

Atlas / 300

Mobile Lifter

User Instruction



Before taking the hoist into operation, please read the user instructions thoroughly.

We recommend that the carer and one other person try out the hoist and sling/s before lifting a patient. We furthermore recommend that the carer provides a practical demonstration of the hoist to the patient before actually lifting the patient.



CE 93/42/EØF CLASS I
EN ISO 10535

Warning!

Max. weight capacity: The hoist must only be used to lift persons whose weight falls within the stated max. weight capacity of the lift.

Service / Maintenance. Once a year, or after every 8000 cycles, a complete and detailed check of all parts on the entire lift/hoist must be carried out by an authorised service technician.

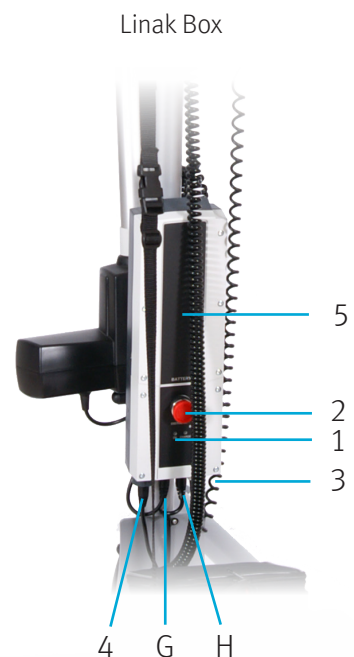
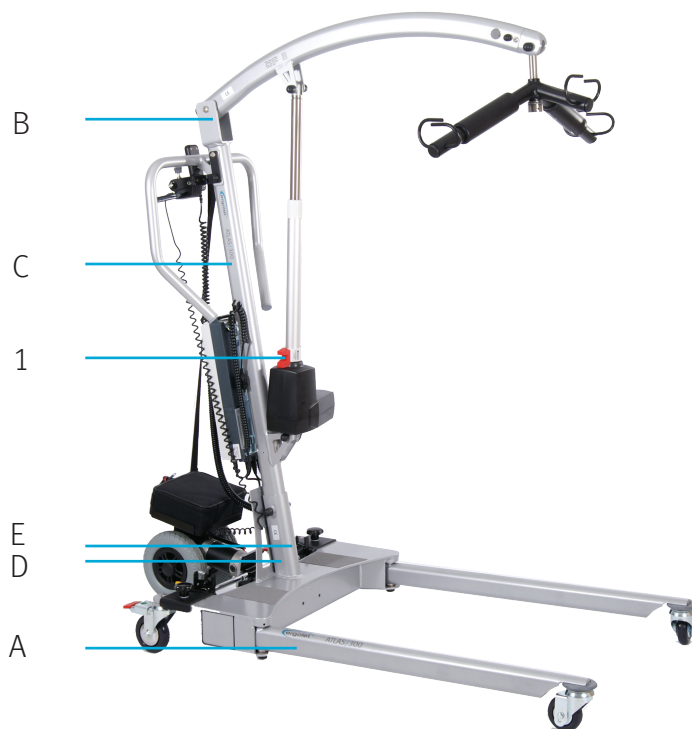


Assembly Instructions

The hoist comes supplied in two parts: a lower section (A), and an upper section (B)

- Slot the upper section's mast (C) into the upright square tubing (D) of the lower section.
- Firmly tighten the wing handle (E) positioned on the right side of the upright square tubing (D).
- On models equipped with a Linak actuator, the plug is already inserted in the underside of the box. (G)
- Insert the leg spreading plug into the socket (H) With a Linak electronic box the plug is inserted in the socket found on the underside of the box.
- On the Linak electronic box the hand control plug is already inserted in the socket (4) on the underside of the el box.
- Check if the emergency stop button (2) is released.
- Test that the hoist is functioning perfectly before using it on a patient.

1. Emergency down lower
2. Emergency stop button
3. Electronic
4. Socket for hand control
5. Battery



Technical Features

Hand control: The hand control is equipped with either 2 or 4 functions, which are marked with arrows: 2 functions: up/down; 4 functions: up/down, in/out. It has an expandable spiral cord, and is magnetically attached for flexible positioning, allowing the carer to be close to the patient when working with the hand control.

Battery Indicator &/or Lift Counter: There is a LCD display on the battery box indicating the battery level capacity (when charging is needed), and a lift counter.

Battery Alarm: An audible beep sounds when charging is needed

Fuse: On the battery box there is an automatic overload fuse, which shuts down the lift in case of overload. Then the patient must be lowered by pressing the emergency down lower button using a thin pin.

Emergency Stop Button: The emergency stop button can be found on the battery box and disconnects the power supply immediately by depressing it. To release the button again, turn the knob slightly clockwise. This button is not a start/stop button, and must always be in the release mode during normal operation and when charging.

Emergency Down Button – Manual: If the hoist for some reason malfunctions, the red emergency-down button is located on the actuator. Lift up the down-button to release the lifting arm. The more you lift the button, the greater the lowering speed.

Emergency Up/Down Button: In case of hand control malfunctions, there is an emergency electric up/down button for the lifting arm on black electronic boxes. On Linak electronic boxes there is a manual down button.

Charging: Lock castors prevent damages to charger cord. Insert the charger plug into the wall socket. The red/green lamp will light up when the battery is fully charged, and the charging will automatically switch off:
Green = fully charged; Red = uncharged. We recommend a fixed routine for battery charging, e.g. overnight, or having an extra battery for use while charging another.

Manoeuvring: When manoeuvring the hoist with a patient, the legs must be fully splayed. By pulling (not pushing) the hoist, the patient is moved in a quieter motion, and strain on the carer is reduced to a minimum. Therefore, only push the hoist when manoeuvring it under a bed. When turning the hoist, the carer will stand by the long side, letting the hoist rotate around its own axis. With one hand, pull one way on the handle bar and with the other hand push the other way, lightly holding onto the sling, or right under the hanger bar. Never try to turn the hoist by using the handle bars, as this may result in the patient "turning".

Transport: The hoist is not designed as a mean of transport. Try to develop work routines which reduce the moving the hoist. For example, when the patient is in the hoist, and has been pulled away from the bed, it is much easier to move an object to the patient than to move the patient to the object. As a rule, move the aid that has the largest wheels and is empty.

Brakes: The castors should only be braked when parking the hoist, e.g.:

- a) When lifting, a non-braked hoist will automatically "move itself" into position, so that the actual lift itself is performed vertically, without moving the point of gravity.
- b) When lowering the patient onto the chair, the hoist can be pushed away from the patient, as the sling straps loosen.

Cleaning: Clean with Micro fibre cloths only. Water based cleaning solutions can be used, but with no solvents. Wipe dry afterwards.

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