Ontario

Ministry of Health and Long-Term Care

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5

Prior Testing Disclosure – Manual Wheelchair

☐ Manual Wheelchair ☐ Dynamic positioning ☐ Adult ☐ Stroller ☐ Paediatric	Name of Device	Model Number

Manufacturer's In-House Testing Facility (M) and/or Independent Test Centre (I)

Name of Manufacturing In-House Testing Facility				Independent Test Centre			
Number	Street name			Number	Street name		
Type *(St/Blvd/ Ave/Dr/Cr)*	Direction *(N/S/W/E)*	Suite/apt. Number	Lot/concession /rural route	Type *(St/Blvd/ Ave/Dr/Cr)*	Direction *(N/S/W/E)*	Suite/apt. Number	Lot/concession /rural route
City/Town	Prov.	Postal code	Country	City/Town	Prov.	Postal code	Country
Contact Name (Last name, First name)	Position/tilte			Contact Name (Last name, First name)	Position/tilte		
Telephone ( ) - ext	Email address			Telephone ( ) - ext	Email address		
Serial number	Weight capacity			Serial number	Weight capacity		
Evaluation start date *(yyyy/mm/dd)* / /	Evaluation end date *(yyyy/mm/dd)* / /			Evaluation start date *(yyyy/mm/dd)* / /	Evaluation end date *(yyyy/mm/dd)* / /		
Specific sizes, parts or options evaluated				Specific sizes, parts or options evaluated			

NOTE: ***This form may be signed only by the person responsible for the testing of the equipment***

I certify that the information I have provided on this form is true, correct and complete to the best of my knowledge.
I understand that this information is subject to audit.

Name (Last name , First name)	Signature	
Position/title	Telephone ( ) -	Email address

For more information refer to ISO 7193, ISO 7176, ADP Minimal Technical Criteria for Manual Wheelchairs, ADP Minimal Technical Criteria for Tilt/Recline Systems, and ADP Classification Guidelines for Manual Wheelchairs.

Generally, criteria reflect a test load for a 18X16 inch seat of 75 kg and 14X14 inch seat of 25 kg. If results at these test loads and sizes are not available, please include results that are closest to this and indicate the test loads used during testing. Completion of Section 1.a) i and ii is mandatory.

Be prepared to supply supporting documentation on request. Do not attach to this document.

I - ADP Minimal Technical Criteria for a Manual Mobility Device

1. Construction and Design

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Construction [ISO 7176-8]				
i. Two Drum Fatigue Test Meets ISO fatigue strength requirements (Clause 4.1)	≥ 200,000 Cycles Yes	_____ Cycles ☐ Yes ☐ No	☐ M ☐ I	☐ Yes ☐ No
ii. Curb Drop Test Meets ISO fatigue strength requirements (Clause 4.1)	≥ 6,666 Cycles Yes	_____ Cycles ☐ Yes ☐ No	☐ M ☐ I	
iii. Does the product have sufficient mechanical integrity to withstand reasonable static loading and impact?	Yes	☐ Yes ☐ No	☐ M ☐ I	
b. Design [ISO 7176-14:8]				
i. Are shrouds or guards present to prevent the user from moving parts?	Yes	☐ Yes ☐ No	☐ M ☐ I	☐ Yes ☐ No

Testing Notes

Drum Fatigue Test and Curb Drop Tests should be conducted using test load closest to capacity.

Test load used _____ kg

Comments

Source refers to the source of the result. M refers to results provided by the manufacturer's in-house test facility and I refers to results obtained through testing at an independent test centre.

4473-67 (2007/07) 7530-5676E

2. Statics

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Dimensions [ISO 7176-5]				
i. Overall length	≤ 70 cm (with 51cm seat)	_____ cm	☐ M ☐ I	☐ Yes ☐ No
ii. Overall width		_____ cm	☐ M ☐ I	
iii. Overall height		_____ cm	☐ M ☐ I	
iv. Folded width	N/A	_____ cm	☐ M ☐ I	
v. Folded height	N/A	_____ cm	☐ M ☐ I	
vi. Ground clearance under frame	≥ 50 mm	_____ mm	☐ M ☐ I	
vii. Ground clearance under anti-tips	N/A	_____ mm	☐ M ☐ I	
viii. Minimum turning radius	N/A	_____ cm	☐ M ☐ I	
ix. Mass	N/A	_____ kg	☐ M ☐ I	

Testing Notes:

Comments

b. Stability in Least Stable Configuration [ISO 7176-1:9-12]				
i. Forward stability when loaded	T1 ≥ 10° T2 ≥ 6° T3 ≥ 6° T4 ≥ 1° T5 ≥ 10°	_____ o	☐ M ☐ I	☐ Yes ☐ No
ii. Rearward stability when loaded			☐ M ☐ I	
• Wheels locked		_____ o	☐ M ☐ I	
• Wheels unlocked		_____ o	☐ M ☐ I	
• Anti-tip devices		_____ o	☐ M ☐ I	
iii. Sideways stability when loaded		_____ o	☐ M ☐ I	
iv. Is there a label warning against the removal of anti-tip devices?	Yes, if used for stability	☐ Yes ☐ No	☐ M ☐ I	

Orientation	Describe least stable device configuration for each orientation
Forward	
Rearward	
Sideways	

Testing Notes:

Test load used _____ kg

Forward - device facing down the slope; Rearward - device facing up the slope; Sideways - device facing across the slope.

Criteria assumes adult 18X16 inch seat and 75 kg ISO test dummy; paediatric 14X14 seat and 25 kg ISO test dummy. Indicate actual test load used. Test product in least stable configuration **not** including dynamic positioning features. (Impact of dynamic positioning is evaluated separately – see Part II. 1. b.). T1-T5 refer to ADP type classifications for manual wheelchairs.

Tipping point as defined in ISO 7176-1

Comments

Source refers to the source of the result. M refers to results provided by the manufacturer's in-house test facility and I refers to results obtained through testing at an independent test centre.

3. Dynamics – Rolling Resistance

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Rolling Resistance				
i. During acceleration to 1.8 m/s	≤ 44 N	_____ N	☐ M ☐ I	☐ Yes ☐ No
ii. At a constant speed of 1.8 m/s	≤ 22 N	_____ N	☐ M ☐ I	

Testing Notes:

Test load used _____ kg

The force to push wheelchair while loaded with ISO test dummy is measured at the level of the push handles.

Comments

4. Braking – Efficiency and Operation

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Efficiency [ISO 7176-3:7.1]				
i. Maximum angle at which brake will hold in the forward direction	≥ 12°	_____ o ☐ roll ☐ tip ☐ skid	☐ M ☐ I	☐ Yes ☐ No
ii. Maximum angle at which brake will hold in the rearward direction	≥ 12°	_____ o ☐ roll ☐ tip ☐ skid	☐ M ☐ I	
b. Operation [ANSI/RESNA WC/Vol.1:22 Annex A]				
i. Force to engage wheel locks	≤ 100 N	_____ N	☐ M ☐ I	☐ Yes ☐ No

Testing Notes:

Test load used _____ kg

Comments

6. Instructions

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Product Literature [ISO 7176-15:7, ISO 7176-14:6.1]				
i. Was an owner's manual and/or product literature provided?	Yes	☐ Yes ☐ No	☐ M ☐ I	☐ Yes ☐ No
ii. Did it include clear instructions for safe operation and maintenance?	Yes	☐ Yes ☐ No	☐ M ☐ I	

Testing Notes:

Comments

Source refers to the source of the result. M **refers to results provided by the manufacturer's in-house test facility and** I **refers to results obtained through testing at an independent test centre.**

4473-67 (2007/07) 7530-5676E

II - ADP Minimal Technical Criteria for a Tilt/Recline System

1. Dimensions and Stability

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Angular Dimensions [ISO 7176-7:7.3]				
i. Maximum tilt only angle	≤ 60°	____ o	☐ M ☐ I	☐ Yes ☐ No
ii. Minimum tilt only angle	N/A	____ o	☐ M ☐ I	
iii. Maximum recline only angle	≤ 180°	____ o	☐ M ☐ I	
iv. Minimum recline only angle	N/A	____ o	☐ M ☐ I	
v. Maximum combined tilt/recline angle	≤ 180°	____ o	☐ M ☐ I	
vi. Minimum seat-to-back angle	≥ 80°	____ o	☐ M ☐ I	
b. Stability in Least Stable Configuration				
i. Forward stability when loaded	In all planes, tilted/reclined to least stable position: ≥ 6°	____ o	☐ M ☐ I	☐ Yes ☐ No
ii. Rearward stability when loaded		____ o	☐ M ☐ I	
iii. Sideways stability when loaded		____ o	☐ M ☐ I	

Orientation	Describe least stable device configuration for each orientation
Forward	
Rearward	
Sideways	

Testing Notes:

Test load used _____ kg

Forward - device facing down the slope; Rearward - device facing up the slope; Sideways - device facing across the slope.

Comments

2. Dynamics

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. Manual Tilt/Recline Systems				
i. Force to activate manual recline mechanism	≤ 80 N or ≤ 3.4 Nm	____ N or ____ Nm	☐ M ☐ I	☐ Yes ☐ No
ii. Force to initiate recline	≤ 150 N	____ N	☐ M ☐ I	
iii. Force to return reclined back to upright position (no tilt)	≤ 150 N	____ N	☐ M ☐ I	
iv. Force to return reclined back to upright position (full tilt)	≤ 150 N	____ N	☐ M ☐ I	
v. Force to activate manual tilt mechanism	≤ 80 N or ≤ 3.4 Nm	____ N or ____ Nm	☐ M ☐ I	
vi. Force to initiate tilt	≤ 150 N	____ N	☐ M ☐ I	
vii. Force to return tilted seat to upright position (no recline)	≤ 150 N	____ N	☐ M ☐ I	
viii. Force to return tilted seat to upright position (full recline)	≤ 150 N	____ N	☐ M ☐ I	

Testing Notes

Test load used _____ kg

Comments

Source refers to the source of the result. M refers to results provided by the manufacturer's in-house test facility and I refers to results obtained through testing at an independent test centre.

4473-67 (2007/07) 7530-5676E

3. Safety

Test Specifications	Requirements	Result	Source[1]	Meets Requirements
a. All Tilt/Recline Systems				
i. Is there a mechanical range-limiting device to prevent operation of system beyond limits in Section 1. a.	Yes	☐ Yes ☐ No	☐ M ☐ I	☐ Yes ☐ No
ii. Are all other performance claims of the system validated?	Yes	☐ Yes ☐ No	☐ M ☐ I	
b. Manual Tilt/Recline Systems				
i. Is a locking mechanism present that will securely lock the seat and seat back in any position within the safe range given in Section 1. a.	Yes	☐ Yes ☐ No	☐ M ☐ I	☐ Yes ☐ No
ii. Does the activation mechanism automatically lock the seat and seat back in place upon release?	Yes	☐ Yes ☐ No	☐ M ☐ I	

Testing Notes Test load used kg

Comments

Source refers to the source of the result. M refers to results provided by the manufacturer's in-house test facility and I refers to results obtained through testing at an independent test centre.

