

## Safety information – Nausifly 180 annual maintenance

**N° de l'avis de sécurité** : FSCA-030524

**Référence produit** : Nausifly 180

**Descriptif produit** : mobile patient lift

**Objet** : Lack of NAUSIFLY 180 annual maintenance



**Subject** : Update for our procedure to carry out the maintenance and service on our devices.

As part of our annual maintenance program, which must be carried out by our distributors, we have updated our service and maintenance protocol for our patient lifts, **adding a focus on the most sensitive points**, to prevent any falling risk of the patient, with potentially serious consequences for the victim.

We would like to remind you that, for patient safety and to be in compliance with ISO 10535:2021 requirements, we recommend **checking the condition of the entire transfer device (lift + sling) before each use**, and at least proceed to an annual preventive maintenance. Take a look at our "**Preventive maintenance - Lifts**" document, which can be downloaded by clicking on the button below to know the key safety checks :

[Preventive maintenance – Mobile patient lift](#)

We would also like to remind you that we also offer **free maintenance training courses on our devices (Can be done physically or by visio conference)** to ensure a proper preventive and/or curative maintenance on our products.

The French competent authority, ANSM, has been informed about this communication.

Actions to be implemented by the distributor :

- Ensure that their preventive maintenance schedules are updated according to the attached document
- Complete, sign and return the following « safety information acknowledgement form » to Nausicaa Médical

**Safety information acknowledgement form**  
**n° FSCA-030524**

Dear distributors, please complete the form below and return it before May 31, 2024 to [maintenance@nausicaa-medical.com](mailto:maintenance@nausicaa-medical.com)

<b>Administrative informations</b>	
Distributor name	
City (Country)	
Contact name	

I hereby certify that I was informed about the new maintenance program for all Nausify 180 products that I have distributed and I undertake to apply it

Date :

Signature :

## Appendix : Preventive maintenance sheet



### PREVENTIVE MAINTENANCE LIFT

Intervention date:...../...../.....

Service provider's stamp:	Name and surname of speaker:
Name of the establishment referent:	Room number:
Brand: Model: Equipment no.: Manufacturer's serial no.:	<input type="checkbox"/> Leased equipment <input type="checkbox"/> Owned equipment

Description	Compliant	Non-compliant	Diagnosis
<i>Check flail hanger (remove any protective cover). This involves checking the wear of the solid pin, the pin attachment (grooved pin, etc.) and the flail sleeve</i>			
Check cylinder/lifting arm assembly			
Checking cylinder/mast assembly			
Checking mast/lifting arm assembly			
Checking mast/base assembly(s)			
Checking the mast / handlebar assembly			
Checking the foot spreader system			
Check pedal or ECP cylinder assembly			
Checking left and right foot assemblies			
Check wheel mounting			
Checking the condition of the structure and paintwork			
Check lifting cylinder operation			
Remote control check (function and status)			
Check control box (emergency stop, charger, etc.)			
Battery check (3 complete cycles)			
Optional: ECP cylinder function check			
Observations: <ul style="list-style-type: none"> <li>breakage customer misuse</li> <li>wear and tear</li> <li>equipment replaced by N°</li> </ul>			

Service provider signature:

Company stamp: