

## HEAVY VEHICLE MODIFICATIONS

## Checklist K5

## WHEELCHAIR OCCUPANT RESTRAINT SYSTEM INSTALLATION

(Y=Yes, N=No or N/A=Not Applicable)

- |    |  |                          |
|----|--|--------------------------|
| 1. | Are the wheelchair restraints and wheelchair occupant restraints designed and constructed in accordance with the relevant section/s of Australian Standard AS/NZS 10542.1:2009 Technical systems and aids for disabled or handicapped persons? | <input type="checkbox"/> |
| 2. | Are the wheelchair occupant restraint assemblies and subassemblies marked and packaged in accordance with the relevant section/s of AS/NZS 10542.1:2009?   | <input type="checkbox"/> |
| 3. | Are the wheelchair restraint and wheelchair occupant restraint systems installed in accordance with the manufacturer's instructions supplied in accordance with the relevant sections of AS/NZS 10542.1:2009?                                  | <input type="checkbox"/> |
| 4. | Are the wheelchair restraint and wheelchair occupant restraint systems positioned so as to satisfy the restraint system manufacturer's clear space requirements, stated in accordance with the relevant section/s of AS/NZS 10542.1:2009?      | <input type="checkbox"/> |
| 5. | Are the wheelchair and occupant restraint anchorage points of strength adequate to withstand all anticipated conditions of loading?  | <input type="checkbox"/> |
| 6. | In the case of a timber floor, are the anchorage reinforcing plates extended and fully welded to the nearest body bearer or cross member of the vehicle?   | <input type="checkbox"/> |
| 7. | Are all wheelchair and occupant restraints anchored with high tensile bolts that fully engage the thread of the nuts?  | <input type="checkbox"/> |
| 8. | Are self-locking or captive type nuts and washers used at all anchorages?  | <input type="checkbox"/> |
| 9. | Is the quality of workmanship to a satisfactory standard?  | <input type="checkbox"/> |

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**NOTE: If the answer to any relevant question is “NO”, the modification is not acceptable.**

Make:

Model:  Year of Manufacture:

Vehicle Chassis No/VIN:

Vehicle Modifier:

Examined by:

Company (if applicable):

Certifying Officer No:  Modification Cert No:

Modification Plate No:

Signed:  Date:   
(when printed)