be installed on a flat and levelled surface prior to use.

- The Transfer Aid must be installed only by persons authorised by Prism Medical UK or who have the rights to install and commission the Transfer Aid safe for use.

- Under no circumstance should the Raiser be put in control of a person who has not been properly trained in the use and care of this equipment. Failure to adhere to this warning may result in serious injury to the operator, and / or the individual being transferred.

- In facilities where more than one operator will be responsible for using the Transfer Aid, it is imperative that all such members be trained on the Raiser prior to use. A training program should be established by the facility to acquaint new operators with this equipment.

- The Raiser Transfer Aid, and associated belts are not toys. Do not use it for unsafe practices. Do not allow children to play with the Aid or any of its components. The Raiser should not be used for any practice except its intended use.

- Your guarantee is void if persons unauthorised by Prism Medical UK perform work on the Transfer Aid.
- To maintain optimum function, the Raiser should be inspected and maintained on a regular basis. See section 'General Inspection, Maintenance and Cleaning' within this user manual.
- The Raiser and belt(s) are intended only for transferring of a person. Prism Medical UK will not be responsible for any damage caused by the misuse, neglect or purposeful destruction of the Unit, and/or its associated components.
- In areas where children are prone to be present, be vigilant when carrying out a transfer.
- Any accessories used with the Raiser including belt(s), should be checked to ensure that they are in good working order. Check for signs of wear to each component prior to use. Report any unusual wear to your local authorized dealer.
- The Raiser and its associated parts are certified to a maximum load of 160kg. Do not exceed the maximum rated load of any of the components.
- Ensure that a clear space is maintained around the Transfer Aid. Before performing a transfer check for and move all obstacles out of the way.
- Protecting the people present, visually monitor the belt loop connection points during transfer stages, so the belt remains firmly attached to the hooks on the rear face of the Raiser.
- To reduce the risk of unintended use, when the Raiser is not in use remove the Belt from the product to prevent entrapment or strangulation should the device be tampered with.
- Between Transfer Aid and Belt, the lowest maximum load shall always be used.

You may need to seek specialist advice on how to assist some people with specific moving and handling needs. Sources of advice include, but is not limited to, professional bodies and organisations, occupational therapist, physiotherapists, manual handling advisers and ergonomist with experience in health and social care.

1.7 Warning Notes

Your Raiser Transfer Aid has been manufactured and tested to exceed BS EN 12182:2012. This does not mean that it can be used without care. ALL OPERATORS should have read the operating instructions and appreciate this warning section.

1. ALL Transfer Aids are less stable on sloping surfaces. A 5-degree slope is the maximum permitted and then only with great care.
2. ALL Transfer Aids are dangerous to the person being transferred when used recklessly or pushed at speed.
3. ALL Transfer Aids are less stable when the load is moving.
4. Use of this equipment adjacent to or stacked with other equipment should be avoided, as it could result in improper operation. If such use is necessary, this equipment and the other equipment should be observed to verify that they are operating normally.

1.8 Operating Environment

The Raiser Transfer Aid is intended for use within the professional health care facility environment as well as the home health care environment. The Transfer Aid is not suitable for any other environment or special environments.

The Transfer Aid is not intended to be used in environments where there are rapid changes in the environmental temperature and humidity during intended use.
Internal use only when operating the Transfer aid.

2.0 COMPONENTS / KEY PARTS

Please see below to familiarise yourself with the components of the Raiser Transfer Aid. The image below show the contents of the Transfer Aid. If you have not received all the components contact Prism Medical UK dealer immediately – contact details are provided on the last page of this manual.

Item	Description
1	Raiser Base
2	Raiser Handle
3	Single Knee Pad
4	Double Knee Pad
5	Brakes
6	Wheels
7	Serial Number/Product Information

Table 2

Figure 1

Figure 2

3.0 ASSEMBLY INSTRUCTIONS

3.1 Unpacking

The Transfer Aid will arrive to you in a robust box, please be careful when removing the components from the box. Please read the user guide in full before operating.

This user manual should be kept safe for future reference.

The Transfer Aid has been specifically designed to be installed in both the professional and home health care environments.

No matter the environment, health and safety factors should be considered to ensure the safety and essential performance of the Transfer Aid and to avoid unnecessary damage or injuries to people within the area of the Transfer Aid.

The environment in which the Transfer Aid is situated in, whilst carrying out a transfer, is required to be on a flat surface with no steep inclines.

3.2 Unboxing Transfer Aid

When using a sharp knife, be careful not to damage the product.

This section will summarise the layout of the product packaging and what is included in the Box. It is recommended a knife is used for smoother unpacking of the product. The product is packed into a single box (1250x600x240), weighing approximately 25kg.

Using a knife to open the box around the perimeter, the box should open to a similar view to Figure 3. It will include all the following components. It is recommended that the components are removed in the numerical order below.

Figure 3

1. Base
2. Knee Pad
3. Handle
4. User Manual

Figure 4

3.3 Transfer Aid Assembly

Place the handle in the brackets as shown in (Fig. 5) below.

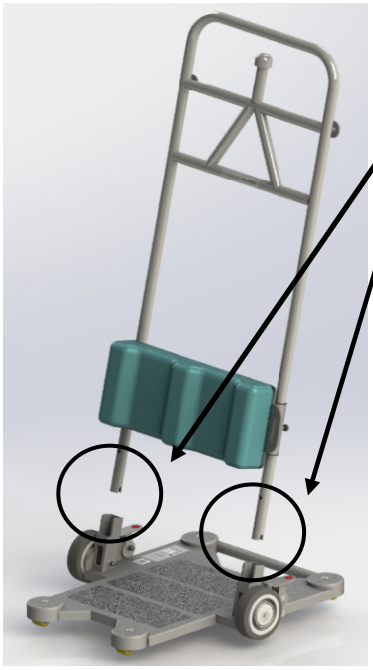


Figure 5

Step 1 - With the handle and brackets aligned, press down until fully inserted.

Caution – care required to not trap fingers when applying the two parts together

Step 2 - Lock the handles to the base assembly using two M8 Star handles and nylon shoulder washers as shown in (Fig. 6)

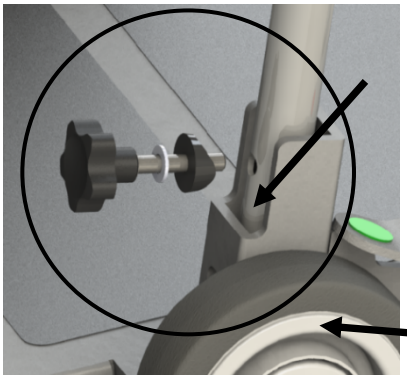


Figure 6

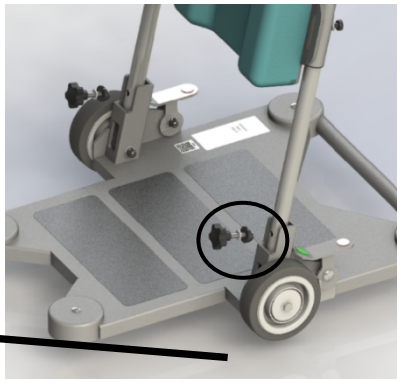


Figure 7

4.0 FREQUENLY USED FUNCTIONS

The aid may be heavy for users and will need to be lifted with care, please operate the device with the use of the castors wherever possible to prevent any injury.

Appropriate training in the following operating procedures should be undergone by any person operating the Transfer Aid, for their own and the client's safety and comfort. These instructions are designed to cover the method of using the Transfer Aid.

4.1 Adjusting Knee/shin Pad (Single Knee Pad)

Adjusting the knee/shin pad height on the raiser, in the following way:

1. On the rear face of the product release the Knee/shin pad from its current location by pulling on the black locking plungers and the same time. (see Figure 8)
2. After releasing the knee/shin pad from its current location, it is now free to move up are down to the new preferred height for the patient. (see Figure 9)
3. Once you are happy with the new position of the pad, simply release the black locking plungers by letting go of them both at the same time.

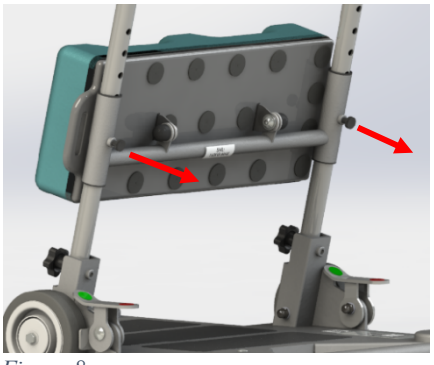


Figure 8

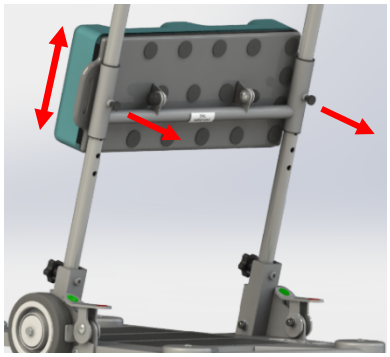


Figure 9

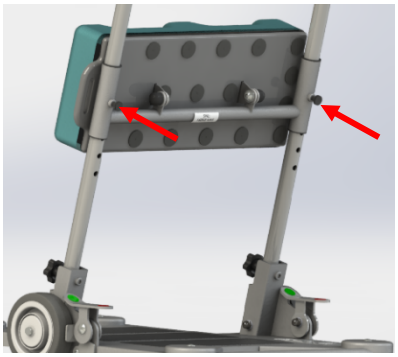


Figure 10

4.2 Adjusting Knee/shin Pad (Double Knee Pad)

1. On the rear face of the product release the Knee/shin pad from its current location by pulling on the black locking plungers and the same time. (see Figure 11)
2. After releasing the knee/shin pad from its current location, it is now free to move up are down to the new preferred height for the patient. (see Figure 12)
3. Once you are happy with the new position of the pad, simply release the black locking plungers by letting go of them both at the same time. (see figure 13)
4. To adjust the individual pads inwards and outwards, using your hand slide each pad by pushing inwards or outwards to suit the need for the patient. (see figure 14 & 15)

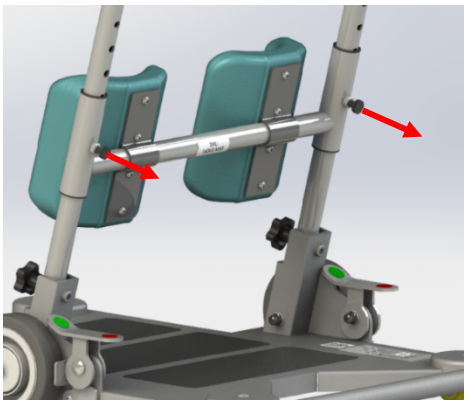
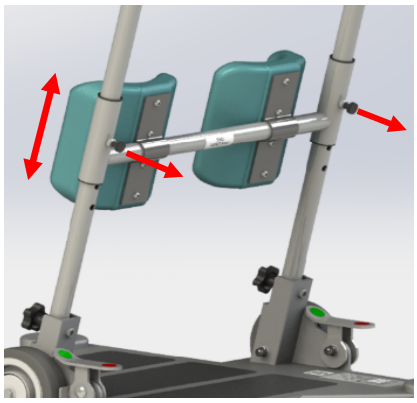


Figure 11



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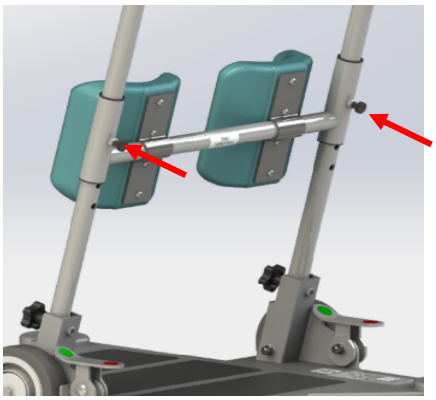

Figure 13

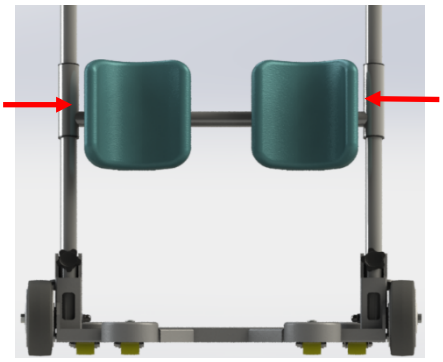

Figure 14

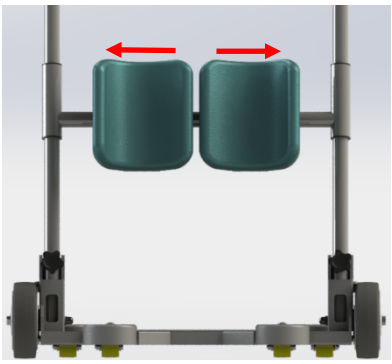

Figure 15

4.3 Applying the brakes

To operate the Raiser Transfer Aid brakes, in the following way to activate and deactivate the brakes:

1. To activate the brakes, take your foot or hand and push down vertically on the red cycle on the brake leaver, one brake leaver at a time. (see figure 16 & 18)

2. To deactivate the brakes, Take your foot or hand and push forward on the green dot on the brake leaver, one brake lever at a time. (see figure 17 & 18)

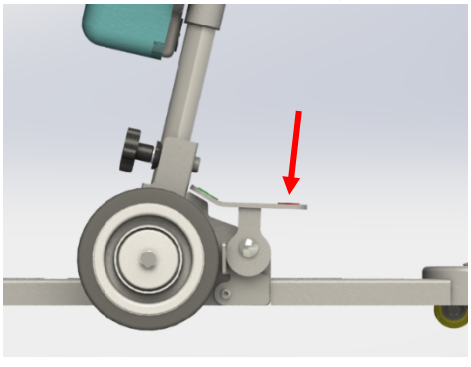

Figure 16

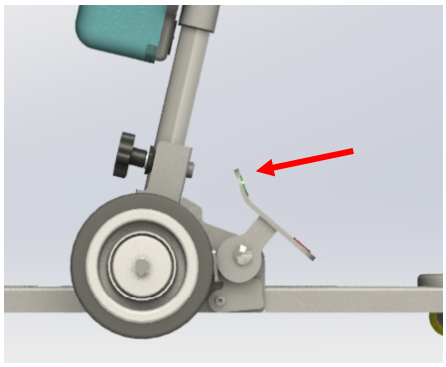

Figure 17

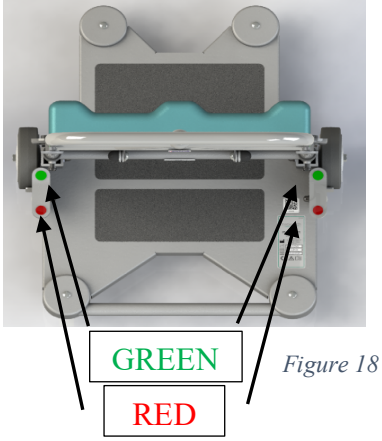

Figure 18

5.0 OPERATING PRINCIPLES

This equipment should only be used by a suitably trained person. It is important that prior to using the Mackworth Raiser, a thorough risk assessment has been carried out with the individual user and for the intended transfer. We would recommend the use of safety belts or ladder belts for all transfers.

Figure 19

5.1 Standing a user who requires no assistance

1. The user's feet should be placed on the footplate.
2. Adjust the height of the padded leg support so that the top of the pad sits just below the user's knee.
3. Apply the brakes to both wheels by pressing down the brake levers on both sides. These are clearly marked with red indicating that the brakes are on and green showing that the brakes are off.

The wheels must always have the brake applied, whilst the user is in the process of standing or sitting.

The caregiver must always counterbalance the raiser during the standing/sitting process. This can be done by placing one foot on the back of the footplate, holding the top of the unit steady with one hand or both options together.

4. The user can now be encouraged to lean forward and take hold of the handle frame. The caregiver should give clear instructions to the user telling them to stand whilst they are counterbalancing the raiser.
5. Once the user is stood the caregiver may release the brakes with one foot. Pull the Mackworth Raiser backwards and then steer it toward the new seating position.
6. Make sure that both wheels are locked again before allowing the user to sit.

Figure 20

The raiser is recommended for short distance transfers although a suitable risk assessment should be carried out to determine what is considered to be a safe distance for a user and the environment.

5.2 Standing a user who requires assistance with optional Ladder belt.

1. The ladder belt is connected to the disc attachment on one side of the raiser. The sleeve of the ladder belt is then placed behind the user's bottom.
2. The caregiver can encourage/assist the user to stand themselves by pulling on the opposite side of the ladder belt.

The user must have the ability to stand by themselves. The belt is a support aid.

Figure 21

3. When the user is in a standing position, the ladder belt can then be attached to the second disc attachment.
4. Two caregivers can provide assistance when the user needs more help with standing up.

The caregiver must always counterbalance the raiser during the standing /sitting process.
This can be done by placing one foot on the back of the footplate, holding the top of the unit steady with one hand or both options together.

Figure 22

Figure 23

5.3 Standing a user who requires assistance with the optional safety belt.

The Mackworth Safety Belt should be fitted to the user prior to assisting with the stand. Refer to the sling user guide.

1. Place the belt around the user's waist, ensuring the elasticated section is placed on the user's lumbar spine and the solid section is place under the user's coccyx.
2. Fasten in place using the Velcro straps and adjustable buckle fastening support belt (ensure support belt is at maximum length)
3. The user can now be stood following same process as 5.1.
4. Once the user is stood, the buckle fastening support belt can be passed through the opening in the centre vertical handle and adjusted to provide optimum support during the transfer

Figure 24

Figure 25

Make sure the required loop(s) are on the correct hooks and are correctly positioned

5.4 Compatible Belt Types

We recommend the use of the Freeway belt range (type 'B' applied part) to be utilised with the Mackworth Raiser. It is at the user's discretion to use alternative supplied product. In utilising another manufacturer's belt, checks must first be made to ensure the belt is safe to use and meets the requirements of BS EN ISO 10535 before its use.

The belts with a safe working load of 160kg that can be used with the Mackworth Raiser are shown below in Table 3, complete with product codes. For all components, the lowest maximum safe working load must always be adhered to.

Freeway Ladder Belt

Figure 26

Freeway Safety Belt

Figure 27

Size	Freeway Belt Range - Product Codes
Freeway Raiser Safety Belt	
XX Small	2002ACCRAISBXXS
X Small	2002ACCRAISBXS
Small	2002ACCRAISBELTS
Medium	2002ACCRAISBELTM
Large	2002ACCRAISBELTL
XL	2002ACCRAISBXL
Freeway Raiser Ladder Belt	
One Size	2002ACCRAISLA

Table 3

6.0 TECHNICAL SPECIFICATION

6.1 Raiser Dimensions – Single Knee Pad

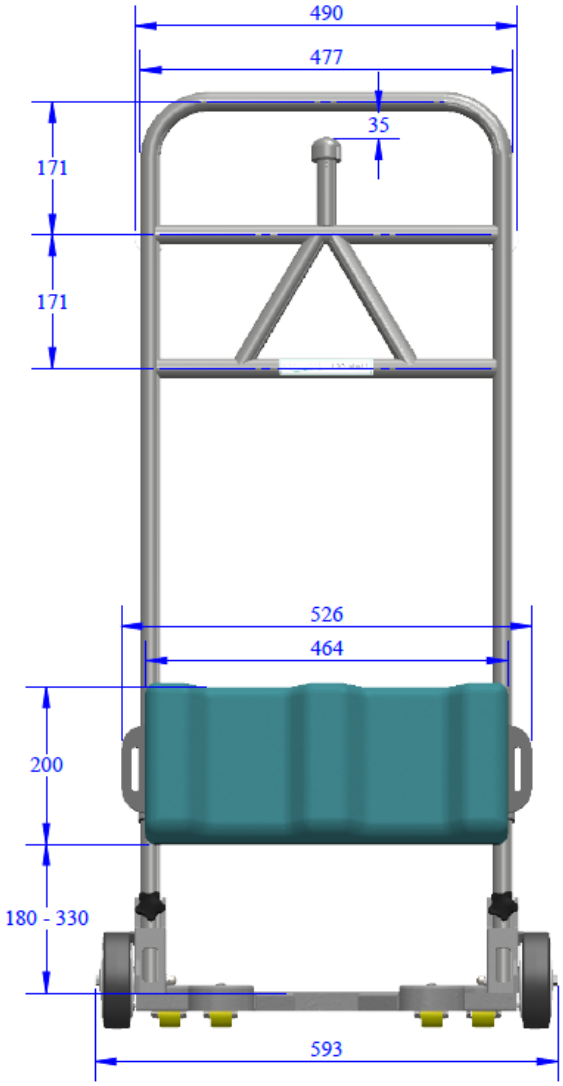

Figure 28

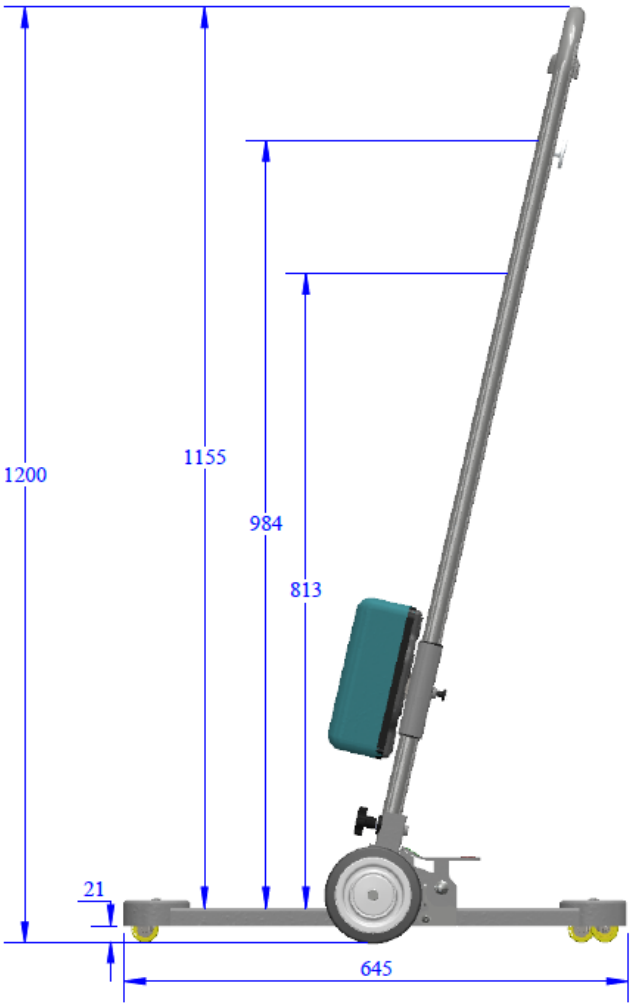

Figure 29

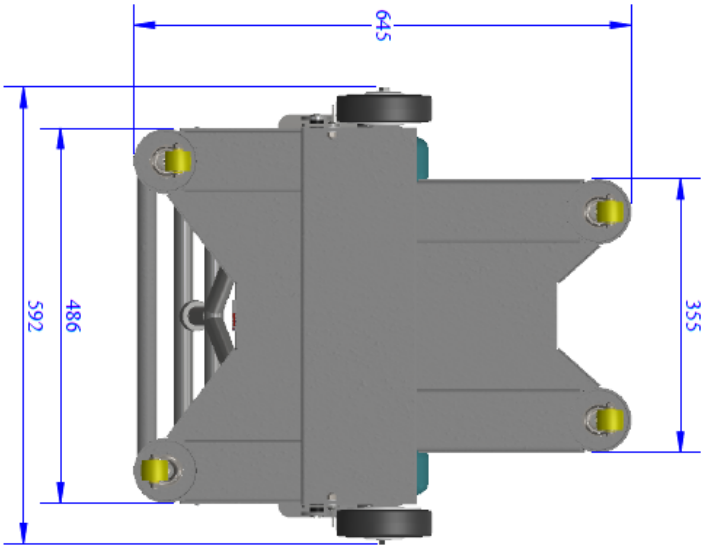

Figure 30

6.2 Raiser Dimensions – Double Knee Pad

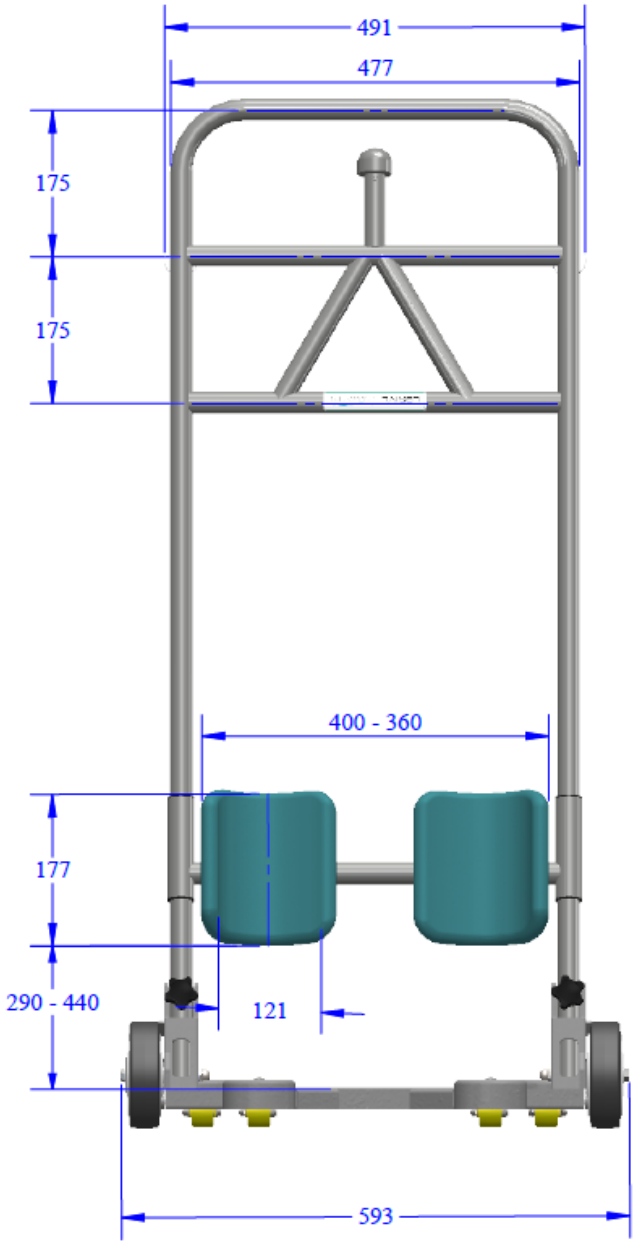

Figure 31

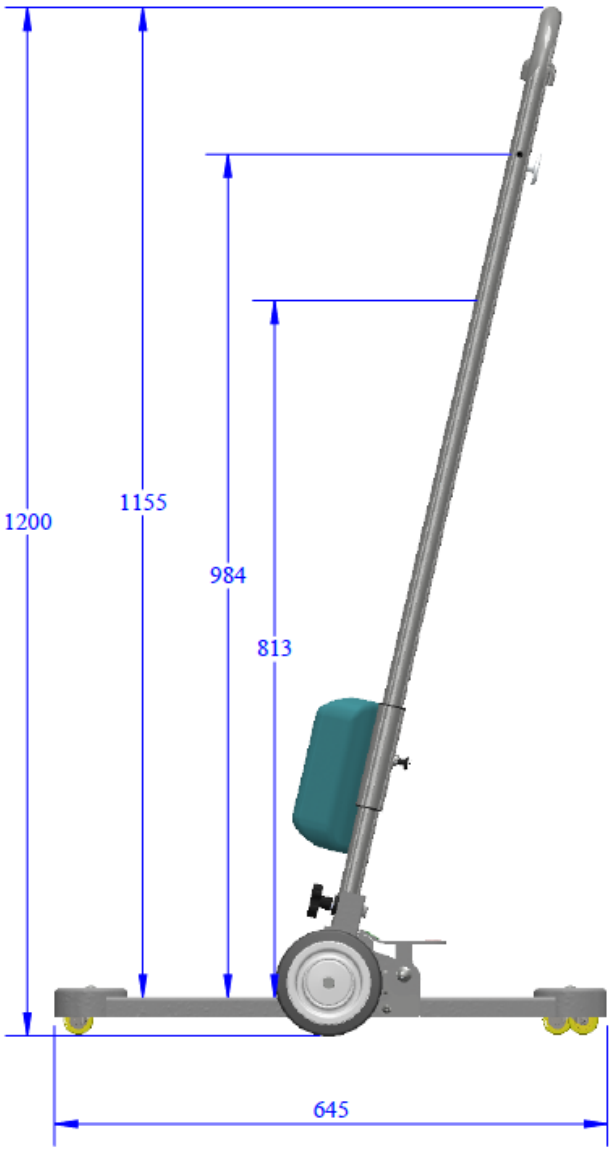

Figure 32

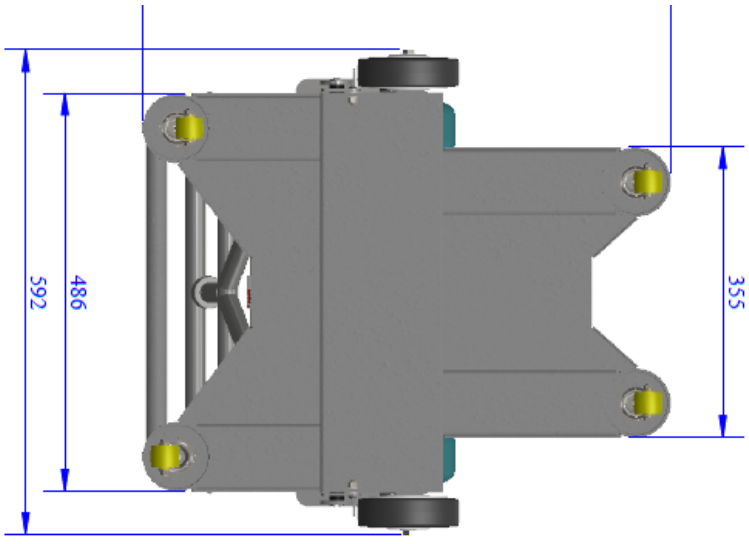

Figure 33

6.3 Specifications

Dimensions	
Turning Circle	575mm
Overall Height	1200mm
Overall Width	592mm
Ground Clearance	21mm
Front and Rear Castors	35mm
Middle Wheel	125mm

Table 4

Weights	
Safe Working Load (SWL)	160 kg
Raiser – Single Knee Pad	20 kg
Raiser – Double Knee Pad	21 kg
Handle - Single Knee Pad	8.2 kg
Handle – Double Knee Pad	9 kg
Handle	5.5 kg
Base	11.5 kg

Table 5

Operational Forces	
Operating Force (with 160 kg)	100N
Operating Force (with 0 kg)	8N
Operation of the Brake	75N
Sliding the Knee Pad Up	60N
Sliding Double Knee Pad Apart	45N

Table 6

Expected Product Lifetime

10 yrs. depending usage and compliance to maintenance, servicing and LOLER inspections.

6.4 Standards Applied

The standards that have been applied to the device are as follows:

- EN 12182:2012 Assistive products for persons with disability – General requirements and test methods

7.0 ENVIRONMENTAL - STORAGE AND OPERATING CONDITIONS

The Transfer Aid is intended for internal use within normal environmental conditions.

It is not intended to be used in environments where there are rapid changes in the environmental temperature and humidity during intended use.

7.1 Normal Operating Conditions

+5°C to +40°C (41°F to 104°F) at a relative humidity between 15% to 90% RH, non-condensing but not requiring a water vapour pressure greater than 50hPa and atmospheric pressure between 700hPa to 1060hPa.

7.2 Shipping and Storage Conditions

-25°C to +5°C (-13ºF to 41ºF) with any humidity level.
+5°C to +35°C (41°F to 95°F) at a relative humidity up to 90%.
+35°C to 70°C non-condensing at a water vapour pressure up to 50hPa.

8.0 DISPOSAL

When the Transfer Aid has completed its life cycle and can no longer perform to its intended use safely the Aid must be decommissioned by an approved Service Engineer. The following specifies the importance of correct disposal procedure including local laws and being environmentally friendly.
Please observe the local laws on recycling and respect the current laws for disposal within the community the device is being used within. If there is any uncertainty of the below guidelines, contact your local authorities to determine the proper method of disposal of potentially biohazardous parts and accessories.
The relevant components utilised in the manufacture of the device that can be recycled at the end of the device life are:

Fully recyclables:	Consideration when Recycling:
Steel frame (Handle, Base)	Knee Pad
Castors	
Initial packaging of the device (cardboard)	
Metallic fixing – screws etc.	

Table 7

The product may be contaminated and has to be disinfected before recycling or disposal.
See section 10.3 ‘Cleaning’ for details of how to do this.

9.0 FAULT FINDING

Should a problem arise with the use of the Transfer Aid, review the Table below.

Find the fault and complete the recommended solution.
If the fault is not found and/or the solution does not correct the problem, contact your local Prism Medical UK authorized dealer immediately – contact details are provided on the last page of this manual.

Fault	Action
Castors do not operate.	Ensure the brake has been fully disengaged, Check the castors are free running Check the castors are touching the ground. If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.
Knee Pad does not lock into position	Ensure that the index plunger is aligned with the holes in the handle. If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.
Handle is loose	Ensure that the star nuts are fully tightened (Refer to section 4.0) If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.
Brakes do not operate	Ensure that the brake mechanism is fully engaged, check to see if both wheels are touching the ground. If this does not correct the fault, then contact your local authorised dealer immediately so the Transfer Aid can be checked to ensure proper continued operation.

Table 8

10.0 GENERAL INSPECTION, MAINTANANCE AND CLEANING

10.1 Service

No service is to be carried out on the Raiser Transfer Aid while transferring a person to reduce the risk of injury.
Service must be completed by a Prism Medical UK authorised Service Engineer.
Do not attempt to service the product yourself, or warranty is void.

To ensure the safety and continued good function of your Transfer Aid, routine service must be performed on your Raiser Transfer Aid.
Service should be completed by a Prism Medical UK approved service engineer every 6 months to ensure the products required standard is maintained. The service history of the product should be documented each service in the Service Log at the back of this User Manual.

When the Transfer Aid is serviced, the 6 month service checklist must be completed for the Raiser Transfer Aid.
Service Manual Document Number: 995061.
Spare Parts Manual Document Number 992061
The Service must be completed every 6 months after installation of the Transfer Aid to comply with LOLER Regulations.
The Raiser Transfer Aid has an expected Service Life of 10 Years.

Contact your local authorised Prism Medical UK dealer if you:

- Need more information.
- Have any questions about the use or service of your Transfer Aid.
- Notice any change in the performance.
- Want to report an unexpected occurrence.
- Want to arrange a service.
- Need to ascertain necessary information for replacement parts and components.

Contact details of your local Harvest Healthcare dealer are shown on the last page of this manual.

10.2 Inspection

Inspection is to be completed prior to each use by the user of the Transfer Aid.

Should any of the components in the table below fail the inspection, DO NOT use the Transfer Aid.
Contact your local authorised dealer for service – contact details are on the last page of this manual.

Ensure all component inspections in the Table below are completed prior to each use of the Transfer Aid.

Check List before Use

Component	Service/Inspection required
Generic:	Visual inspection of the external of the Transfer Aid. Significant damage that may affect the function of the Transfer Aid along with a clear safety hazard is unacceptable.
	Check the Labelling on the Transfer Aid to ensure they are all still legible, this includes the Serial Number and other important markings. If labels are not legible, then contact your local authorised dealer immediately.
	Check all main nuts and bolts to see if they are loose, if found that they are then contact your local authorised dealer immediately.
	Examine the sling hooks on the handle bar for excessive wear and sharp edges.
Handle Assembly:	Ensure that the Installation of the handle to base is correct and fitted properly, as well as the fixing bolt and star handle have been installed. If necessary, tighten the star handle if loose.
Knee Pad:	Inspect the Knee Pad for damage including cuts and breaks.
	Ensure height adjustment to the Knee Pad is moving freely and is not jamming.
	Ensure all height adjustment positions are locking correctly
Brakes:	Ensure the Brakes function when activated
	Ensure the Transfer Aid can move freely when the Brakes are deactivated. (Ensure they aren't rubbing on the Wheels)
Castors and Wheels	Examine the products Wheels and Castors for signs of damage or wear, ensure they run freely and are not cracked.
	Check to see all castors are flat on the floor and Transfer Aid is stable.
	Ensure the product is able to rotate freely with ease.
Base:	Ensure the Foot Grips are still applied and undamaged.
Belts :	Examine belts for fraying or other damage. DO NOT use belts with fraying or damage to the suspension straps or tears in the body of the sling.

Table 9

10.3 Cleaning

Please follow the cleaning guidelines below on cleaning and disinfecting the Transfer Aid.

10.3.1 General cleaning

It is recommended to clean the Raiser and accessories before the use by a different patient, reducing the risk of cross–contamination.

The exterior of the Raiser can be cleaned using a damp soapy cloth for general cleaning duties. Please ensure the cloth is damp and not wet. Ensure the exterior of the device is dry after cleaning. Dry using a clean dry cloth.

10.3.2 Disinfecting (if necessary)

Should the Transfer Aid require a more thorough clean, the use of the Actichlor™ disinfectant product (which is widely available in tablet form and used throughout the health care industry) is recommended.

Follow the manufacturer's safety instructions for the use of the cleaning product before use to ensure safe use for the operator and the patient.

Ensure the cloth is damp before the cleaning process.

Application is through a clean damp cloth applied to wipe the device down. Use in the following dilutions to ensure an effective clean:

- Actichlor™ dissolvable chlorine tablets provide a concentration of 1000 ppm of available chlorine (0.1%) per 1 tablet
- 1 tablet (1.7g formed tablet (x1)) will create a virucidal solution, diluted in 1 litre of water to provide effective means to clean a "dirty" device. This is also ideal for use after an outbreak of the Norovirus/winter vomiting and can be used as a precaution against C.Diff. It is effective against viruses, bacteria, spores, yeasts and moulds.
- The contact time against the outer components of the device should be for 5 minutes to prevent any virucidal infections without a degradation to the functionality of the device. 5 minutes is a recommended contact time. The device can withstand a longer contact period but the 5 minute recommendation as a minimum must be followed to provide an effective cleaning regime.
- Blood spills should be dealt with by an increased concentration of the solution – please refer to the instructions on the manufacturers product labelling.

Dilution chart

Product used as	Device condition	Concentration (ppm)	Dilution qty* (l)	Tablets per 1l (0.26gal)	Contact time (minutes)
Bactericidal	Clean	200	5 (1.32gal)	1	1
	Dirty	1000	1 (0.26gal)	1	5
Yeasticidal	Clean	200	5 (1.32gal)	1	1
	Dirty	1000	1 (0.26gal)	1	5
Fungicidal	Clean	2000	1 (0.26gal)	2	15
	Dirty	5000	1 (0.26gal)	5	15
Mycrobactericidal	Clean	1000	1 (0.26gal)	1	15
	Dirty	5000	1 (0.26gal)	5	15
Virucidal	Clean	500	2 (0.53gal)	1	5
	Dirty	1000	1 (0.26gal)	1	5
Sporcidal (C.Diff)	Clean	1000	1 (0.26gal)	1	10
	-	-	-	-	-
Sporcidal	Clean	5000	1 (0.26gal)	5	10
	-	-	-	-	-

*** Dilution is made with water. DO NOT dilute within any other medium.**

- **When diluted in water, one tablet gives 1000ppm of available chlorine.**
- **The concentration of the solution depends upon whether the object being cleaned is noticeably dirty (indicated in the table by "Device condition".**

Table 10

Handling and storage safety precautions when using this cleaning agent:

Advice on Safe Handling

Avoid contact with skin and eyes.
Do not breathe dust/fumes/gas/mist/vapours/spray.
Use only with adequate ventilation.
Wash hands thoroughly after handling.
Mixing this product with acid or ammonia releases chlorine gas.

Hygiene Measures

Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling.

Conditions for Safe Storage

Keep out of reach of children.
Keep container tightly closed.
Store in suitable labelled containers.
Storage temperature: 0-25°C (32-77°F).

Individual Protective Measures

Hand protection: Gloves

Dissolve

Dissolve in cold water – With no agitation, 1 tablet will take approximately 10 minutes to fully dissolve in the water used.

The information above has been extracted from the Actichlor™ MSDS (Manufacturers Safety Data Sheet). For a full review of the data please follow the link below:
http://www.nhsggc.org.uk/media/236215/msds-actichlor-plus.pdf

11.0 WARRANTY

This guarantee does not affect or in any way limit your Statutory Rights.

1. Prism Medical UK guarantees the Mackworth Raiser, supplied as new, against failure within the period of 24 months from the date of purchase by virtue of defects in material or workmanship.

2. The liability of Prism Medical UK under terms of this guarantee shall be limited to the replacement or the defective part(s) to the sales distributor, dealer, agent, person or entity which purchased the equipment from Prism Medical UK. In no event shall Prism Medical UK incur liability for any consequential or unforeseeable losses.

3. This equipment guarantee shall be void if the equipment is not serviced by Prism Medical UK or its authorized agents, in accordance with manufacturer's recommendations, or if any unauthorized persons carry out work on the equipment.

4. This guarantee does not apply to failure attributable to normal wear and tear, damage by natural forces, user neglect or misuse or to deliberate destruction.

5. Do not attempt to service the product yourself, or warranty is void.

12.0 SERVICE RECORD HISTORY

Complete this section after each service, repair inspection and/or maintenance.

Date: ______________________________	**Time:** ______________________________
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other	
Completed by: .... (*printed name*). .... (*signature*) **Company:**	
Remarks & Action Taken:	
Device left in a safe usable condition: YES.☐ NO☐ (if "NO" explain in remarks the action taken)	

Date: ______________________________	**Time:** ______________________________
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other	
Completed by: .... (*printed name*). .... (*signature*) **Company:**	
Remarks & Action Taken:	
Device left in a safe usable condition: YES.☐ NO☐ (if "NO" explain in remarks the action taken)	

Date: ______________________________	**Time:** ______________________________
Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other	
Completed by: .... (*printed name*). .... (*signature*) **Company:**	
Remarks & Action Taken:	
Device left in a safe usable condition: YES.☐ NO☐ (if "NO" explain in remarks the action taken)	

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: ………………………………………… (*printed name*). …………………………………………………………… (*signature*)

Company: ………

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: ………………………………………… (*printed name*). …………………………………………………………… (*signature*)

Company: ………

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: ………………………………………… (*printed name*). …………………………………………………………… (*signature*)

Company: ………

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: ………………………………………… (*printed name*). …………………………………………………………… (*signature*)

Company: ………

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

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Date: ______________________________ **Time:** ____________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ____________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ____________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ____________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES. ☐ NO ☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES.☐ NO☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES.☐ NO☐ (if "NO" explain in remarks the action taken)

Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

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Date: ______________________________ **Time:** ______________________________

Service Type: ☐ Periodic inspection ☐ Monthly inspection ☐ 6-month inspection ☐ Repair ☐ Yearly inspection ☐ Other

Completed by: .... (*printed name*). .... (*signature*)

Company: ....

Remarks & Action Taken:

Device left in a safe usable condition: YES.☐ NO☐ (if "NO" explain in remarks the action taken)

User notes:

User notes:

Dealer/service contact details:

Manufacturer contact details:

Prism Medical UK

Address: Unit 1 • Tir Llwyd Industrial Estate • St Asaph Avenue • Kinmel Bay • Conwy • LL18 5JZ

Telephone Number: 01924 840100

Disclaimer

While every effort has been made to ensure the accuracy of information contained in this user manual, no liability can be accepted by Prism Medical UK for any errors or omissions. Prism Medical UK operates a policy of continuous improvement. Specifications and other data are subject to change without notice.

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