

HEAVY VEHICLE MODIFICATIONS

Checklist for Code R2

WHEELCHAIR LOADER INSTALLATION

(Yes No or N/A)

- | | | |
|-----|---|--------------------------|
| 1. | Has the loader and its installation been shown to meet the requirements of Australian Standard 3856 Part 1 and Part 2? | <input type="checkbox"/> |
| 2. | Is the wheelchair loader installed as per the manufacturer's specifications? | <input type="checkbox"/> |
| 3. | Is the loader installed in the rear or left hand side of the vehicle? | <input type="checkbox"/> |
| 4. | Are the controls situated to prevent the wheelchair occupant on the loader from operating the loader? | <input type="checkbox"/> |
| 5. | If the loader controls are mounted external to the vehicle, is a device fitted to prevent inadvertent operation of the loader and is such external control located on the left side of the vehicle? | <input type="checkbox"/> |
| 6. | Do all safety devices operate correctly? | <input type="checkbox"/> |
| 7. | Is all equipment, when not in use, free from protrusions likely to increase the risk of injury to any person? | <input type="checkbox"/> |
| 8. | Are anchorage plates fitted to support the upper section of the loader and attached to the frame of the vehicle? | <input type="checkbox"/> |
| 9. | If an additional door has been manufactured to allow fitting of the loading device, is it compliant with the requirements of ADR 29—Side Door Strength, free of sharp edges, and does it have an automotive type safety catch complying to ADR 2/...? | <input type="checkbox"/> |
| 10. | Is the quality of workmanship to a satisfactory standard? | <input type="checkbox"/> |

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

Vehicle Chassis No/VIN:

Make and Model: Date of Manuf:

Vehicle Modifier:

Examined by:

Company (if applicable):

Certifying Officer No: Modification Cert No:

Mod Plate No: Signed: Date: