Zippie® Voyage® Booster Base

Supplier: This manual must be given to the rider of this wheelchair.
Rider: Before using this wheelchair read this entire manual and save for future reference.

Owner's Manual

Zippie® Voyage® Booster Base

Distribuidor: Este manual debe ser entregado al pasajero de esta silla de ruedas.
Pasajero: Antes de usar esta silla de ruedas, lea este manual en su totalidad y guárdelo para futura referencia.

Manual de Instrucciones

Cada una de las sillas se envía con un manual de instrucciones en inglés. El manual en español y francés está disponible en formato PDF en nuestra página en Internet: www.SunriseMedical.com. Ingrese a la página del producto específi co para descargar el manual, o comuníquese con el proveedor autorizado de Sunrise Medical.

Zippie® Voyage® Booster Base

Au Fournisseur: Ce manuel doit être remis à l'usager de ce fauteuil roulant.
À l'Usager: Veuillez lire tout le manuel et le conserver pour référence ultérieure.

Manuel d 'instructions

Chaque fauteuil est livré avec un manuel d'instructions en anglais. Les versions en espagnol et en français sont à votre disposition en format PDF sur le site : www.SunriseMedical.com. Veuillez vous rendre à la page de votre produit pour télécharger le manuel dans la langue souhaitée, ou contactez un fournisseur agréé Sunrise Medical.

126019 Rev. B

Zippie® Voyage® Booster Base

Instructions for Use

SUNRISE MEDICAL® LISTENS

Thank you for choosing a Zippie® product. We want to hear your questions or comments about this manual, the safety and reliability of your product, and the service you receive from your Sunrise Medical authorized dealer. Please feel free to write or call us at the address and telephone number below:

SUNRISE MEDICAL (US) LLC
Customer Service Department
12002 Volunteer Blvd.
Mount Juliet, TN 37122, USA
Tel: 1-800-333-4000

Please register your product and let us know if you change your address. This will allow us to keep you up to date with information about safety, new products, and options to increase your use and enjoyment of this product.

www.SunriseMedical.com/register

You can also register your product at:
www.SunriseMedical.com/register

FOR ANSWERS TO YOUR QUESTIONS
Your authorized dealer knows your product best and can answer most of your questions about product safety, use, and maintenance.

For future reference, please fill in the following:

Dealer: _____

Address: _____

Telephone: _____

Serial #: _____ Date/Purchased: _____

ADDITIONAL INFORMATION YOU SHOULD KNOW

No component of this product was made with Natural Rubber Latex.



DISPOSAL AND RECYCLING INFORMATION

When this product reaches the end of its life, please take it to an approved collection or recycling point designated by your local or state government. This product is manufactured using a variety of materials. Your product should not be disposed of as ordinary household waste. You should dispose of your product properly, according to local laws and regulations. Most materials that are used in the construction of this product are fully recyclable. The separate collection and recycling of your product at the time of disposal will help conserve natural resources and ensure that it is disposed in a manner that protects the environment.

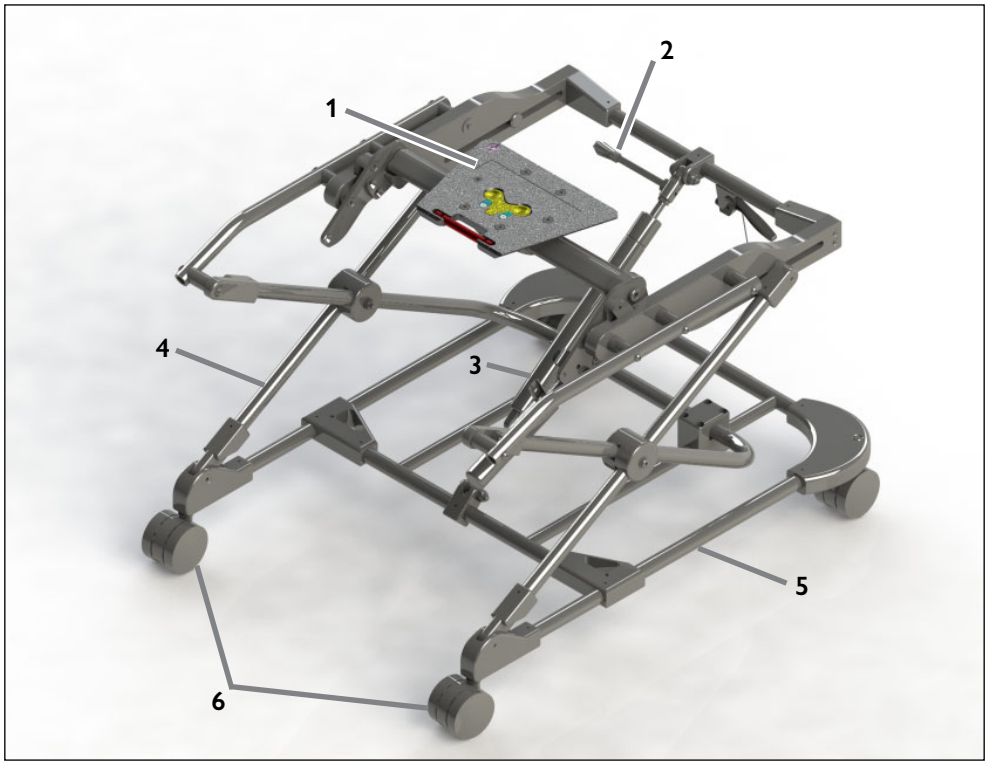
Ensure you are the legal owner of the product prior to arranging for the product disposal in accordance with the above recommendations.

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3.0 YOUR DEVICE AND ITS PARTS



1. Slide-n-Lock Plate
2. Release Lever
3. Gas Spring
4. Scissors Frame Assembly
5. Lower Frame Assembly
6. Casters

4.0 NOTICE - READ BEFORE USE

A. CHOOSE THE RIGHT CHAIR & SAFETY OPTIONS

Sunrise Medical provides a choice of device styles to meet the needs of your child. However, final selection of the type of device, options, and adjustments rests solely with you and your health care provider. Choosing the best device and set-up for safety depends on such things as:

1. The child's disability, strength, balance, coordination, and the limits of their abilities.
2. The types of hazards that must be overcome in daily use (where you live and work), and other places you are likely to use the device.
3. The dependents need of options for their safety and comfort (such as positioning belts, or special seating systems).

B. REVIEW THIS MANUAL OFTEN

Before using this device you, and each person who may assist you, should read this entire manual and any manual that would apply to specific products that this base supports and ensure you follow all instructions. Review the warnings often, until they are second nature to you.

WARNINGS ⚠

The word "WARNING" refers to a hazard or unsafe practice that may cause severe injury or death to you or to other persons.

These warnings apply to the Voyage Booster Base. Read also the warnings which apply to the Voyage unit, especially the Voyage Shell in your Voyage manual.

A. WEIGHT LIMIT

⚠ WARNING

NEVER exceed the weight limit of 60 pounds (27 kilograms) for the weight of the occupant. If the limit is exceeded, damage to your device, a fall, tip-over, or loss of control may occur and cause severe injury to the rider and/or others.

B. INTENDED USE

⚠ WARNING

The Voyage Booster Base is intended for medical purposes to provide mobility to persons restricted to a sitting position.

C. AREA OF OPERATION

⚠ WARNING

This device is designed to be used indoors on even, smooth surfaces. Outdoor use can prematurely wear parts or damage the unit. Using this product on roadways or rough surfaces may void the warranty. NEVER use this device in a transit situation.

D. TO REDUCE THE RISK OF AN ACCIDENT

⚠ WARNING

1. BEFORE using this device, you should be trained in its safe use by your health care provider.
2. This device should NEVER be used in a Transit situation. ALWAYS remove the occupant from the base and seating system, and use OEM seating and restraints if you must transport the occupant in a motor vehicle.
3. ALWAYS remove the occupant from the seating system before removing the seating system from the booster base. Failure to do so may result in injury to the rider and/or caregiver.
4. FOR SAFETY always return the product to a neutral position (90°) and lower the base BEFORE removing or adding the seating system. The base should be on a level surface with the caster locks engaged for maintenance or occupant transfers.
5. ALWAYS remove the occupant from the base if you need to move the base from one floor to another using a stairway. Failure to do so may result in severe injury to the rider or caregiver.
6. ALWAYS lock the caster wheels before attempting to adjust the height of the base.
7. NEVER leave the occupant unattended.

E. SAFETY CHECKLIST

⚠ WARNING

Before each use of the Device

1. Check that the device rolls easily, and that all parts work smoothly. Check for noise, vibration, or a change in ease of use (they may indicate loose fasteners, or other damage).
2. NEVER use the base for more than one rider. Failure to follow this warning may result in injury or structural damage
3. Check to make sure the device is properly assembled and adjusted before attempting to seat an occupant. Check to make sure all adjustment knobs and hardware are secure and locked.
4. Items should not be placed or hung from the push handle, as this can compromise the stability of the base and may lead to injury or damage to the device.
5. If you suspect the base is not functioning correctly, discontinue use and contact your Sunrise Medical authorized dealer for solutions to the problem.
6. Never leave the child unattended.
7. Always use the pelvic positioning belt and be sure the child is secured in the positioning shell before attempting to adjust height of the unit.
8. Never use this device outdoors. It is designed for in-home or institutional use only.

F. PELVIC POSITIONING BELTS

Use positioning belts ONLY to help support the child's posture.

1. Make sure the rider does not slide down in the mobility device seat. The belts must be snug, but must not be so tight that they interfere with breathing. You should be able to slide your open, flat hand, between the belt and the rider.
2. Use positioning belts with a cooperative rider only. Make sure that you can remove the belts in an emergency.
3. NEVER use the positioning belts:
   - As a restraint
   - On a child who is comatose, agitated, or is prone to seizures.

G. ACCESSORIES

⚠ WARNING

1. See your health care provider and have them adjust seating components and accessories as your child grows.
2. Unauthorized modifications or use of parts not supplied or approved by Sunrise Medical may change the product's structure. This will void any warranty and may cause a safety hazard.
3. The device is not designed for use with accessories like ventilators, O2 bottles, or IV poles. Contact Sunrise Medical for information on devices that work with these accessories. Use of any device not approved by Sunrise Medical could result in injury to the occupant or damage to the unit.

H. PLASTIC COMPONENTS

⚠ WARNING

1. Do not attempt to glue or bond any broken plastic components. Some adhesives or thread-locking compounds may be chemically incompatible with the plastic material and could weaken it.
2. Unauthorized use of any such chemicals (for example, solvent or acrylate based adhesives) may void the warranty.
3. Replace any broken components with new parts. Failure to follow this warning may result in damage to the device or injury to the rider or others.

5.0 GENERAL WARNINGS

I. CHOKING HAZARD

⚠ WARNING

Your device consists of many small parts that could present a choking or swallowing hazard to young children. Take care to keep loose parts out of reach when doing any work on the device. Seek immediate help if a loose part is swallowed by a child.

J. PINCH POINT

⚠ WARNING

Your device has many moving parts that can create pinch points and possible finger traps. Be aware when making any adjustments, when folding and unfolding, when moving, and any other situation that could cause a pinch point situation.

K. SHARP EDGES

⚠ WARNING

This device contains parts and hardware of many shapes and sizes. When using or working around the device, take caution to avoid any corners or edges that may cause a scrape or a cut.

OPERATING INSTRUCTIONS

The Voyage Booster Base is a lightweight alternative base for the Voyage positioning shell designed for the home or institutional environment. The Voyage Booster Base is height adjustable from approximately a 10-inch to 23-inch (254-584mm) floor-to-seat height (Fig. 1). This capability allows the child to be comfortable at a variety of heights for indoor activities. This unit also provides a compact base for therapeutic evaluations. Also, at the lowest position it is compact for ease of storage.

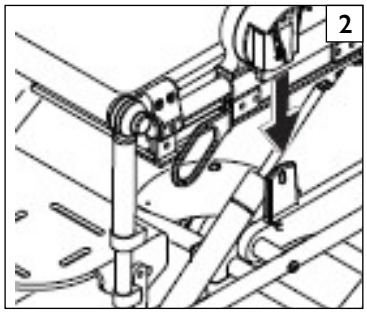
The Voyage Booster Base uses a gas spring to assist with the height-adjustment function. Please read all user instructions prior to attempting to use the Booster Base.



INSTALLING POSITIONING SHELL (Fig. 2)

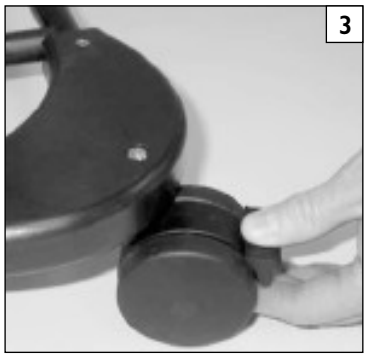
The positioning shell is installed onto the Voyage Booster Base in the same manner used to install it on the mobility base. See Voyage owner's manual for detailed instructions.

Note: The positioning shell faces forward only while in the Booster Base. The positioning shell footrest is opposite the Booster Base release lever at the top rear cross bar.



ADJUSTING HEIGHT OF THE VOYAGE BOOSTER

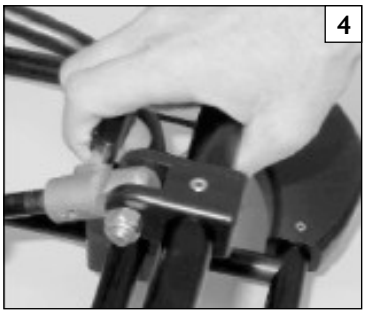
Always lock the caster wheels before attempting to adjust the Booster Base height (Fig. 3). Grasp the bar at the rear of the unit (Fig. 4) and gently pull the gas spring release lever towards you to release the gas spring lock. While holding the gas spring release lever, push straight down firmly or pull straight up on the bar to adjust height to desired position. (The gas spring is a heavy-duty model requiring applied force to compress.) When raising the adjustment from the lowest position, you may have to rest a foot on the rear caster block or cross tube to prevent it from moving off the floor. The height adjustment can be made safely with the child secured in the positioning shell.



MAINTENANCE

This unit should require only limited maintenance throughout its life cycle. It is lubricated at the factory and there are no routine adjustments to make. The gas spring is lubricated at the factory and does not require maintenance.

The gas spring is charged with a gas to provide a specified force. If the charge in the cylinder changes, the spring may no longer provide the designed assist for ease of adjustment. The gas spring also has a built-in locking device to hold the cylinder in a specific position. If the charge is lost, or the lock fails, the gas spring must be replaced by a Sunrise Medical authorized dealer or returned to Sunrise Medical for replacement.



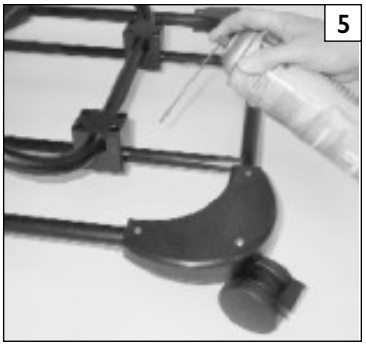
CAUTION– Stop using the device until the correction can be made.

⚠ WARNING

Never lubricate the gas spring rod. This could cause damage to the gas spring and void the warranty.

If necessary, the Booster Base may be lubricated at connecting joints with a Teflon lubricant. Use of any other type of lubricant may gum up moving parts and void the warranty.

It is recommended that the lower support slide tubes be lubricated twice per year using a Teflon lubricant (Fig. 5). This will assure ease of height-adjustment operation.



As preventive maintenance, the unit should be inspected for any broken or damaged parts on a regular basis. Should damage occur, stop using the Booster Base until the condition can be corrected.

STORAGE TIPS

1. Store your device in a clean, dry area. If you fail to do so, parts may rust or corrode.
2. Before using your mobility device, make sure it is in proper working order. Inspect and service all items included in this manual.

7.0 SUNRISE LIMITED WARRANTY

The Zippie Voyage warranty can be found in the Zippie Voyage owner's manual.

See Voyage owner's manual for details.

A. FOR FIVE (5) YEARS

Sunrise Medical warrants the Zippie Voyage Booster Base frame and Gas Spring against defects in materials and workmanship for 5 years.

B. FOR ONE (1) YEAR

We warrant the Booster Base casters and all Sunrise-made parts and components of this device against defects in materials and workmanship for one year from the date of first consumer purchase.

C. LIMITATIONS

1. We do not warrant:
   - Damage from neglect, accident, misuse, or from improper installation or repair.
   - Products modified without Sunrise Medical's express written consent.
   - Damage from exceeding the weight limit.
2. This warranty is VOID if the original device serial number tag is removed or altered.
3. This warranty applies in the USA and Canada only. Check with your Sunrise Medical authorized dealer to find out if international warranties apply.
4. This warranty is not transferable and only applies to the first consumer purchase of this device through a Sunrise Medical authorized dealer.

D. WHAT WE WILL DO

Our sole liability is to repair or replace covered parts. This is the exclusive remedy for consequential damages.

E. WHAT YOU MUST DO

1. Obtain from a Sunrise Medical authorized dealer, while this warranty is in effect, prior approval for return or repair of covered parts.
2. Return the wheelchair or part(s), freight pre-paid to the designated Sunrise Medical location.
3. Pay the cost of labor to repair, remove, or install parts.

F. NOTICE TO CONSUMER

1. If allowed by law, this warranty is in place of any other warranty (written or oral, express or implied, including a warranty of merchantability, or fitness for a particular purpose).
2. This warranty gives you certain legal rights. You may also have other rights that vary from state to state.

G. ADDITIONAL WARRANTY INFORMATION

For goods provided by Sunrise Medical Pty Ltd in Australia, our goods come with a guarantee by Sunrise that cannot be excluded under the Australian Consumer Law. You are entitled to a replacement or refund for a major failure and for compensation for any other reasonably foreseeable loss or damage. You are also entitled to have the goods repaired or replaced if the goods fail to be of acceptable quality and the failure does not amount to a major failure. The benefits to you given by this warranty are in addition to your other rights and remedies under a law in relation to the goods to which the warranty relates.

Record your serial number here for future reference:

_____

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