

Field Safety Notice (FSN)

OXFORD - DIPPER - Service Life

FSN Reference: 000017

Issue Date: 03rd July, 2017



Joerns Healthcare advises all authorised Oxford distributors to identify and contact facilities that have historically been supplied an Oxford Dipper pool-side hoist to notify them of the revised service life statement and related manufacturer guidance.



Oxford Dipper (P/No. OP10014)



Oxford Dipper (P/No. OP10013)

LOLER - Lifting Operations and Lifting Equipment Regulations 1998 applies for UK only.

Description:

Onset of issues such as corrosion can occur rapidly in units older than seven (7) years and may not be externally visible. <u>Joerns Healthcare strongly recommends load testing for the Oxford Dipper is carried out at each and every six (6) monthly inspection due to the hostile environment in which it resides and operates.</u> The humid and corrosive nature of pool-side locations can lead to product deficiencies that may otherwise remain undetected.

Communication:

This communication provides important updated advice pertaining to the service life of the Oxford Dipper pool-side lift.

Please ensure you read and understand the following information and preventative action in a concerted effort to minimise possible risk of injury to both patients and carers alike.

As a result of extensive confidence and product endurance testing along with associated market feedback, Joerns Healthcare has revised its Expected Service Life statement for the Oxford Dipper pool-side lift. The revised statement reads as follows:

The Oxford Dipper lift is designed and tested for a minimum service life of five (5) years, subject to the use, maintenance and cleaning procedures stated in this manual.

Due to the hostile environments this product operates in, the maximum service life is set at seven (7) years. Use beyond this period may compromise both client and carer safety.

In order to ensure your Oxford Dipper remains in a safe and serviceable condition, it is imperative the daily checks, cleaning procedures and six monthly inspections, detailed in this manual are adhered to. This will ensure that any deterioration liable to compromise the safety of users is detected and remedied in good time.

Use other than in accordance with these instructions may compromise service life.

Required & Preventative Action:

Joerns Healthcare instructs that at the next scheduled (6 monthly) inspection, which <u>must include a successfully executed safe working load test</u>, that any unit identified to be older than 7 years, must be changed out prior to the following scheduled (6 monthly) inspection to ensure the on-going safety of users.

Dipper Hoist in excess of 7 years:

The manufacture date of the hoist is controlled by its **serial number identification**. This can be found located on the framework of the product.

Alternative ways of identifying the age of the Dipper product may be sought by providing Joerns Healthcare the original purchase order number and name of purchasing group and/ or sales invoice number provided by the manufacturer.

On identifying the need to replace hoists in excess of 7 years please contact Joerns Healthcare by email info@joerns.co.uk or telephone number +44 (0)844 811 1156.

The replacement part numbers for affected products are as follows:

Description	Part No.
Oxford® Dipper with Ranger Commode & Spreader Bar	OP10014
Oxford® Dipper with Ranger Commode & Transporter	OP10013

Please be aware that the socket (A, B or C) in which the Dipper mast is located will not require replacement, thus, there is no structural installation work necessary during renewal.

If you require further guidance or would like to discuss this further, please contact your local area sales manager or Joerns Healthcare directly on +44 (0)844 811 1156.



Receipt Form

FIELD SAFETY NOTICE: Ref No. FSN 000017

Re: OXFORD DIPPER HOIST - Date into service over 7+ years

- Joerns Healthcare requires you to acknowledge that you have received and understood the important safety information contained within Field Safety Notice (FSN 000017).
- It is important that you complete this receipt form and return a copy to Joerns Healthcare via letter, e-mail warranty@joerns.co.uk
- The original purchaser of the Dipper Hoist has a commitment to notify its customer's fulfilment to successfully complete the required actions within this FSN 000017.

Section A (Please complete :)

Signature:

Name of Dealership or Service Provider:	
Address:	
	Post Code:
I, (<u>NAME IN CAPITALS</u>	acknowledge receipt of the FSN000017.
organisation.Copies of this FSN have also been fo	en communicated to relevant associates within our rwarded to third party care homes, hospitals, private this product to and who may have to organise their own e Oxford Dipper Hoist.
Section B (In respect of this product, I am	the: - carer, partner, relative, friend, dealer etc)
The following Dipper Hoist/s has been replace FSN000017 in their next scheduled visit:	ed or scheduled to be replaced to the requirements of
SERIAL NUMBER/S	
Location of Hoists (Care Home, Hospice, and	Private Home address etc)
Name:	
Address:	
	Post Code:
Form completed by: (Print):	

Please return this completed form to:

Date: ___/2017

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