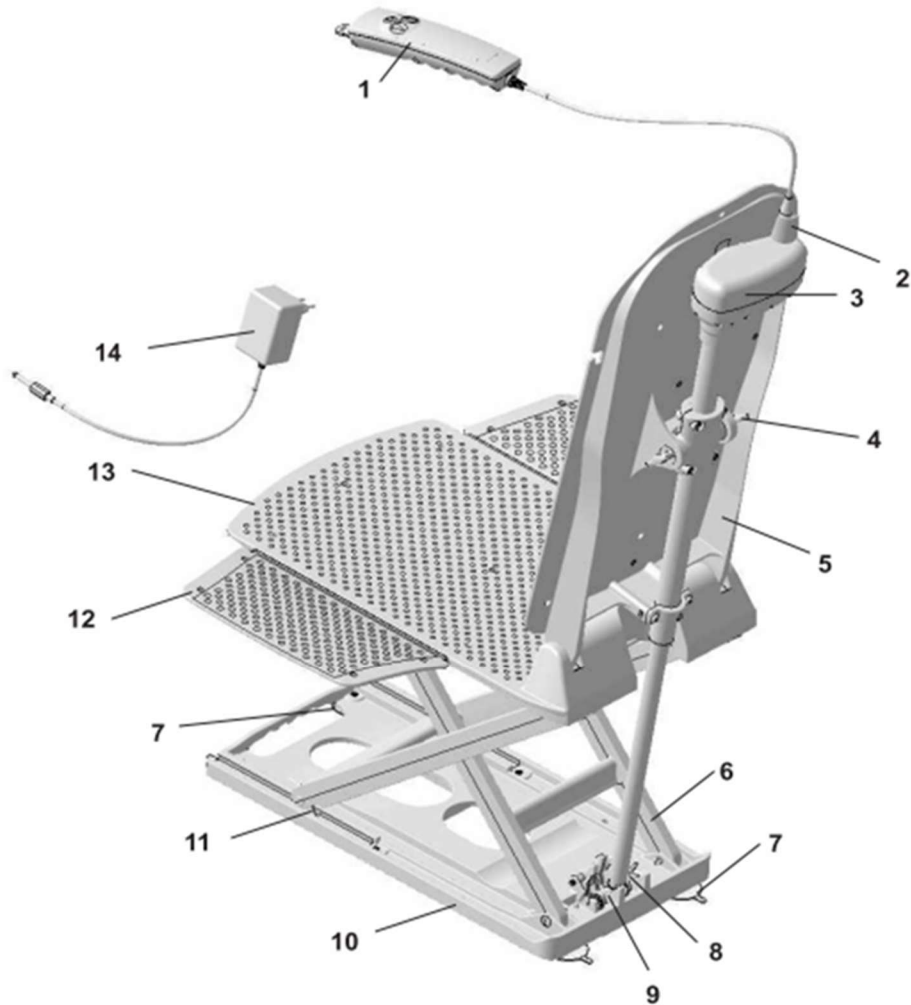


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|--|---------------------------------------|
| Model name DELTIS / SONARIS 2 / CAPRI3 | Assembly Group Bathtub lift |
|--|---------------------------------------|



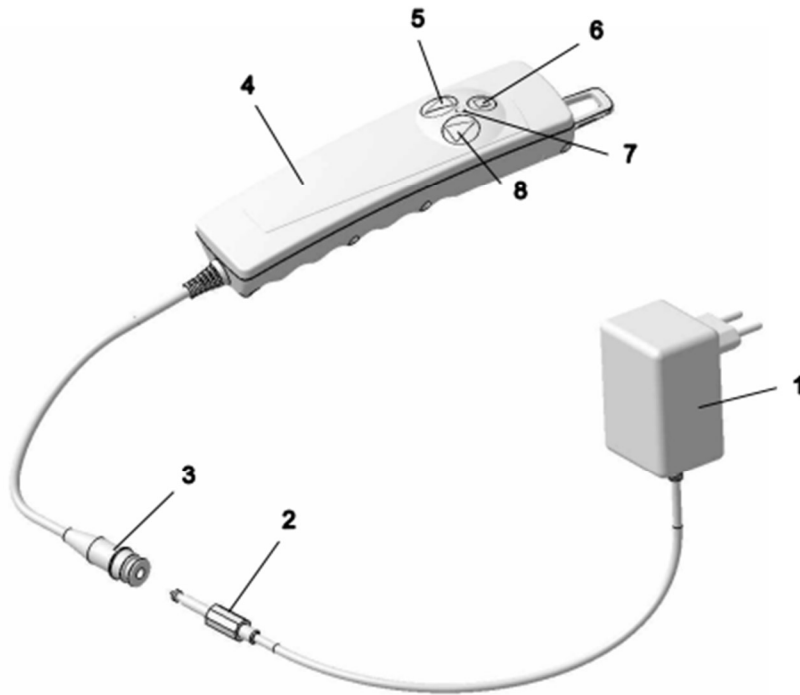
OVERVIEW

| No. | Description |
|-----|-------------------------------|
| 1. | Hand control |
| 2. | Jack plug |
| 3. | Drive LAV5 |
| 4. | Spindle mount bolts, 2 pieces |
| 5. | Backrest |
| 6. | Lifting scissors |
| 7. | Suction feet, 4 pieces |
| 8. | Drive base |
| 9. | Drive base mount |
| 10. | Base plate |
| 11. | Sliding blocks |
| 12. | Side flaps |
| 13. | Seat plate |
| 14. | Charger |

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|--|---------------------------------------|
| Model name DELTIS / SONARIS 2 / CAPRI3 | Assembly Group Hand control |
|--|---------------------------------------|



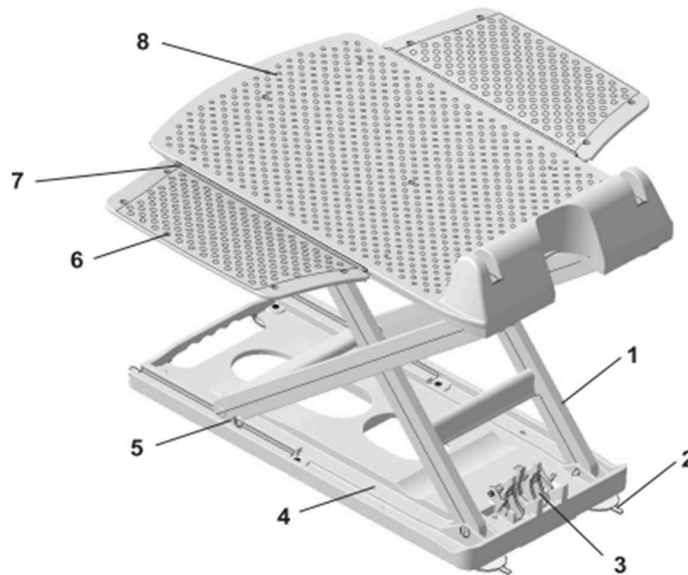
OVERVIEW

| No. | Description |
|-----|-----------------------------|
| 1. | Power supply unit (charger) |
| 2. | Jack plug (charger) |
| 3. | Jack socket (hand control) |
| 4. | Hand control |
| 5. | Downwards button |
| 6. | Emergency stop button |
| 7. | LED |
| 8. | Upwards button |

Function test

| | | | |
|---|---|--|---|
| A | No visible breaks or cracks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 1/no. 4) |
| B | Is there a type label on the hand control (4)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (SN _____) |
| C | Connect the jack socket (3) of the hand control to the jack plug (2) of the charger. Plug the power supply unit (1) into a suitable socket. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D | The red LED (7) flickers for approx. 4 seconds = automatic self-test. | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 1) |
| E | Restart - with a new charger. | <input type="checkbox"/> Yes (error no. 1) | <input type="checkbox"/> No (repl. no. 4) |
| F | The charging process has started when the red LED (7) lights up constantly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 4) |
| G | No noise when starting the charging process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 4) |
| H | After the charging process (max. 60 minutes), the red LED (7) goes off. | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 4) |
| I | Then unplug the hand control in reverse order. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|--|------------------------------------|
| Model name DELTIS / SONARIS 2 / CAPRI3 | Assembly Group Seat unit |
|--|------------------------------------|



OVERVIEW

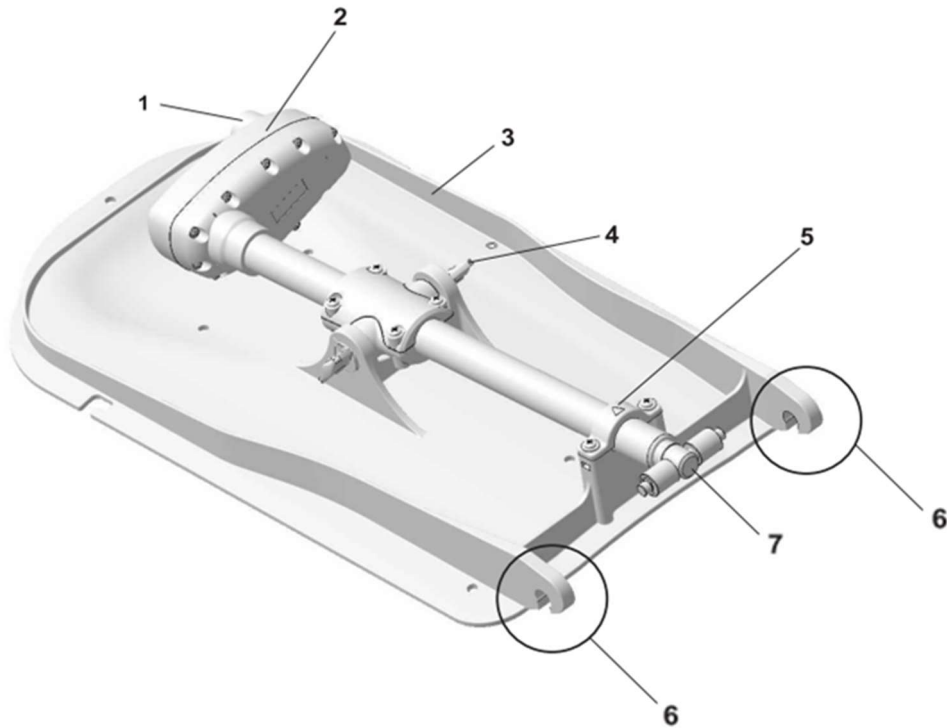
| No. | Description |
|-----|--------------------------------|
| 1. | Lifting scissors |
| 2. | Suction feet, 4 pieces |
| 3. | Drive base mount and seat lock |
| 4. | Base plate |
| 5. | Sliding blocks |
| 6. | Side flaps |
| 7. | Integral hinge |
| 8. | Seat plate |

Function test

| | | | |
|---|--|------------------------------|-------------------------------------|
| A | The seat unit is complete, see overview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| B | No visible breaks or cracks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| C | Are the drive base mount and the seat lock (3) complete, without visible damage and functional? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| D | Test the function of the lifting scissors (1) by moving them up and down. Risk of crushing! (Seat lock (3) must be released.) Is it OK? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| E | Are all bolts in the connections of the seat plate (8) / lifting scissors (1) and base plate (4) / lifting scissors (1) intact? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| F | The suction feet (2) are complete and without visible damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |

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|--|------------------------------------|
| Model name DELTIS / SONARIS 2 / CAPRI3 | Assembly Group Back unit |
|--|------------------------------------|



OVERVIEW

| No. | Description |
|-----|-------------------------------|
| 1 | Jack plug |
| 2 | Drive LAV5 |
| 3 | Backrest |
| 4 | Spindle mount bolts, 2 pieces |
| 5 | Backrest clamp |
| 6 | Backrest hook |
| 7 | Drive base |

Function test

| | | | |
|---|---|--------------------------------------|---|
| A | The back unit is complete, see overview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| B | No visible breaks or cracks? Important (6)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl.) |
| C | Jack plug (1) no visible damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 1) |
| D | Is there a type label on the drive (2) and the backrest (3)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (SN _____) |
| E | Plug the jack socket of the hand control into the jack plug (1) on the drive unit (2). Check the drive function by raising and lowering it twice and simultaneously applying a load of at least 80 kg up to the maximum user weight. Listen for noises. Is it OK? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 1) |
| F | The red LED in the hand control flashes for approx. 5 seconds = short circuit! Check the plug connection of the hand control to the drive (2)! | <input type="checkbox"/> Yes (check) | <input type="checkbox"/> No |
| G | The drive base (7) must be fully retracted, position as illustrated | <input type="checkbox"/> Yes | <input type="checkbox"/> No (correction) |
| H | Has the glued connection on the drive base (7) come loose? Check visually and by turning it carefully. | <input type="checkbox"/> Yes | <input type="checkbox"/> No (repl. no. 1) |