

## Mobility Scooter Assembly & Pre-Delivery Checklist

Model	_____	Serial Number	_____
Colour	_____	Key Number	_____
Batteries Fitted	_____	Controller Type	_____

Process	Comments
<input type="checkbox"/> Check for carton damage	_____
<b>NB: This must be done before signing delivery docket from Freight company, If damage found it must be noted on the drivers delivery docket and TopGun MUST be notified immediately</b>	
<input type="checkbox"/> Remove scooter from carton and check scooter for damage	_____
<input type="checkbox"/> Check all accessories are present (depending on model)	_____
<input type="checkbox"/> Check all accessories for damage (depending on model)	_____
<input type="checkbox"/> Check charger input voltage is set to 240 volts	_____
<input type="checkbox"/> Charge & test battery voltage is equal	_____
<input type="checkbox"/> Controller & wiring loom including plugs & sockets	_____
<input type="checkbox"/> Test throttle operation	_____
<input type="checkbox"/> Test speed limiter operation	_____
<input type="checkbox"/> Headlight(s)	_____
<input type="checkbox"/> Tail light(s)	_____
<input type="checkbox"/> Indicator lights	_____
<input type="checkbox"/> Hazard lights	_____
<input type="checkbox"/> Horn	_____
<input type="checkbox"/> Reversing beeper	_____
<input type="checkbox"/> Tiller tilt mechanism	_____
<input type="checkbox"/> Steering including ball joints	_____
<input type="checkbox"/> Front wheel alignment	_____
<input type="checkbox"/> Tyre pressures (typically set to 30 psi)	_____
<input type="checkbox"/> Fail safe brake & free wheel operation	_____
<input type="checkbox"/> Hand brake (if fitted)	_____
<input type="checkbox"/> Seat mount (stem post)	_____
<input type="checkbox"/> Seat swivel, tilt, slide & recline	_____
<input type="checkbox"/> Armrest operation (adjustment & swivel)	_____
<input type="checkbox"/> Fit & check all accessories for adjustment & operation	_____
<input type="checkbox"/> Visual check on assembled scooter for blemishes	_____
<input type="checkbox"/> Test ride	_____
<input type="checkbox"/> Check all manuals & serial numbers are present	_____
<input type="checkbox"/> Attached store advertising sticker	_____
<input type="checkbox"/> Final clean for showroom or delivery	_____

**Additional Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Technician:** \_\_\_\_\_  
**Date:** \_\_\_\_\_