

Field Safety Notice

S1590005 spreader bars installed with MOLIFT Air and HITRAC ceiling hoists

Reference	NDS-2015-01-EN v1_2015-08-18	
Action	Field safety notice informing the users of a plastic part problem that could affect the safety	
	of the Air or HITRAC ceiling hoists	
Date	18/08/2015	
Concerns	Health facilities Directors, medical vigilance managers	
Products object of	MOLIFT Air and HITRAC ceiling hoists equipped with a SCALEO Medical S1590005 spreader	
the FSN	bar, with the exception of those equipped with a SCALIS® scale.	

Dear Customer,

The purpose of this letter is to advise you that SCALEO Medical is issuing a field voluntary safety corrective action for the devices listed above.

Object:

We have been informed of a quality issue about the material used for the plastic cap of our S1590005 spreader bars installed on MOLIFT Air and HITRAC, ceiling hoists, with the exception of those equipped with a SCALIS® scale, delivered before the 16th of May 2015.

There have been no serious injuries or deaths related to these reports.

So we come to bring you information relating to the inspection of the installed devices, and the corrective action to perform if the security of the device is compromised.



Potential risk:

Due to the quality issue found on the plastic cap, the cap may be deteriorated or in a wrong position on the hoist sling. The security pin may then go to a wrong position, the sling may fell and the patient fall during the transfer.

A visual inspection may swiftly identify if the plastic cap is deteriorated or in a wrong position.



Inspection to be performed:

The visual inspection is to be performed on the plastic cap and its position, and therefore on the position of the safety pin.

In all case the safety pin MUST be properly installed between the two holes of the bottom metallic part.

Conform: the plastic cap is not worn, the cap is in its right position, the safety pin is properly installed and cannot move



NON CONFORM: the plastic cap is worn, the safety pin may go out of its axis



NON CONFORM: the cap has moved up on the sling, the safety pin may go out of its axis



Curative action:

If the visual inspection reveals a nonconforming spreader bad, or a deteriorated plastic cap, the S1590005 suspension must be replaced for a new one.

Corrective action:

SCALEO Medical has developed and validated a corrective solution to solve the issue: the material of the plastic cap has been changed, and a safety screw added to prevent the cap from moving on the sling. The corrective action is applied since the 16th of May 2015.

Actions you should take:

Please fill in and then send to us the form found below stating that you have been informed of this field safety notice, and have inspected or have inspected the devices listed above, and have informed SCALEO Medical of the result of the inspection.

This notification is being issued with the knowledge of the competent authorities.

Please send back the fulfilled form to SCALEO Medical.

For more information, contact us by phone: +33 (0)4 99 77 23 34 or by mail: info@scaleomedical.com

We sincerely apologize for any inconvenience this situation may cause you or your facilit and thank you for your understanding and collaboration.

Sincerely,

Jean-Patrick Sanna Quality and Medical Devices Vigilance Manager



Corrective Action Response

Name of the facility or distributor :					
Fiel Safety Notic ref: NDS-2015-01 relating to S1590005 spreader bars installed on MOLIFT Air and HITRAC ceiling hoists					
Please acknowledge that completing the information Send your response to	you have received, read, un below.	understood and applied th	ne actions to be taken by		
	Medical 107 rue Dassin, PAI -mail : info@scaleomedical.c	-			
I thereby certify that:					
I have performed ofI have been infor	d read the NDS-2015-01 field or have performed the inspe- med that in case of a non to provide a replacement sp the following:	ction required by the field so conforming installation,	safety notice		
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Place Facility or distributor name		Date	Result		
Facility or distributor name		Date	Result		
Facility or distributor name		Date	Result		

Date and signature: