Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel: 416-327-8804

Prior Testing Disclosure – Powered Mobility Devices

Instructions

1) 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.

A) ☐Power Wheelchair ☐Power Base ☐Scooter

B) ☐Power Add-On ☐Power Positioning System

C) ☐Adult ☐Paediatric

Name of Device	Model Number

Section 1 – Manufacturer's In-House Testing Facility (M)

Name of Manufacturing In-House Testing Facility

Unit Number	Street Number	Street Name	PO Box

Lot/concession/rural route	City/Town	Province	Postal Code

Contact Name

Last Name	First Name	Position/Title

Telephone Number ext.	Email Address

Serial number	Weight capacity	Evaluation Start Date (yyyy/mm/dd)	Evaluation End Date (yyyy/mm/dd)

Specific sizes, parts or options evaluated

Section 2 – Independent Test Centre (I)

Independent Test Centre

Unit Number	Street Number	Street Name	PO Box

Lot/concession/rural route	City/Town	Province	Postal Code

Contact Name

Last Name	First Name	Position/Title

Telephone Number ext.	Email Address

Serial number	Weight capacity	Evaluation Start Date (yyyy/mm/dd)	Evaluation End Date (yyyy/mm/dd)

Specific sizes, parts or options evaluated

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Section 3 – Signature

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 Number	Email Address
	ext.	

Section 4 – ADP Minimal Technical Criteria for Powered Mobility Device

4.1. Construction and Design

a. Construction [ISO 7176-8]

Test Specifications	Requirements	Result	Source	Meets Requirements
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	☐Yes ☐No
iii. Does the product have sufficient mechanical integrity to withstand reasonable static loading and impact?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
iv. Is electrical integrity sufficient to safely and effectively provide continuous duty operation?	Yes	☐Yes ☐No	☐M ☐I	N/A

b. Design [ISO 7176-14:8]

Test Specifications	Requirements	Result	Source	Meets Requirements
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

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4.2. Statics

a. Dimensions [ISO 7176-5]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Overall length	N/A	cm	☐M ☐I	☐Yes ☐No
ii. Overall width	≤ 70 cm (51-cm seat)	cm	☐M ☐I	☐Yes ☐No
iii. Maximum height	N/A	cm	☐M ☐I	☐Yes ☐No
iv. Ground clearance under frame	≥ 50 mm	mm	☐M ☐I	☐Yes ☐No
v. Ground clearance under anti-tips	N/A	mm	☐M ☐I	☐Yes ☐No
vi. Maximum turning radius	≤ 90 cm	cm	☐M ☐I	☐Yes ☐No
vii. Mass	N/A	kg	☐M ☐I	☐Yes ☐No

Testing Notes

Comments

b. Stability in Least Stable Configuration [ISO 7176:1:9-12]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Forward stability when loaded	≥ 12°	o	☐M ☐I	☐Yes ☐No
ii. Rearward stability when loaded	≥ 12°	o	☐M ☐I	☐Yes ☐No
iii. Sideways stability when loaded	≥ 12°	o	☐M ☐I	☐Yes ☐No

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

Testing Notes

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 Section 5.1. b.).
Note if anti-tip devices were used to meet static stability requirement
Tipping point as defined in ISO 7176-1.

Test Load Used Kg

Comments

4.3. Dynamics

a. Acceleration on an Incline [ISO 7176-2:8.2]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Maximum incline on which maximum acceleration is stable	Rating of 2 or higher at 10°	Slope ° Rating	☐M ☐I	☐Yes ☐No

b. Turning Stability [ISO 7176-2:10.4]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Stability while turning at 1.5 times the minimum radius at maximum speed	Stable	☐Stable ☐Unstable	☐M ☐I	☐Yes ☐No

c. Speed [ISO 7176-6]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Maximum speed	4 - 15 km/h	km/h	☐M ☐I	☐Yes ☐No

d. Obstacle Climbing [ISO 7176-10:7.3]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Highest obstacle climbed in forward direction with 50-cm run-up	≥ 40 mm	mm	☐M ☐I	☐Yes ☐No

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Testing Notes

Test Load Used Kg

Comments

4.4. Braking

a. Efficiency [ISO 7176-3:7.1]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Maximum angle at which brake will hold in the forward direction	Must have wheel locks and/or automatic brakes which prevent the wheelchair from rolling in an incline of at least 12°	° ☐fail ☐tip ☐skid	☐M ☐I	☐Yes ☐No

b. Operation [ANSI/RESNA WC/Vol.1:22 Annex A]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Are brakes operable in the absence of battery power?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
ii. Force to engage wheel locks	≤ 100 N	N	☐M ☐I	☐Yes ☐No
iii. Method of maximum braking	N/A	N/A	☐M ☐I	☐Yes ☐No

c. Braking Distance [ISO 7176-3:7.2.3]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. During automatic braking from maximum speed travelling in a forward direction	0.3 m per km/hr	m	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used Kg

Comments

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4.5. Safety

a. Manual Override [ISO 7176-14:2]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Force required to: Activate manual override	≤ 60 N	N	☐M ☐I	☐Yes ☐No
ii Force required to: Push while in free-wheel mode	≤ 100 N	N	☐M ☐I	☐Yes ☐No
iii. Can it be partially engaged?	No	☐Yes ☐No	☐M ☐I	☐Yes ☐No
iv. Can it be activated in the absence of battery power?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
v. Is it explained by a label on the device?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
vi. Can device be driven while manual override is engaged?	No	☐Yes ☐No	☐M ☐I	☐Yes ☐No

b. Batteries and Charging [ISO 7176-14:6.9]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Is the device drivable during charging?	No	☐Yes ☐No	☐M ☐I	☐Yes ☐No
ii. Is there a battery power level indicator?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
iii. Is the battery charger CSA approved?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
iv. Is a battery diagram visible when batteries are uncovered?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

c. Electrical Connections [ISO 7176-14:6]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Are all user-accessible connectors polarized?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
ii. Are any user-accessible connectors interchangeable?	No	☐Yes ☐No	☐M ☐I	☐Yes ☐No
iii. Does the device respond predictably during loss of electrical connection to: • Controller	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
• Power supply	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

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• Input device	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
• Drive System	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used Kg

Comments

4.6. Instructions

a. Product Literature [ISO 7176-15:7, ISO 7176-14:6.1]

Test Specifications	Requirements	Result	Source	Meets Requirements
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	☐Yes ☐No
iii. Was a battery diagram provided?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

Testing Notes

Comments

Section 5 – ADP Minimal Technical Criteria for a Tilt/Recline System

5.1. Static

a. Angular Dimensions [ISO 7176-7:7.3]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Maximum tilt only angle	≤ 60°	o	☐M ☐I	☐Yes ☐No

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ii. Minimum tilt only angle	N/A	o	☐M ☐I	☐Yes ☐No
iii. Maximum recline only angle	≤ 180°	o	☐M ☐I	☐Yes ☐No
iv. Minimum recline only angle	N/A	o	☐M ☐I	☐Yes ☐No
v. Maximum combined tilt/recline angle	≤ 180°	o	☐M ☐I	☐Yes ☐No
vi. Minimum seat-to-back angle	≥ 80°	o	☐M ☐I	☐Yes ☐No

b. Stability in Least Stable Configuration [ISO 7176-1]

Test Specifications	Requirements	Result	Source	Meets Requirements
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	In all planes, tilted/reclined to least stable position: ≥ 6°	o	☐M ☐I	☐Yes ☐No
iii. Sideways stability when loaded	In all planes, tilted/reclined to least stable position: ≥ 6°	o	☐M ☐I	☐Yes ☐No

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

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.

Comments

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5.2. Dynamic

a. Manual Tilt/Recline Systems

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Force to activate manual recline mechanism [ISO 7176-1]	≤ 80 N or ≤ 3.4 Nm	N or Nm	☐M ☐I	☐Yes ☐No
ii. Force to initiate recline	≤ 150 N	N	☐M ☐I	☐Yes ☐No
iii. Force to return reclined back to upright position (no tilt)	≤ 150 N	N	☐M ☐I	☐Yes ☐No
iv. Force to return reclined back to upright position (full tilt)	≤ 150 N	N	☐M ☐I	☐Yes ☐No
v. Force to activate manual tilt mechanism [ISO 7176-1]	≤ 80 N or ≤ 3.4 Nm	N or Nm	☐M ☐I	☐Yes ☐No
vi. Force to initiate tilt	≤ 150 N	N	☐M ☐I	☐Yes ☐No
vii. Force to return tilted seat to upright position (no recline)	≤ 150 N	N	☐M ☐I	☐Yes ☐No
viii. Force to return tilted seat to upright position (full recline)	≤ 150 N	N	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used Kg

Comments

5.3. Safety

a. All Tilt/Recline Systems

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Is there a mechanical range-limiting device to prevent operation of system beyond limits in Section 4.1. a.	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
ii. Are all other performance claims of the system validated?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

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b. Manual Tilt/Recline Systems

Test Specifications	Requirements	Result	Source	Meets Requirements
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 4.1. 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	☐Yes ☐No

c. Electrical Tilt/Recline Systems

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Is the system controlled by a momentary contact switch, or a latching switch combined with an alternate site “kill” switch?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used Kg

Safety a, b and c applies to each independently and in combination on Tilt and Recline Systems.

Comments

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