

## Wheelchair cleaning checklist

(to be completed weekly, every Monday)

**Participant Name:**

**Date:**

Check	Completed	Comments
Wipe down entire Wheelchair		
Tyres intact and inflated		
Clean and remove any particle build up from around the tyres		
Check seat cushion is intact and clean		
Breaks are in working condition		
Any marks, tears, missing parts to wheelchair		
Tilt is easily preformed		

**Maintenance request:**

Staff Name completing wheelchair checklist:

Staff Signature:

