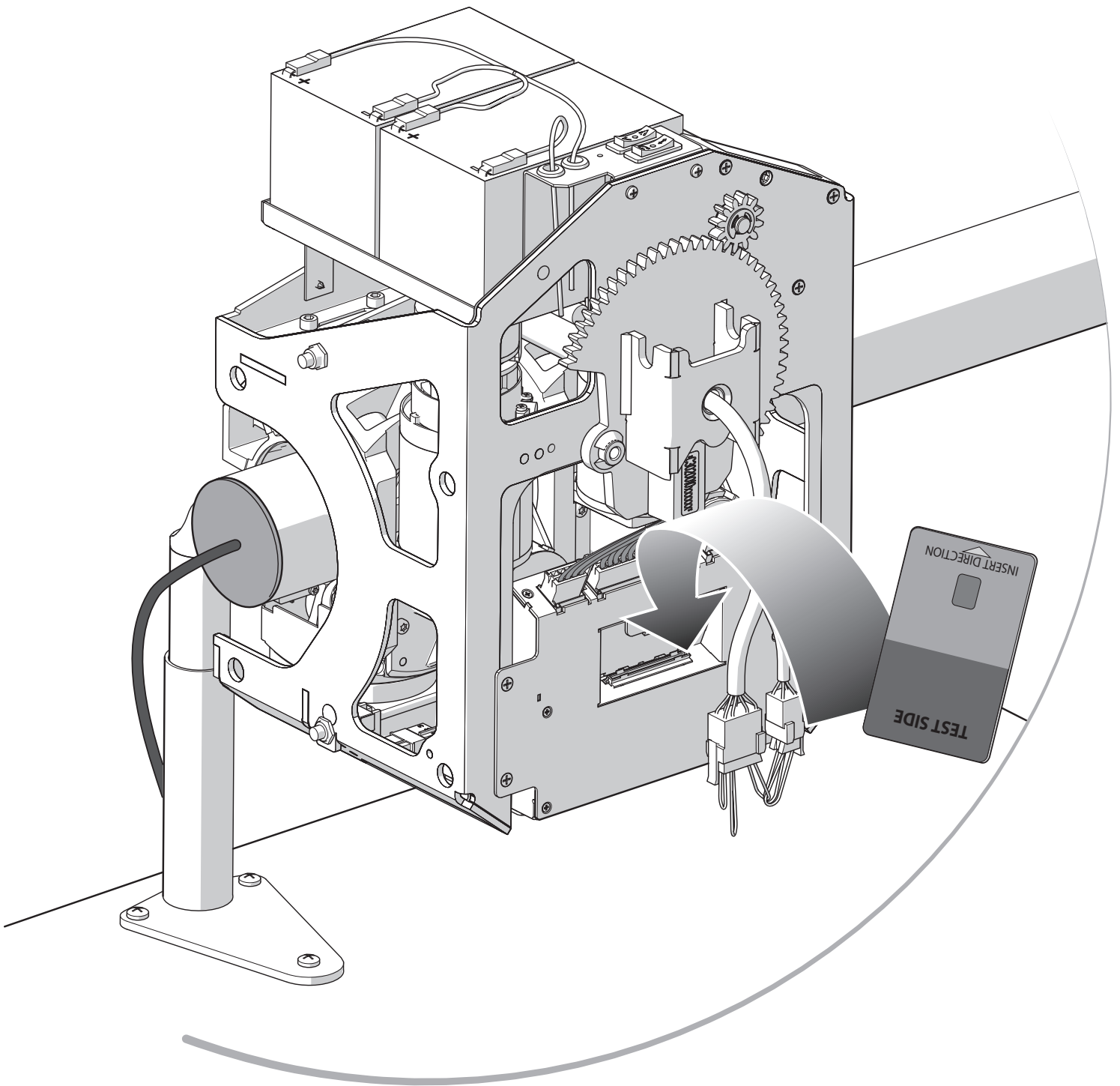


FREECURVE | INSTALLATION MANUAL ***MONORAIL*** | MANUAL D'INSTALLATION



Classic
Elegance
Alliance

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This manual has been compiled with the best intentions and every possible care but the manufacturer cannot accept responsibility for any errors in this manual or for the consequences thereof.

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Ce manuel a été composé avec tout le soin possible mais le fabricant ne peut être tenu pour responsable d'erreurs éventuelles dans ce manuel ni de leurs conséquences.

UK

The Dutch manual is the original language

ES

El manual del holandés es el idioma original

DE

Die niederländische Handbuch hat der Originalsprache

FR

Le manuel néerlandais est la langue d'origine

IT

Il manuale olandese è la lingua originale

NO

Den nederlandske manualen er det opprinnelige språket

NL

De Nederlandse handleiding is de oorspronkelijke brontaal.

PI

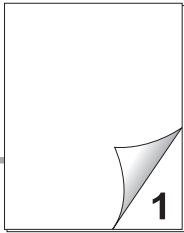
Instrukcja holenderskie języku oryginalnym

PT

O manual holandês é a língua original

SE

Den holländska handbok är originalspråket



1		2
2		5
3		11
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6		23
A		27
H		41

Thank you for choosing a Handicare stairlift.
This manual is for the Classic and Elegance/
Alliance seat types, and includes installation instruc-
tions for the standard features and optional upgrades.

Merci d'avoir choisi un monte-escalier Handicare.
Dans ce manuel concernant les types de sièges
Classic et Elegance/Alliance, vous trouverez
instructions d'installation pour les fonctionnalités
standard et des fonctionnalités en option.

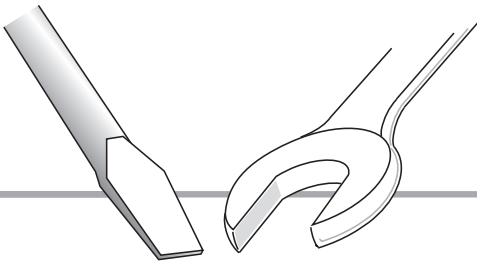
Bedankt dat u heeft gekozen voor een Handicare
traplift. Deze handleiding is voor de stoeltypen Classic
en Elegance/ Alliance. U vindt hierin de installatie-
instructies voor de standaard uitvoeringen en de
optionele uitbreidingen.

Wir freuen uns, dass Sie sich für einen Handicare
Treppenlift entschieden haben.
In diesem Handbuch für den Sitztypen Classic
und Elegance/Alliance finden Sie eine Installations-
anweisungen für die Standardausführungen und
optionale Erweiterungen.

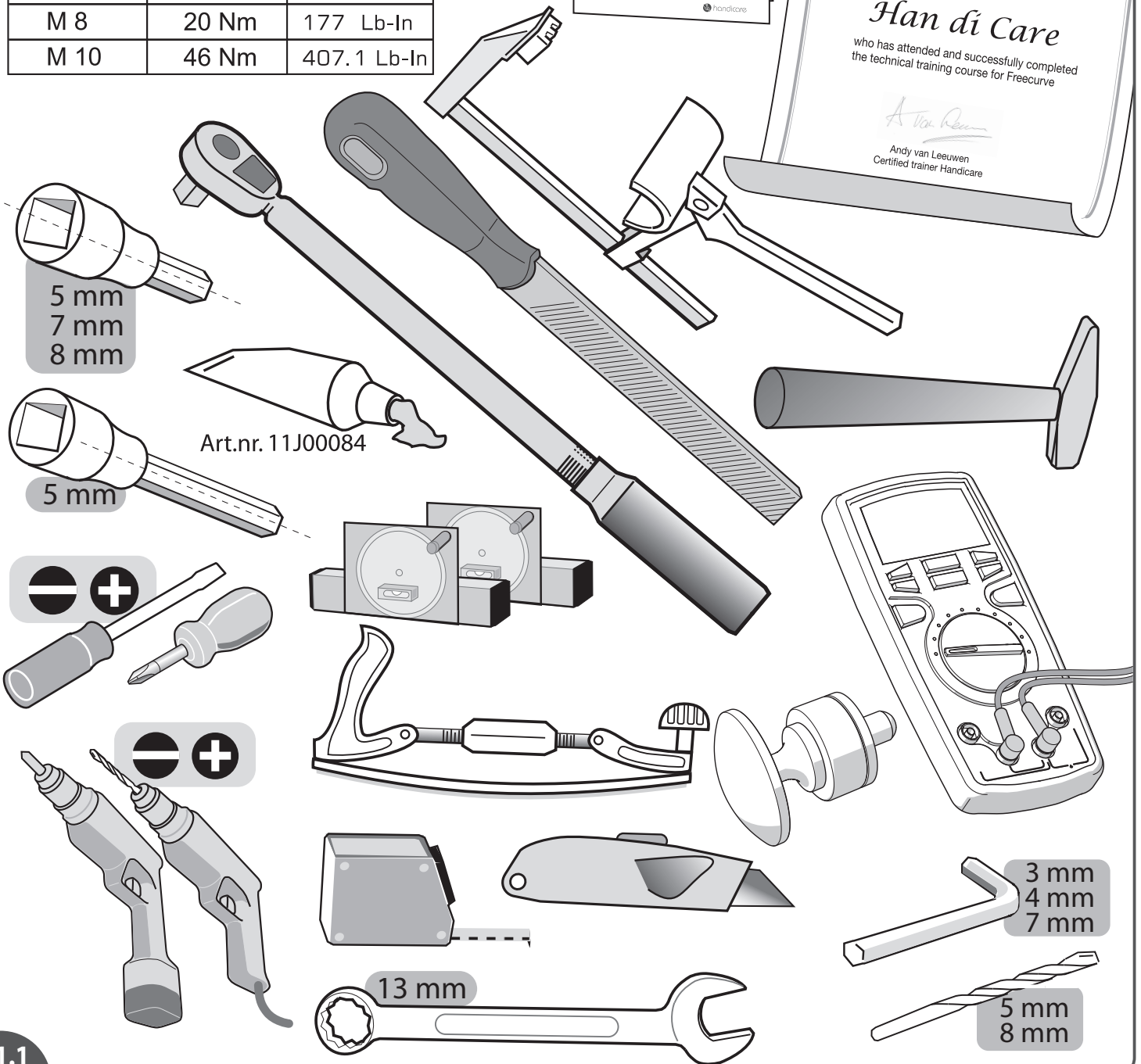
Gracias por haber elegido un salvaescaleras de
Handicare.
En este manual para los tipos de silla Classic
y Elegance/Alliance, encontrará las instrucciones de
instalación de las características estándar y las
ampliaciones opcionales.

Grazie per avere scelto un montascale Handicare.
Questo manuale dedicato ai modelli Classic ed
Elegance/Alliance contiene istruzioni di installazione
per alle caratteristiche standard e alle estensioni
opzionali.

1



Nominal	Torque	Torque
M 5	5,5 Nm	48.7 Lb-In
M 6	9,5 Nm	84.1 Lb-In
M 8	20 Nm	177 Lb-In
M 10	46 Nm	407.1 Lb-In



1.1

Only a **certified** technician should install this lift (general required knowledge can be found in the Freecurve Technical Manual). The latest instructions of the lift and instructions for options are available for download at www.handicarepartners.com. The installations of the options are not all described in this manual. These instructions are provided with the corresponding option kit. Ensure good and sufficient tools; the shown tools are minimum required to install the stairlift. In case of installation a new part on a existing lift always replace the part

UK

by a part with the same article number.



L'installation de ce monte-escalier est réservée aux techniciens **certifiés** (connaissances générales requises voir le Manuel Technique Monorail). Téléchargez les dernières instructions pour le monte-escalier et les options sur le site www.handicarepartners.com. Ce manuel ne décrit pas l'installation de toutes les options. Ces instructions sont livrées avec le jeu optionnel correspondant. Veillez à utiliser des outils suffisants et de qualité; les outils montrés ont besoin d' un minimum requis pour installer le monte-escalier.

FR

En cas d'installation d'une nouvelle partie sur un monte-escalier existant toujours remplacer la partie par une partie avec le même numéro de l'article.



Alleen een, voor deze lift **gecertificeerde**, monteur mag deze lift installeren (algemene vereiste kennis zie de Freecurve Technische Handleiding). De meest actuele handleiding van deze lift en instructies voor opties zijn te downloaden op www.handicarepartners.com. Niet alle installaties van de opties zijn beschreven in deze manual. Deze zijn meegeleverd bij de bijbehorende set. Zorg voor voldoende en goed gereedschap; het afgebeelde gereedschap is het minimaal vereiste voor een liftinstallatie.

NL

In het geval van de installatie van een nieuw onderdeel op een bestaande lift, vervang dit onderdeel altijd door het onderdeel met hetzelfde artikelnummer.



Dieser Lift is ausschließlich von einem **zertifizierten** Mechaniker zu montieren (allgemeines erforderliches Wissen siehe das Freecurve Technisches Handbuch). Die aktuelle Montageanleitung für den Lift sowie Montageanleitungen für Optionen können über www.handicarepartners.com heruntergeladen werden. In dieser Anleitung ist nicht die Montage aller Optionen beschrieben. Diese Anleitungen werden mit dem jeweiligen Optionskit ausgeliefert. Stellen Sie sicher, daß Sie über gutes und ausreichendes Werkzeug für die Montage des Treppenlifts verfügen.

DE

Beim Einbau ein neues Teil auf einem bestehenden Lift, ist das Teil immer zu ersetzen von einem Teil mit der gleichen Artikelnummer.



La instalación del salvaescaleras solo debe ser realizada por un técnico **cualificado** (conocimiento requerido general ver el Manual Técnico de Freecurve). Las últimas instrucciones del salvaescaleras y las instrucciones para las diversas opciones están disponibles para ser descargadas en www.handicarepartners.com. En este manual no se describe todas las instalaciones de estas opciones. Las instrucciones van incluidas en el kit de la opción correspondiente. Asegúrese de llevar suficientes herramientas de buena calidad; para instalar el salvaescaleras necesita como mínimo. En el caso que se instala un nuevo componente en una silla salvaescalera existente; siempre reemplace el viejo particular, con un particular que tenga el mismo número de artículo.

ES



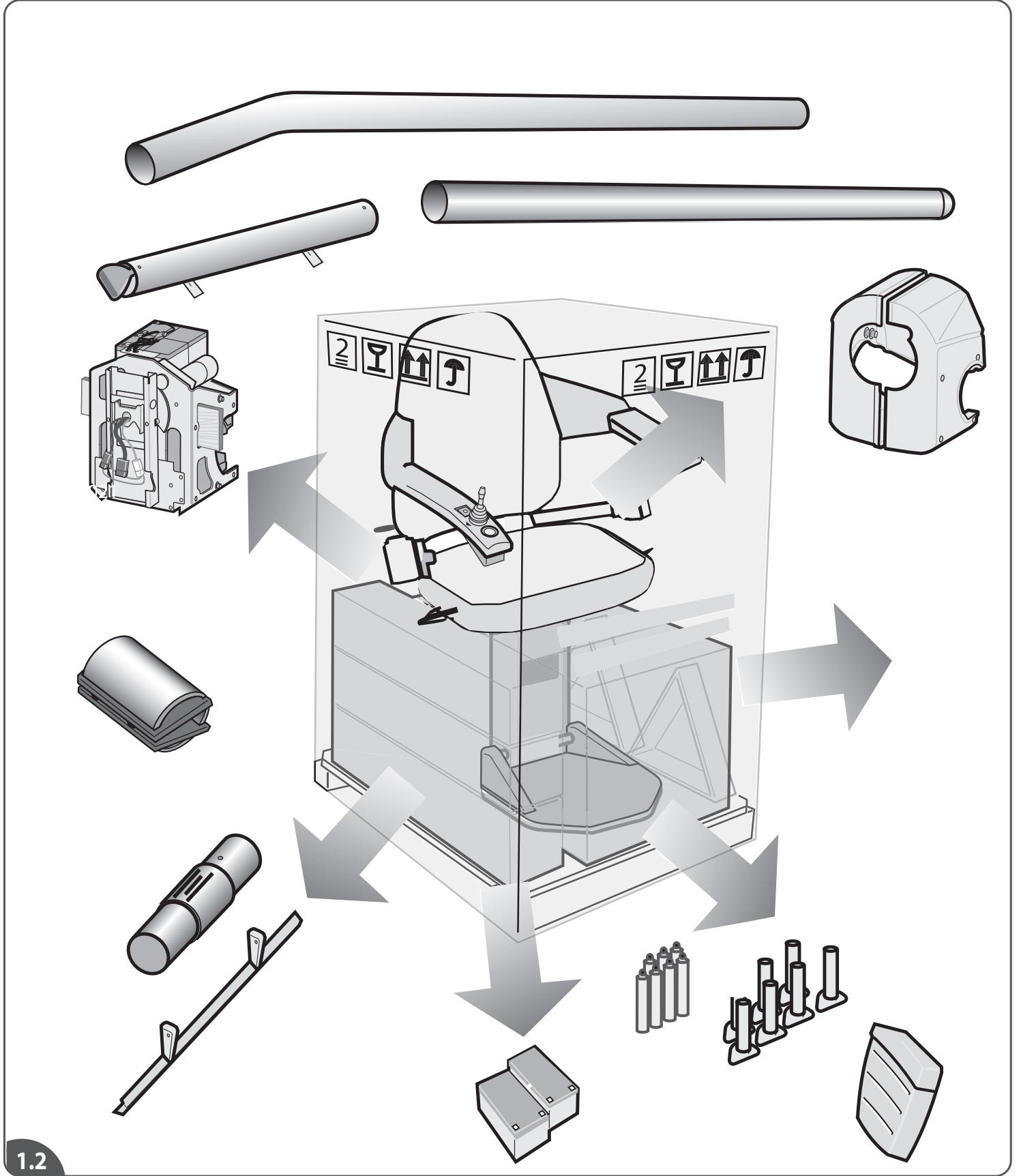
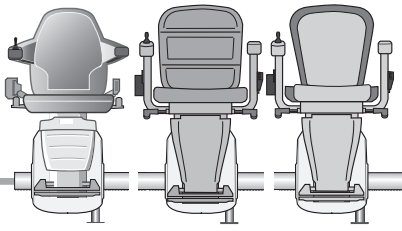
Questo montascale deve essere installato da un tecnico **certificato** (conoscenza generale richiesta consultare il Manuale tecnico di Freecurve). È possibile scaricare le più recenti istruzioni relative al montascale e alle varie opzioni dal sito Web www.handicarepartners.com. Non tutte le procedure di installazione delle opzioni sono illustrate nel presente manuale. Tali istruzioni vengono fornite con il kit opzionale corrispondente. Predisporre un numero sufficiente di utensili in buono stato. Attrezzatura minima richiesta per l'installazione del montascale.

IT

Nel caso in cui venga installato un nuovo componente su di un servoscala esistente, sostituire sempre il vecchio particolare con un particolare avente lo stesso numero di articolo.

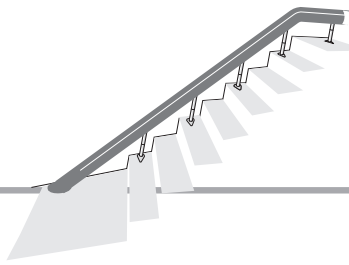


1



1.2

2

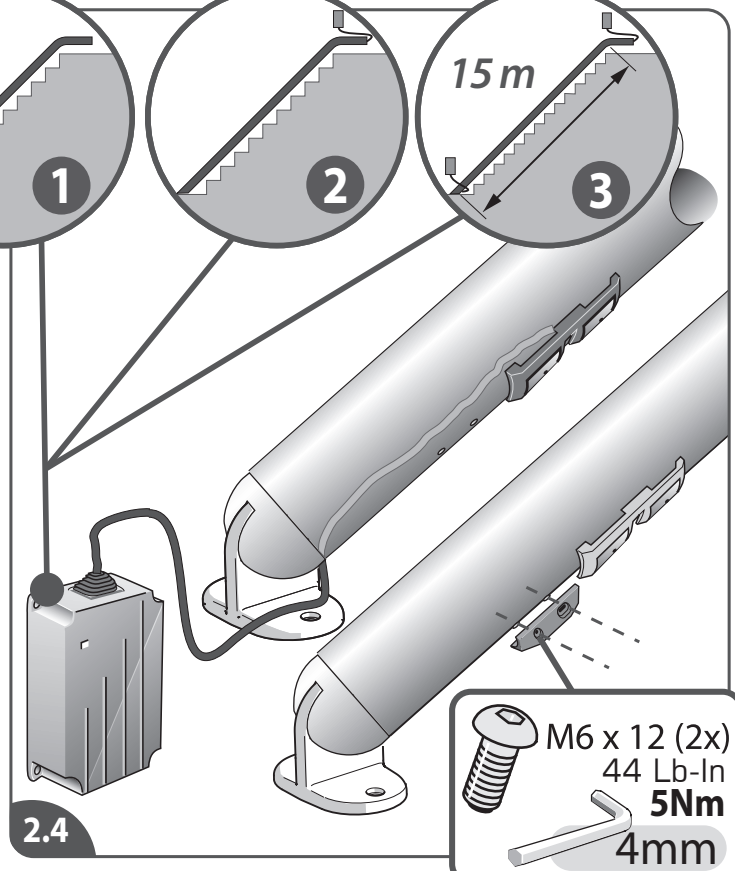
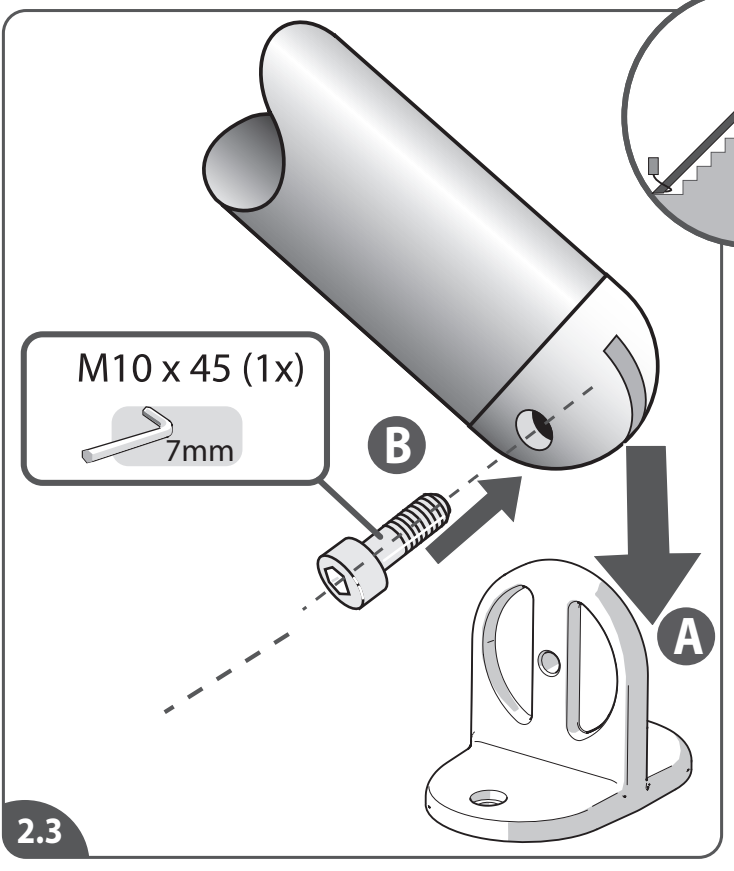
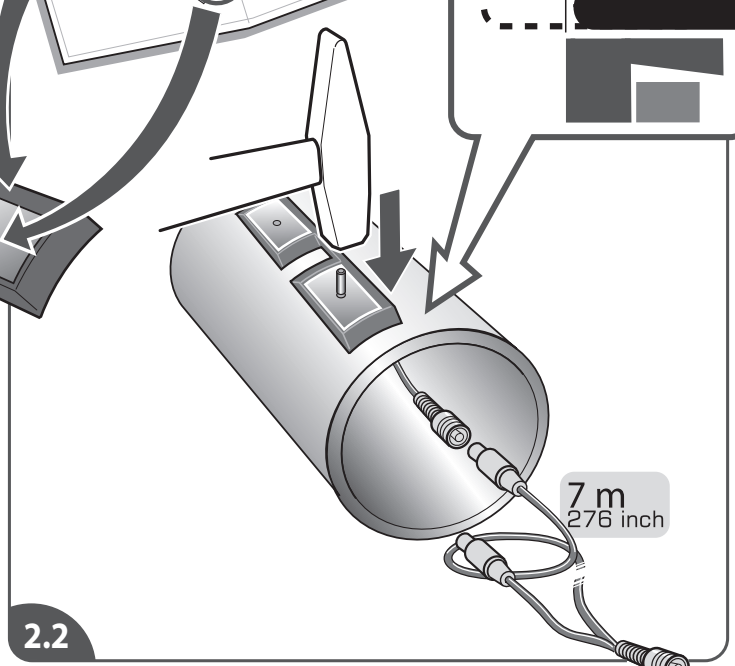
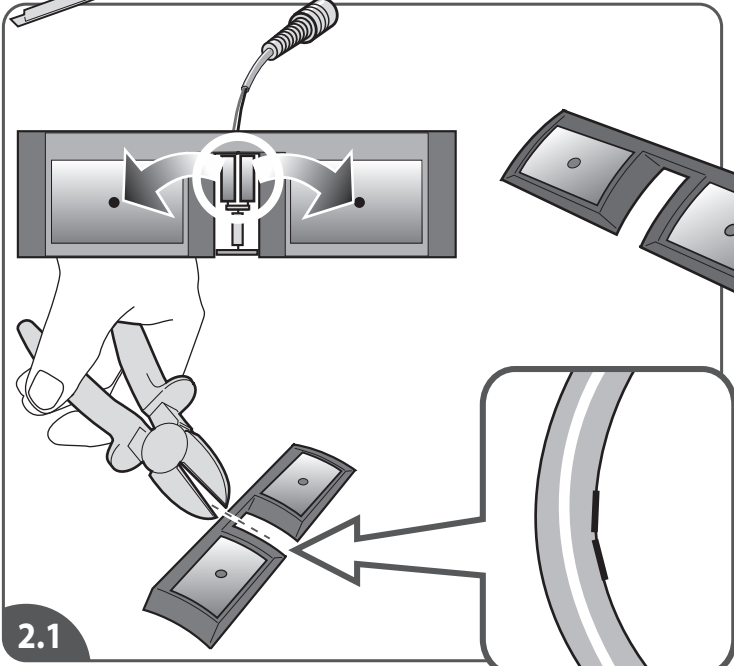
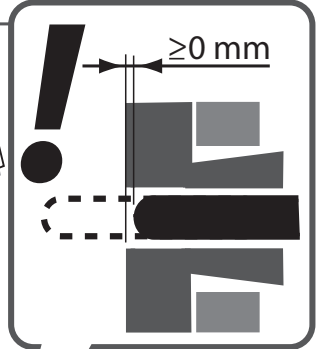


OPTION : A {page 28}

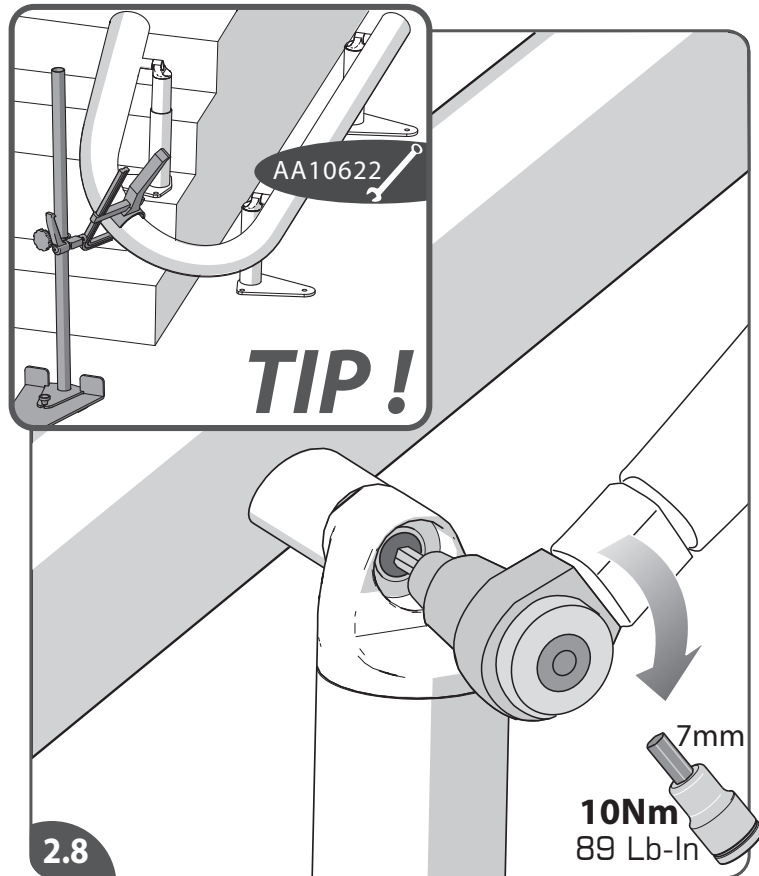
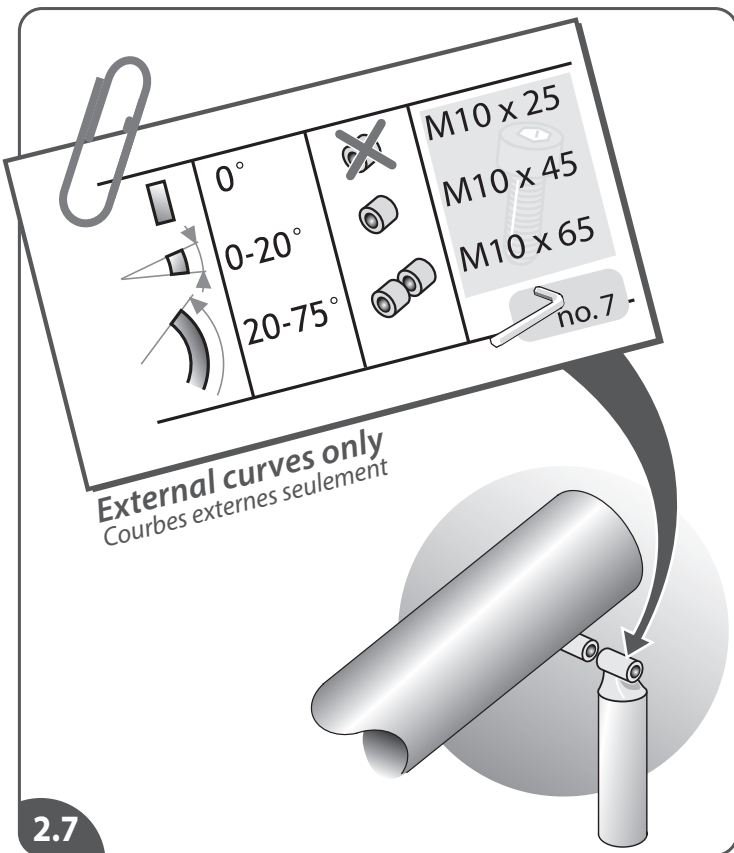
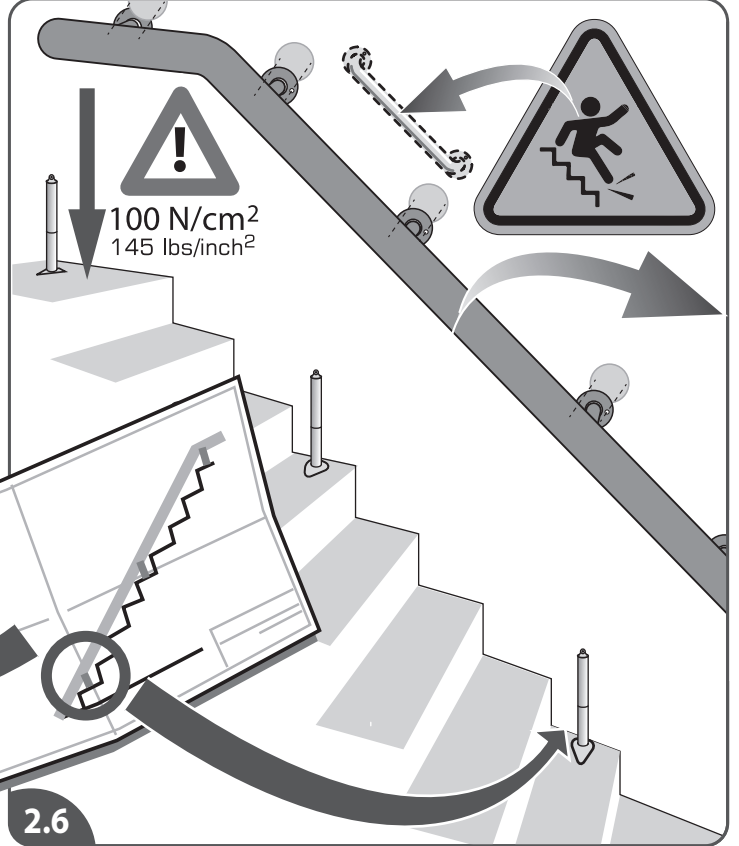
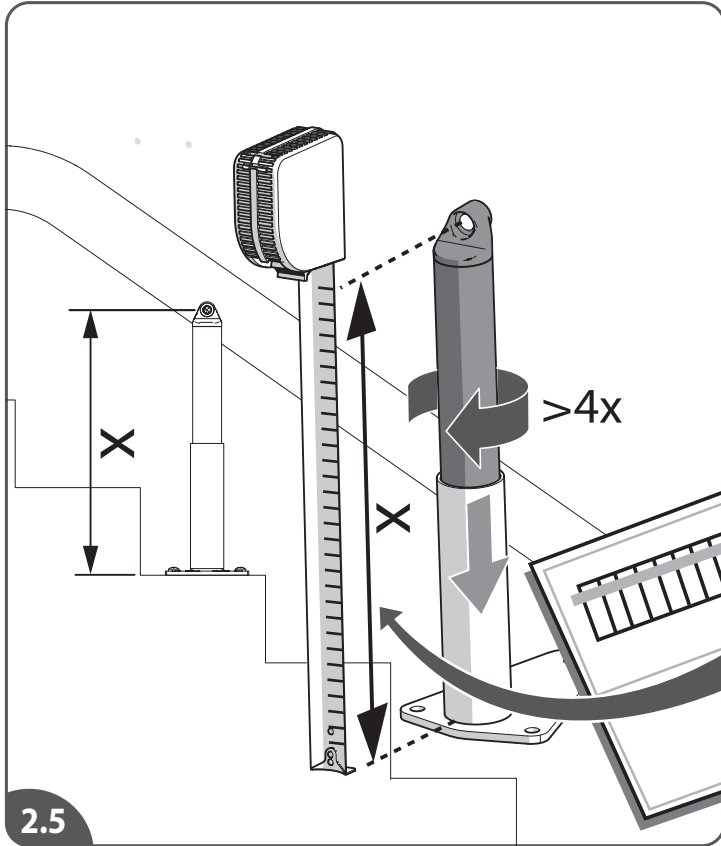
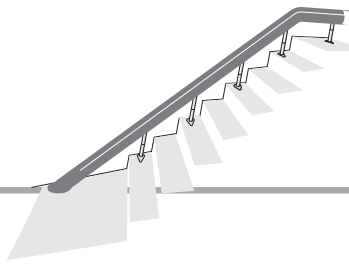
OPTION

C0052050
C0052030

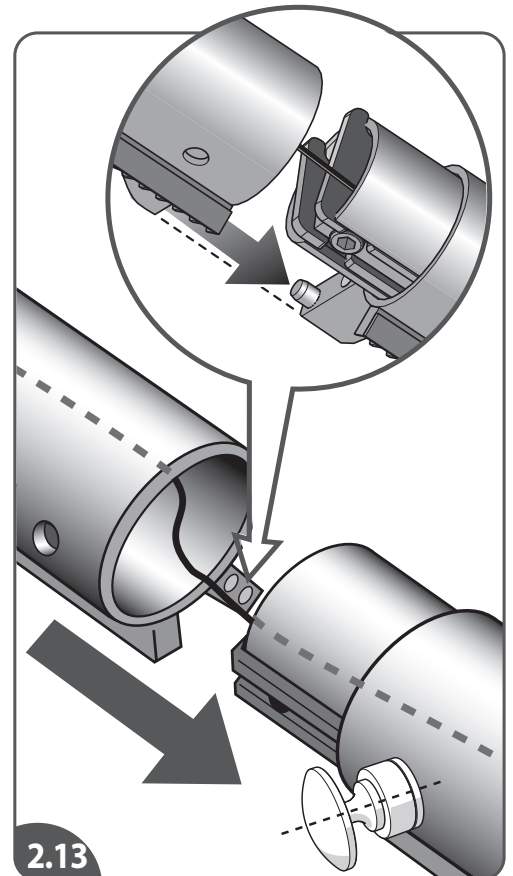
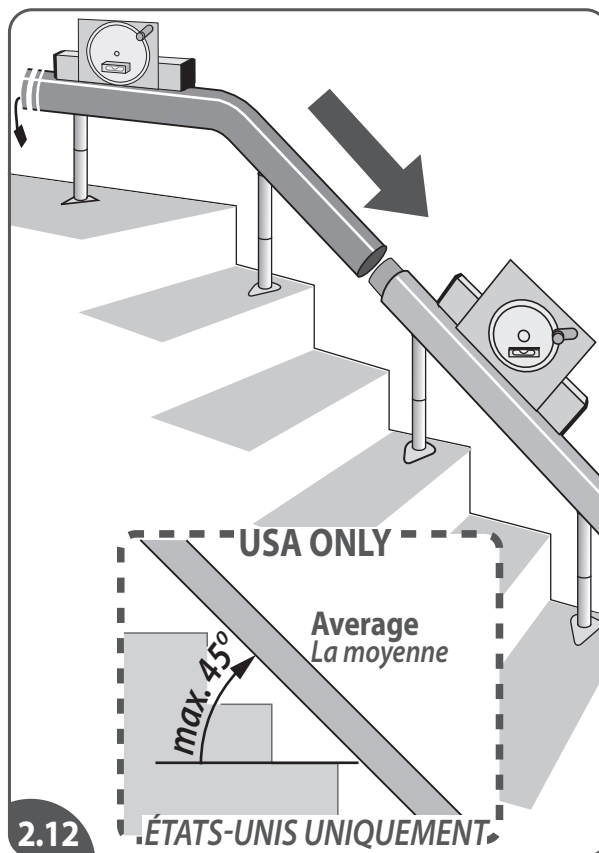
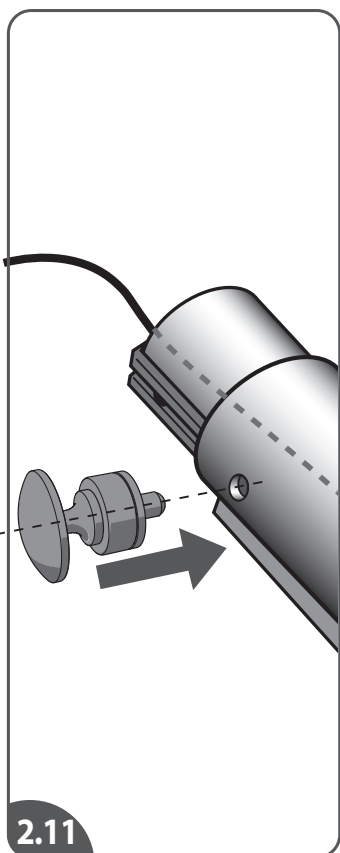
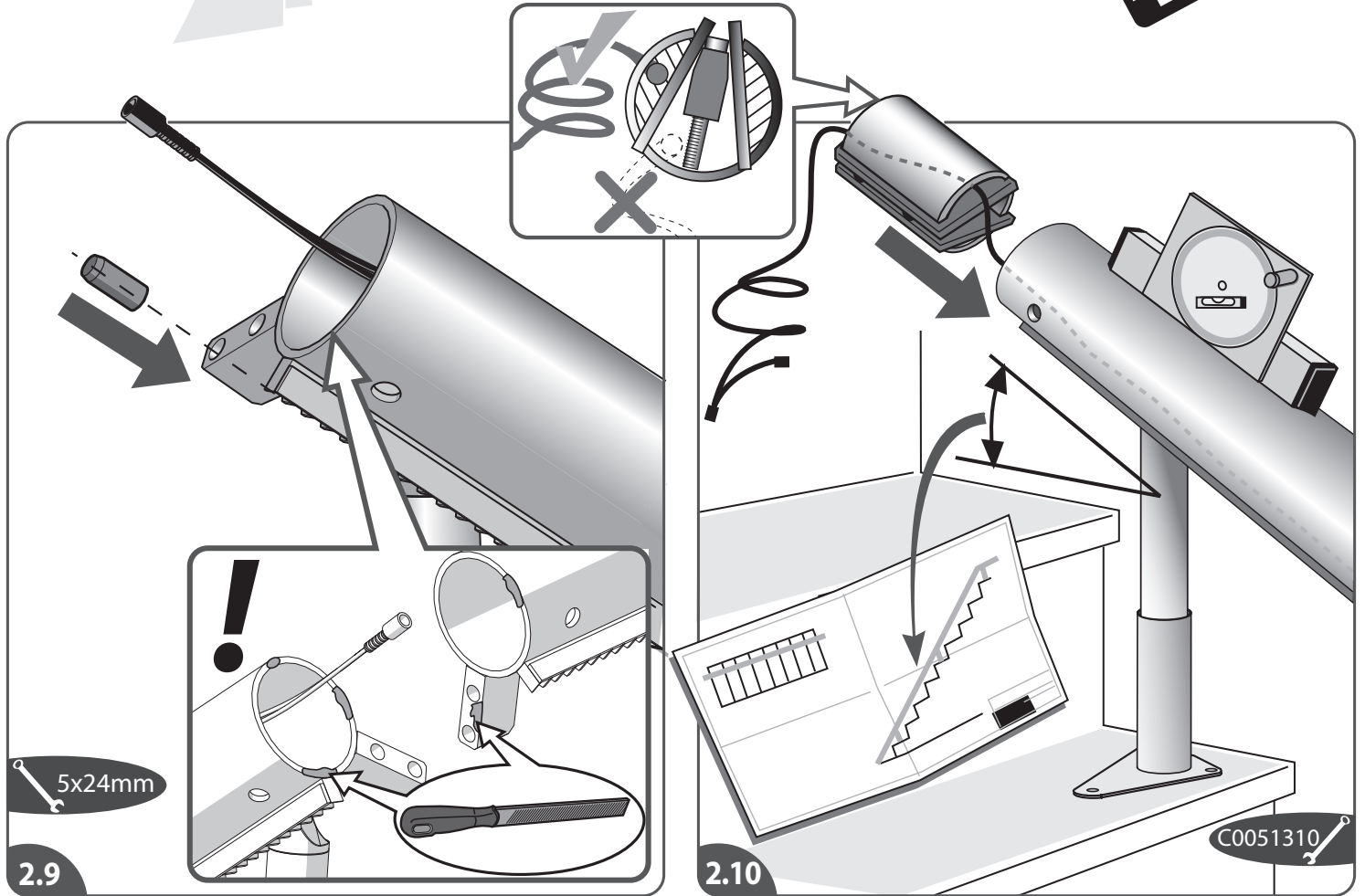
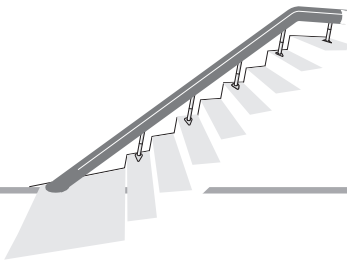
INSTALL FOLDING HINGE
INSTALLER RAIL ESCAMOTABLE



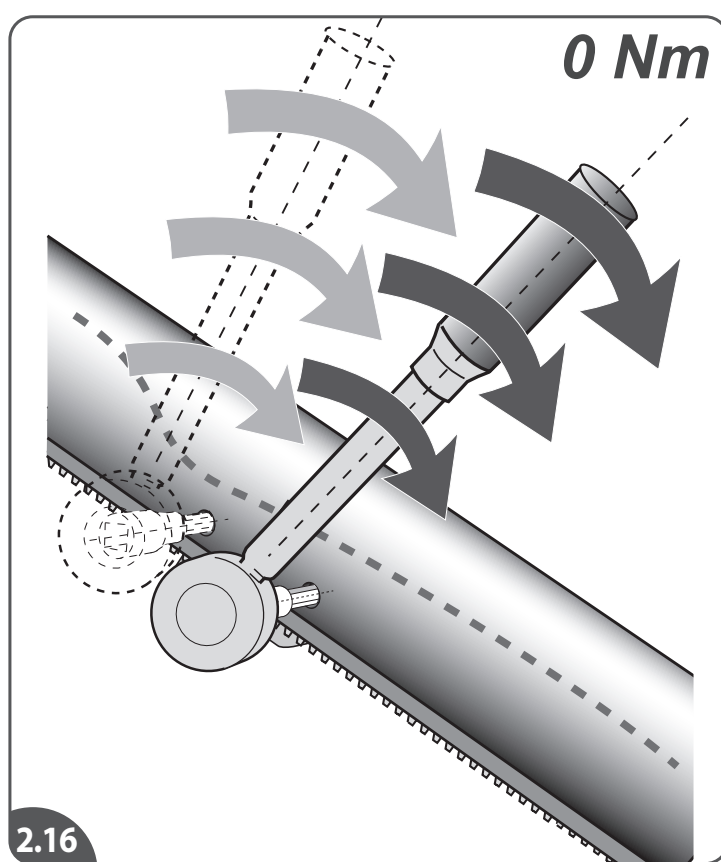
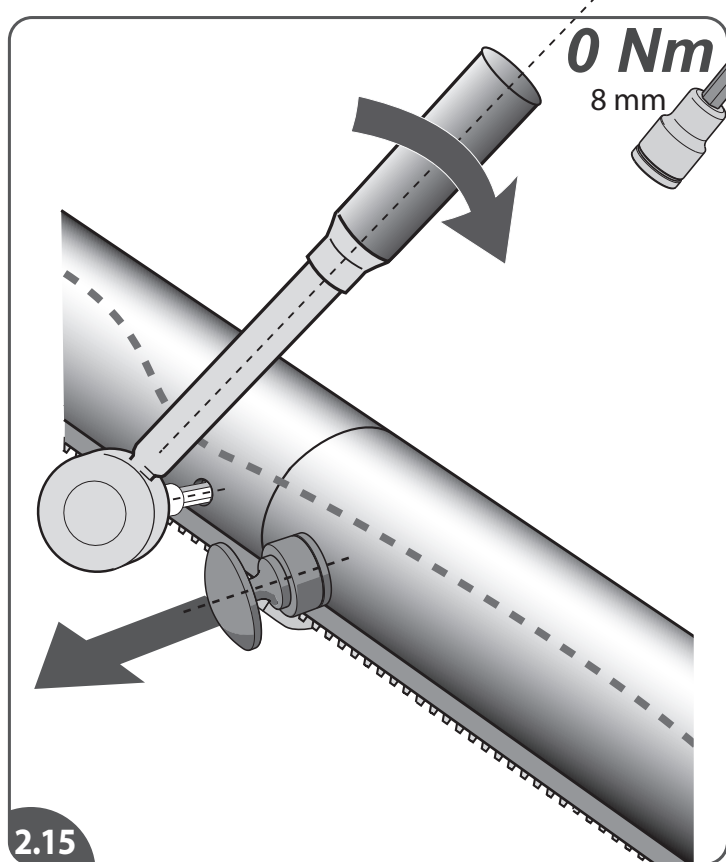
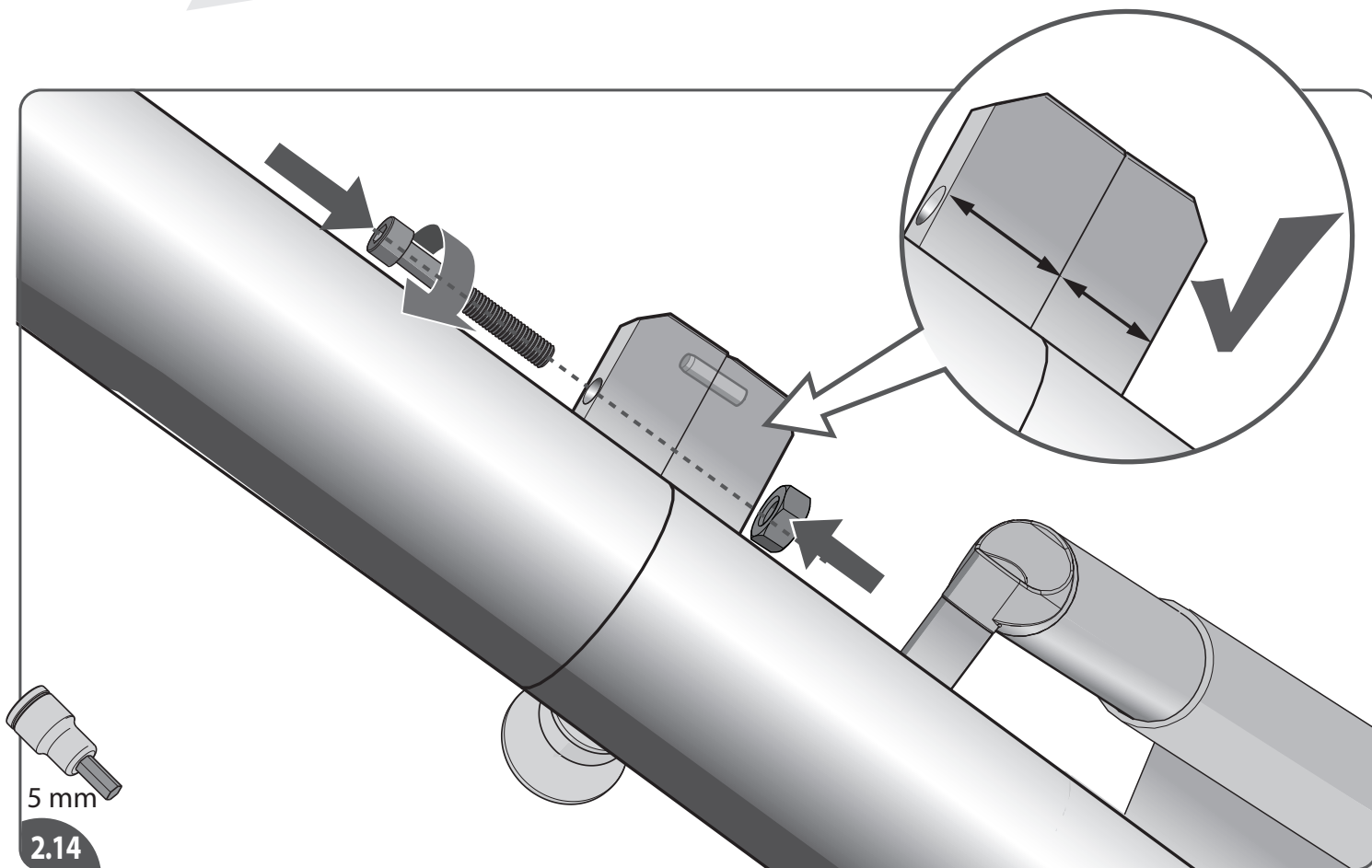
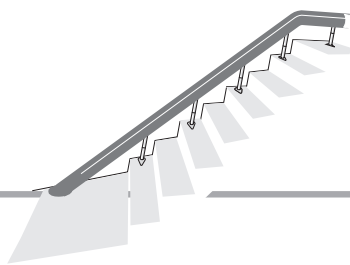
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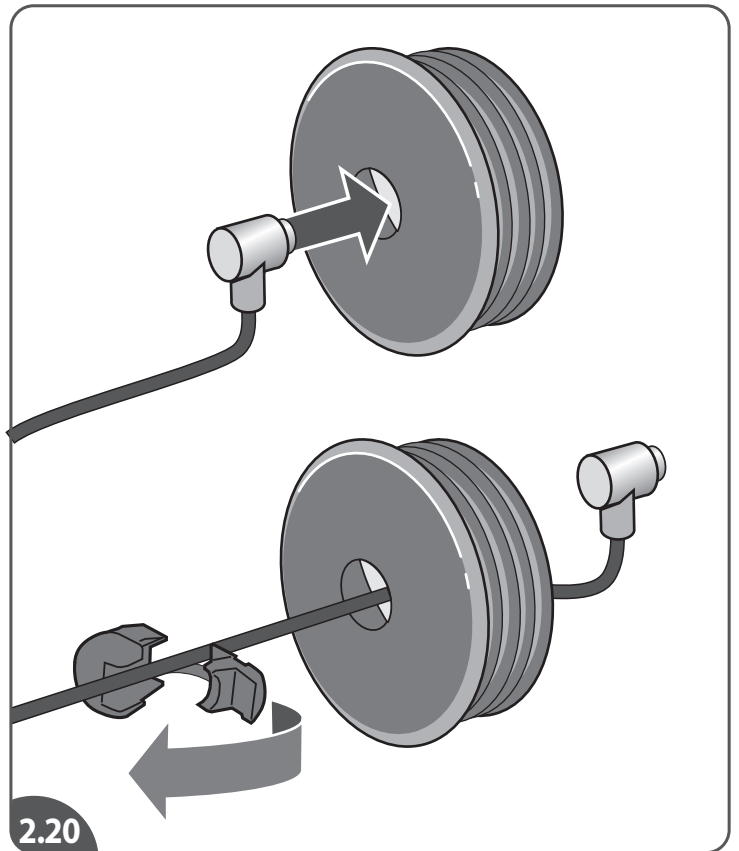
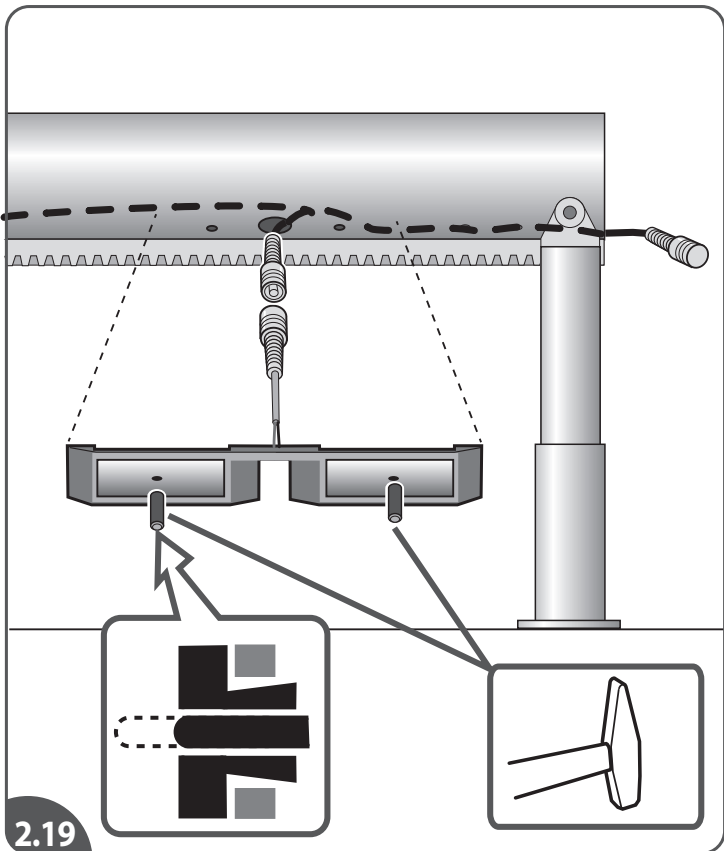
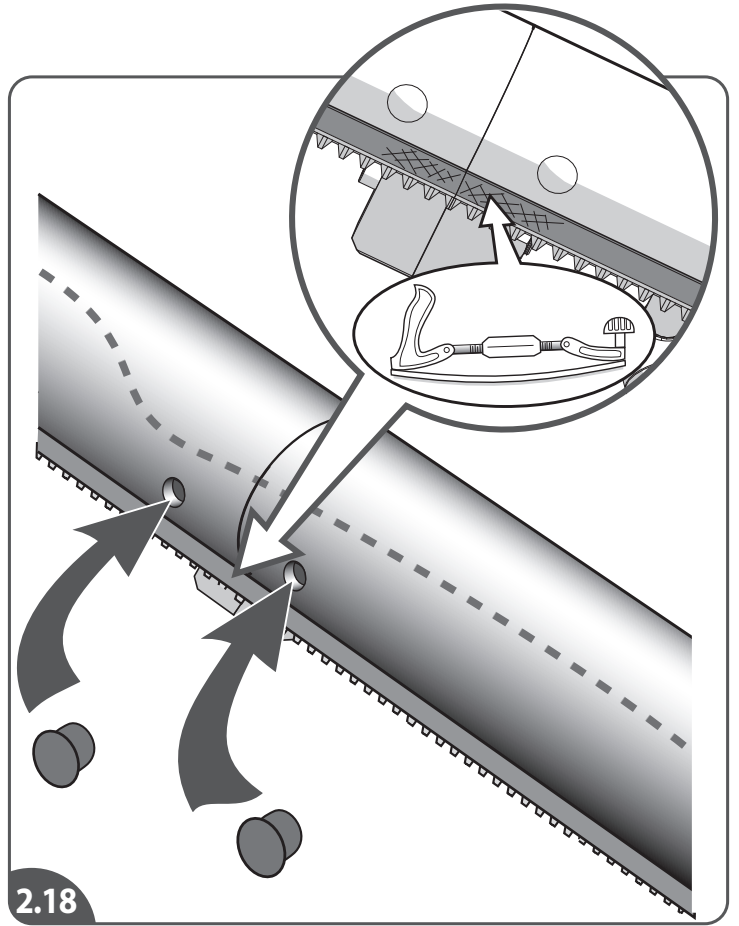
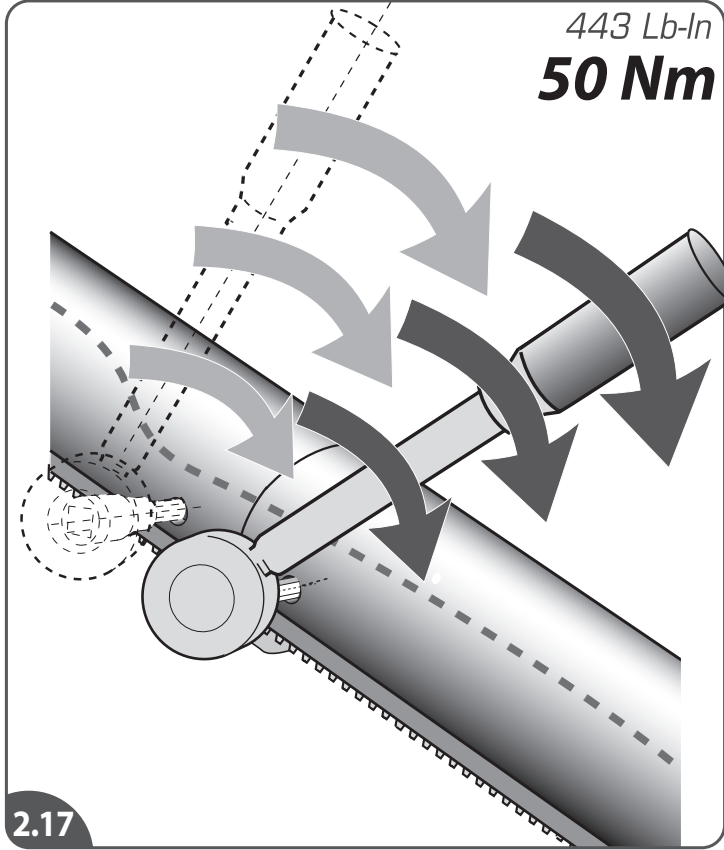
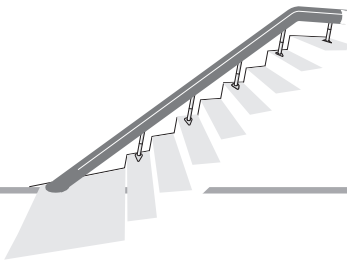
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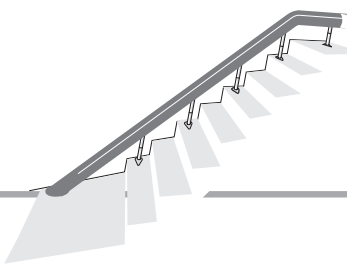
2



2



2



USA ONLY
The installation of electrical equipment and wiring shall conform to the requirements of NEC and ANSI/NFPA70.

AA20315

max. 6 ft / 1,83 m

ST3 x 22 (4x)
5 mm (4x)
5 mm

UK ONLY
2A
16A

L'installation de l'équipement électrique et le câblage doivent être conformes aux exigences de la NEC et ANSI/NFPA 70.
ÉTATS-UNIS UNIQUEMENT

2.21

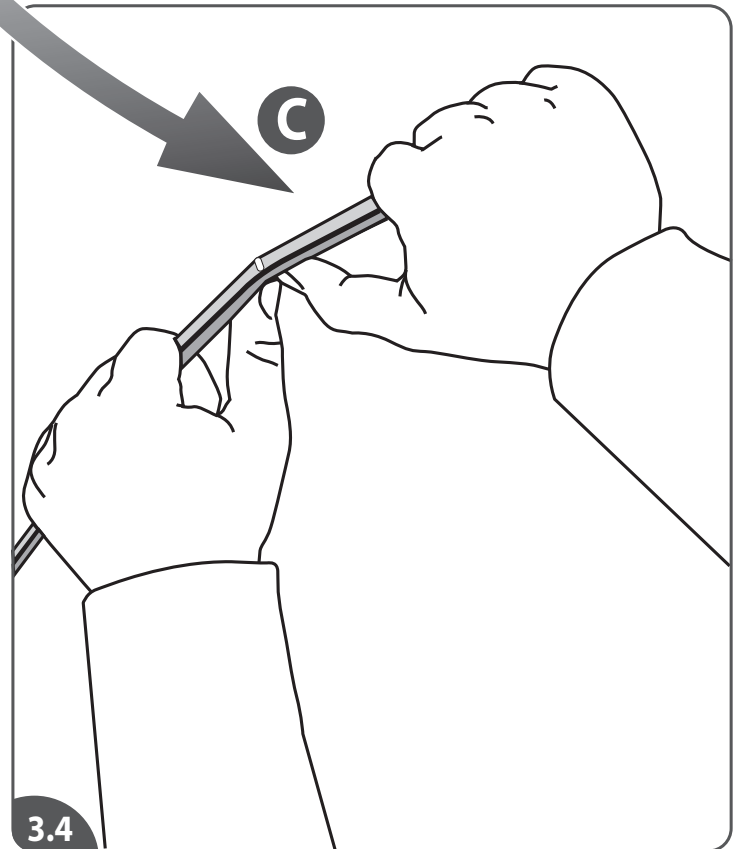
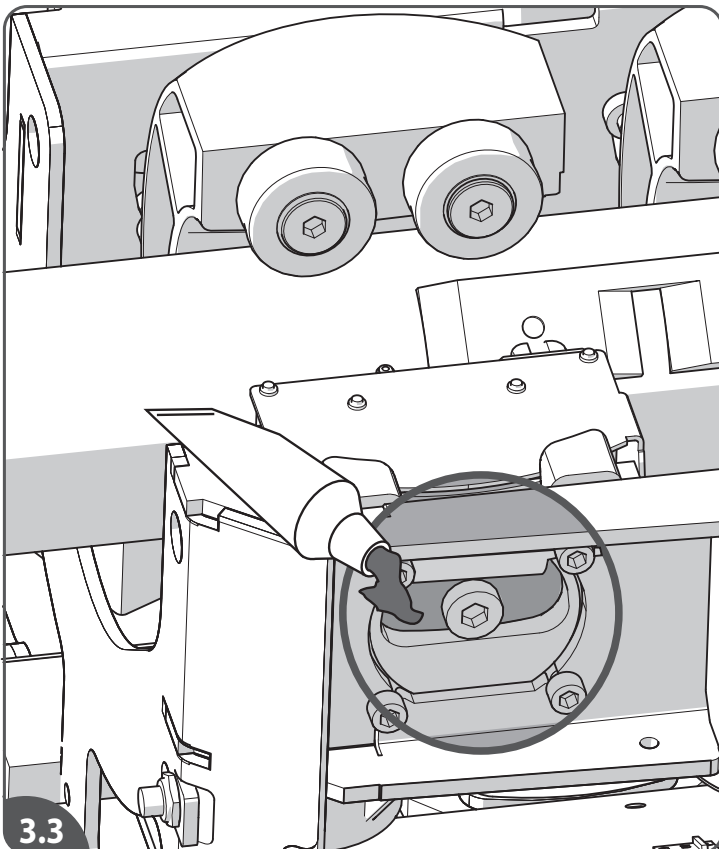
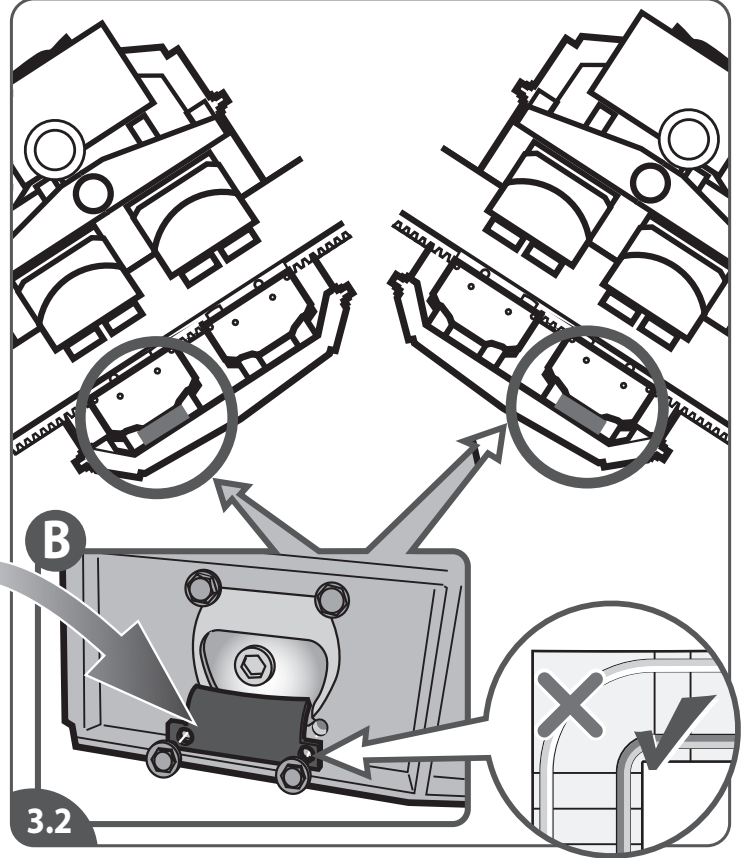
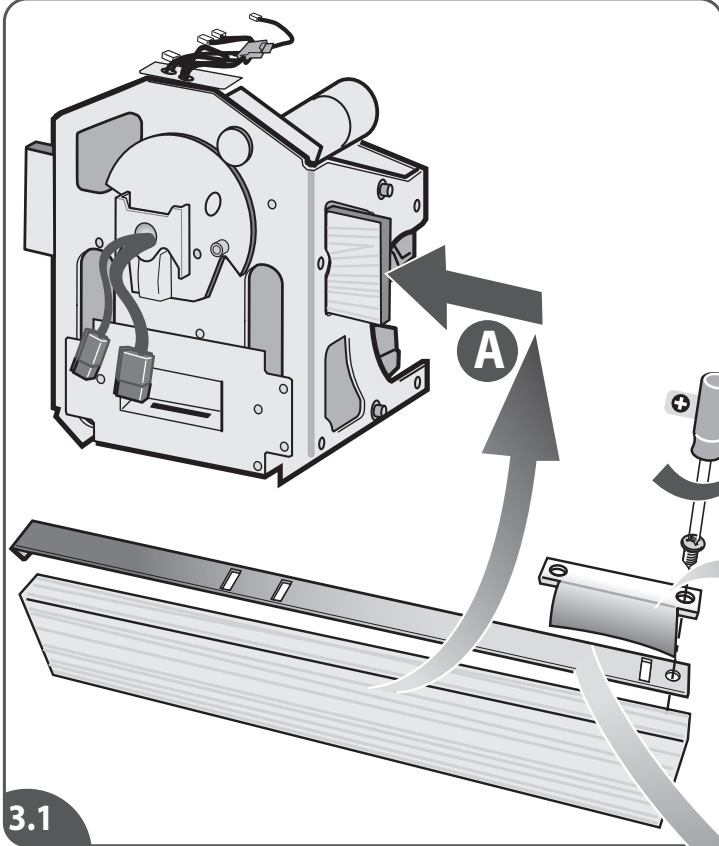
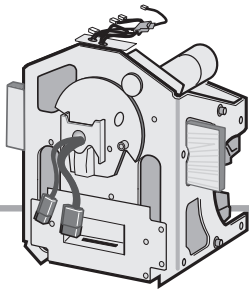
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ONLY HINGED RAIL

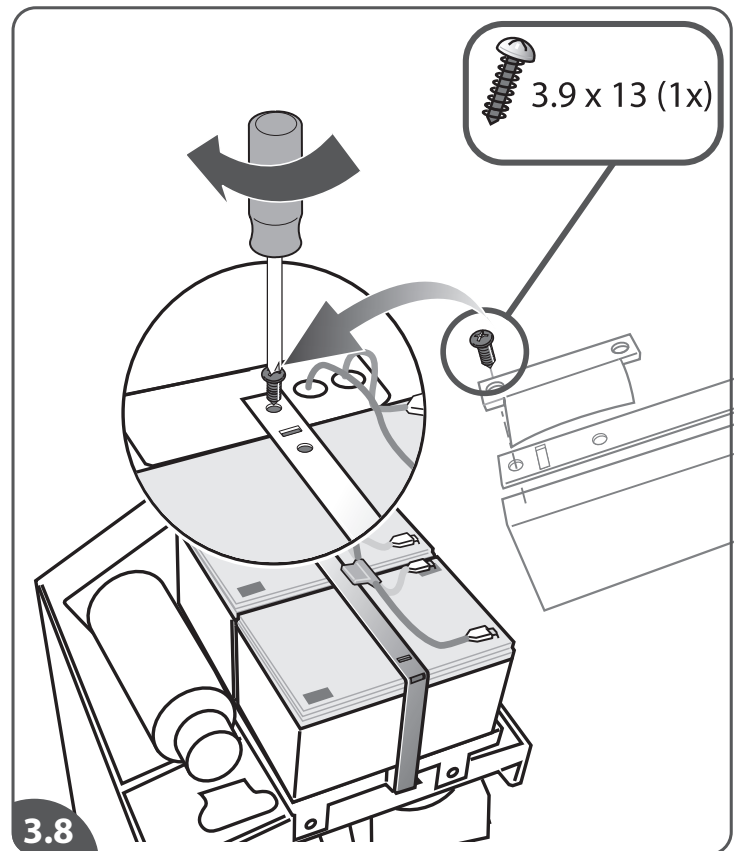
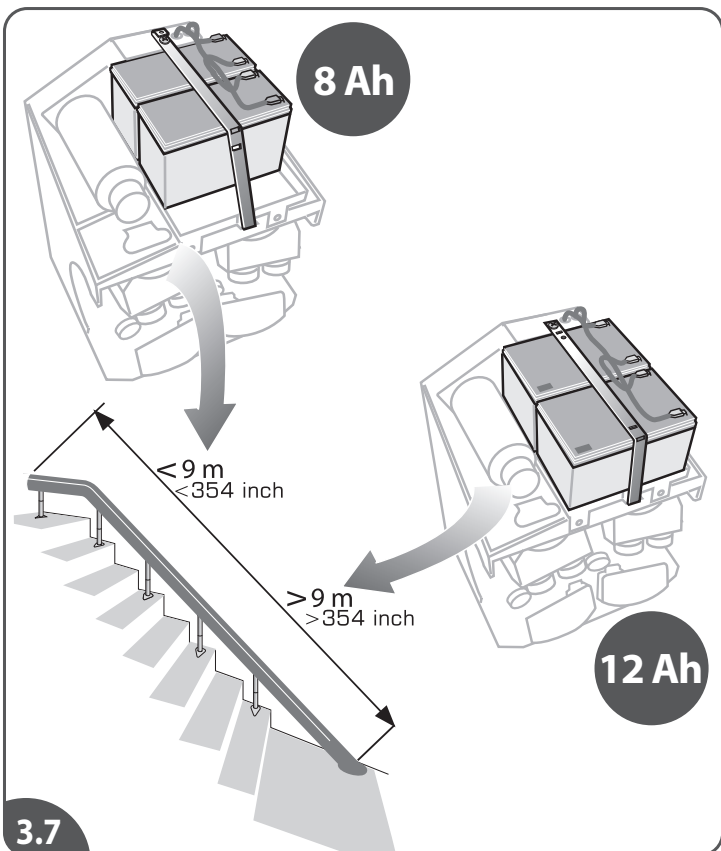
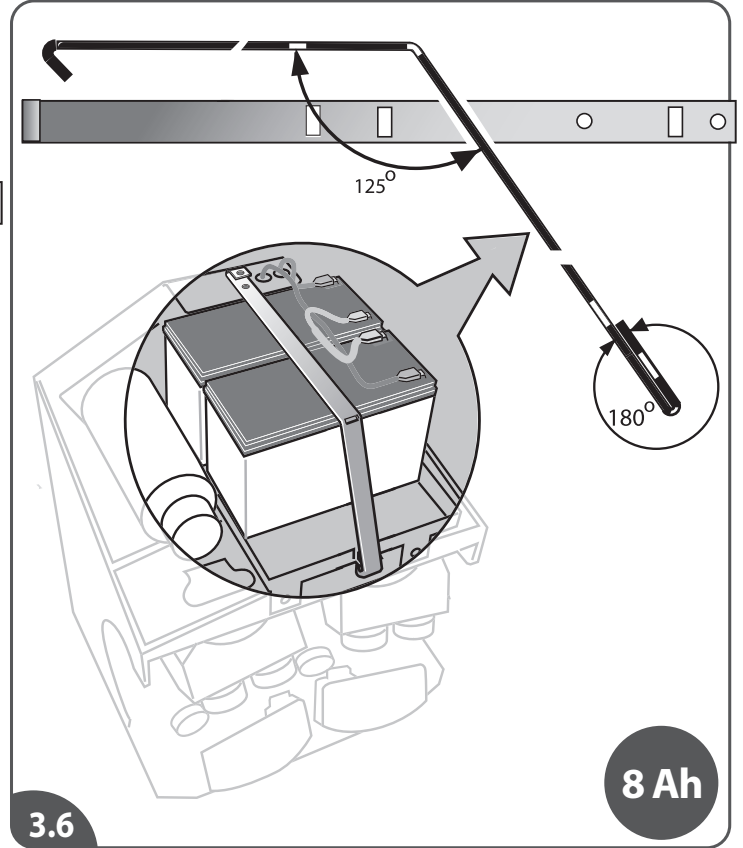
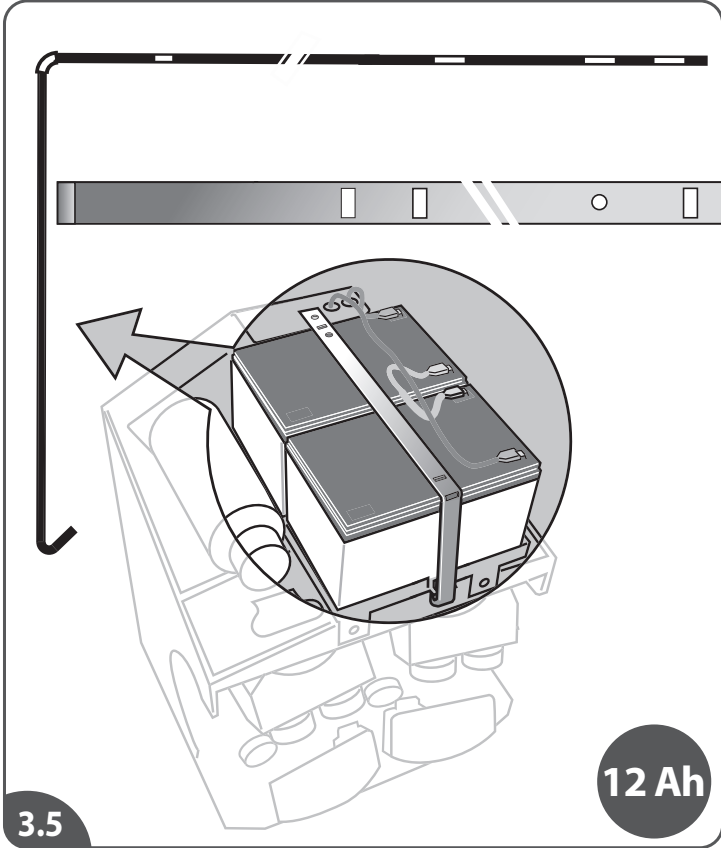
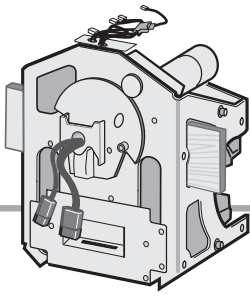
20 cm
20 cm

2.23

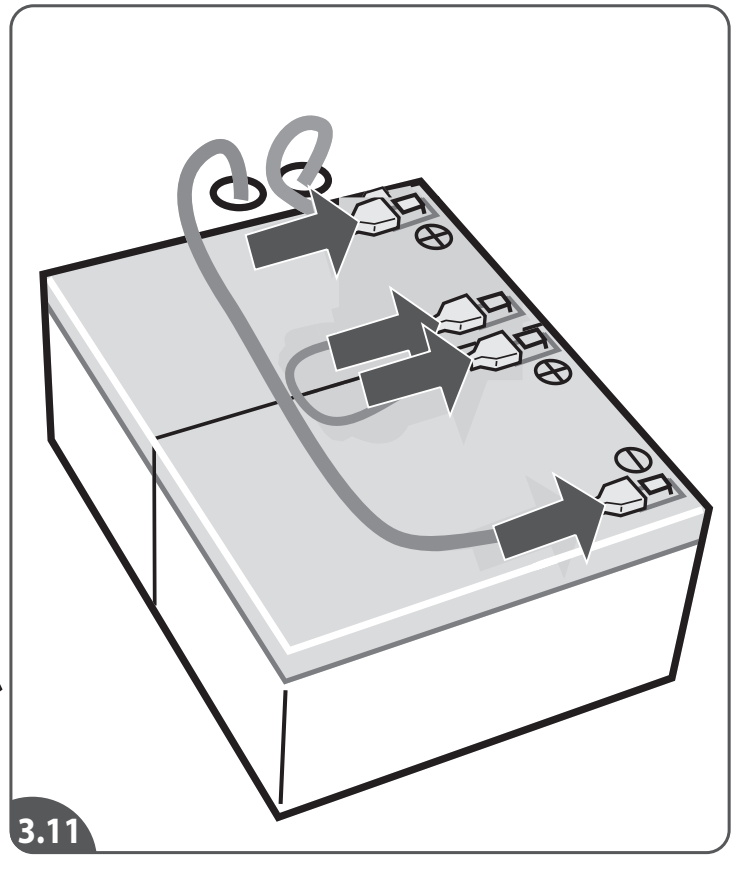
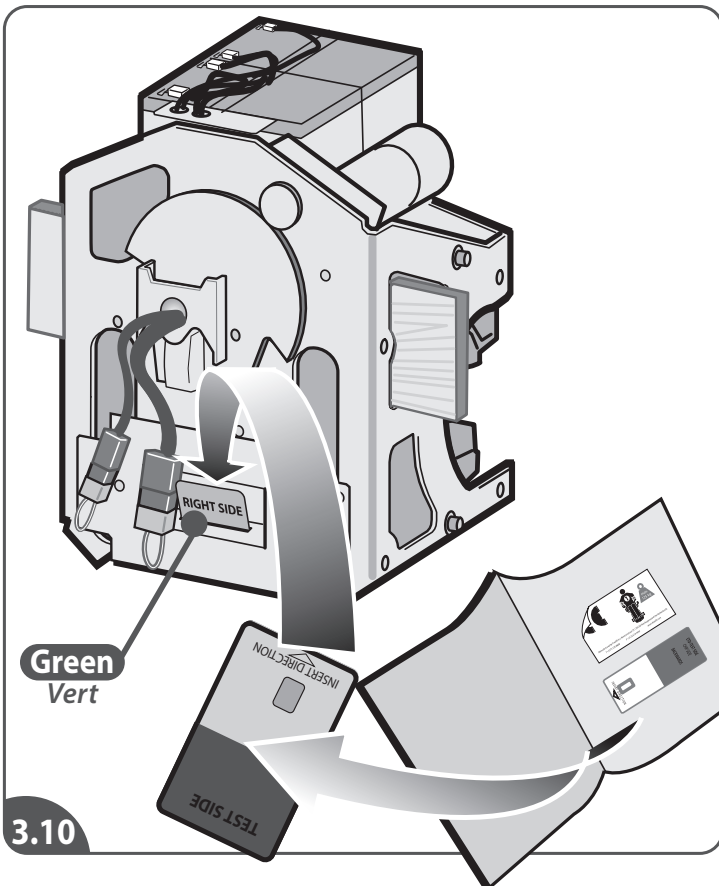
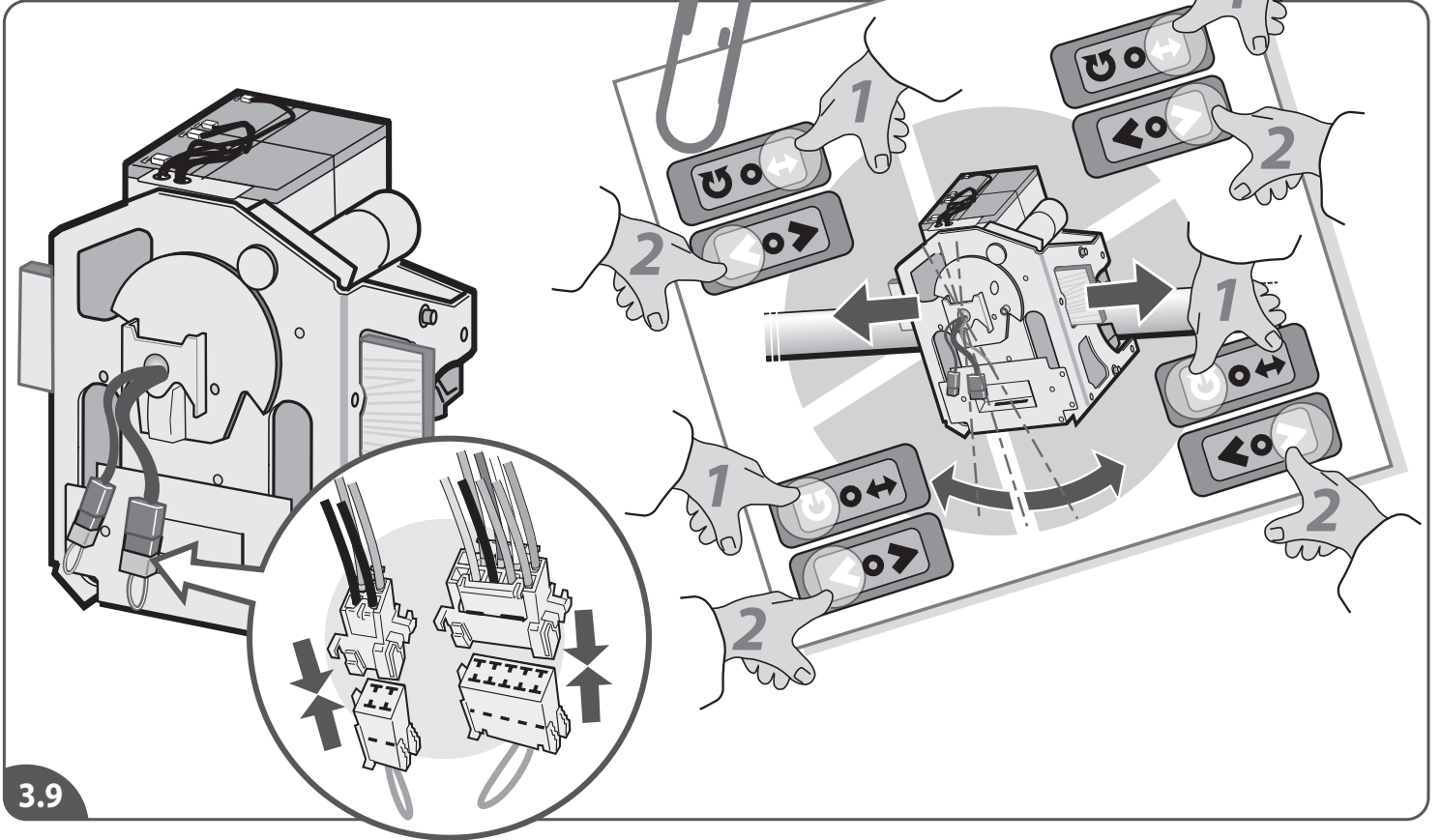
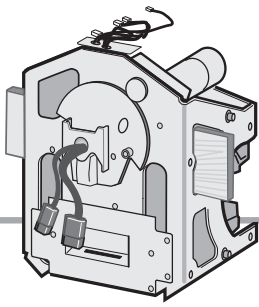
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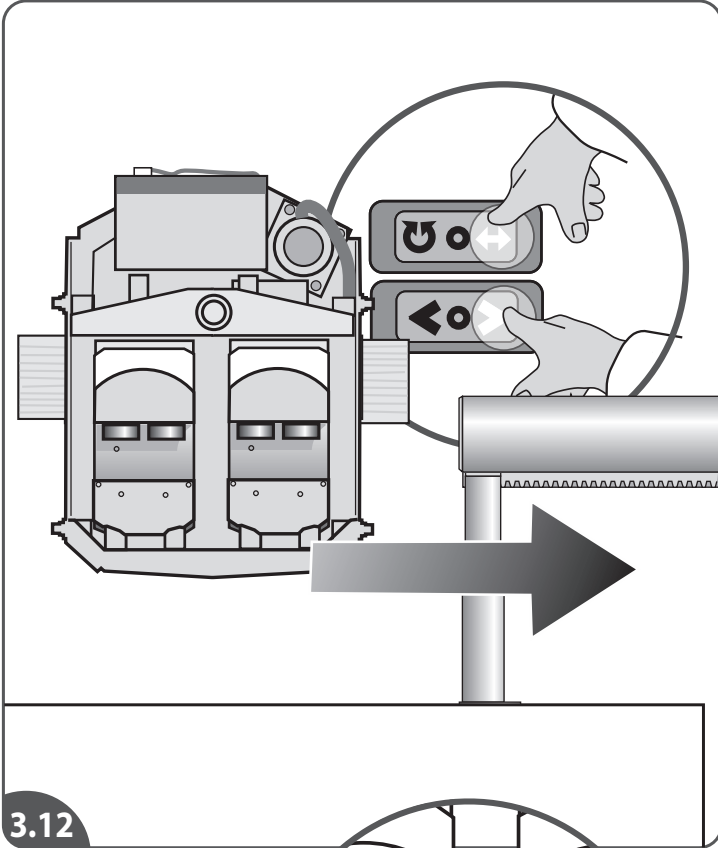
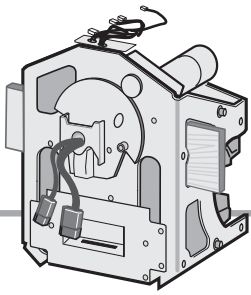
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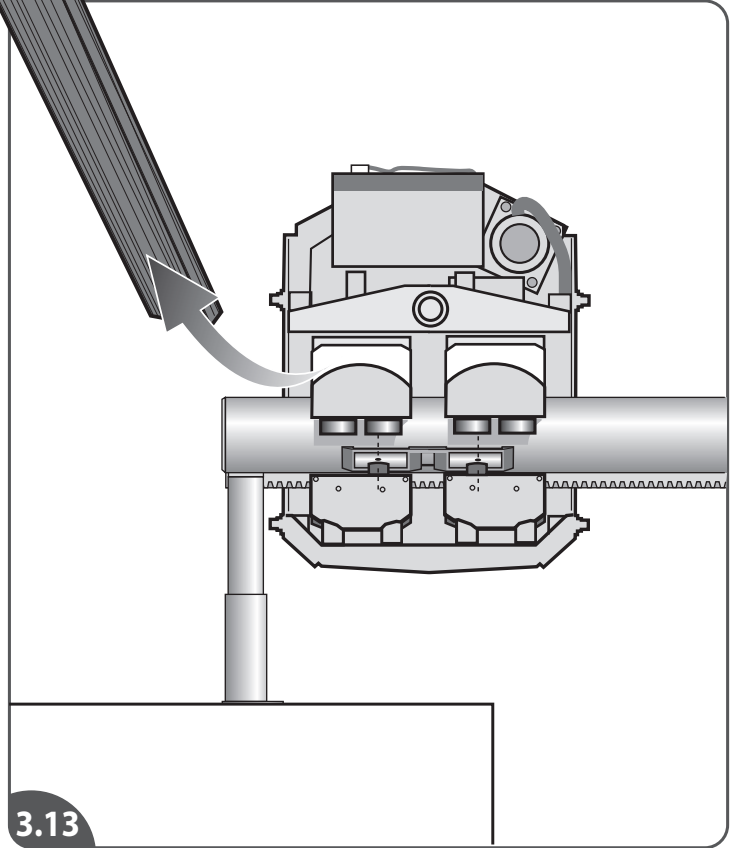
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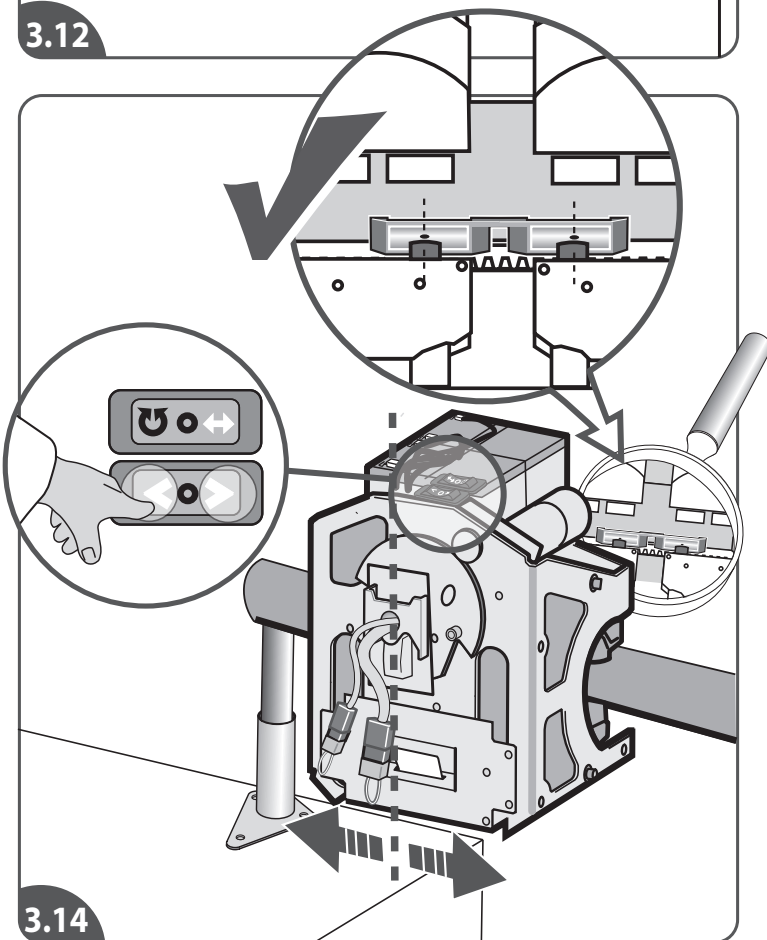
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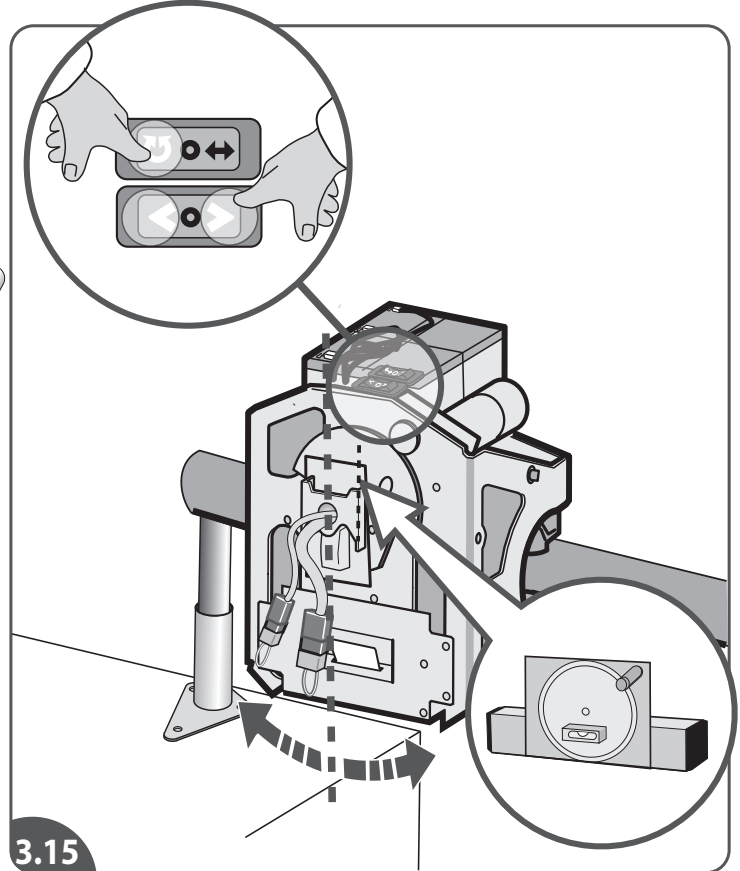
3.12



3.13

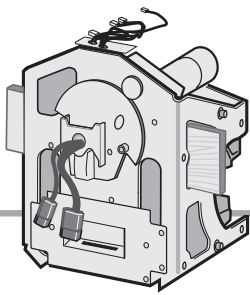


3.14



3.15

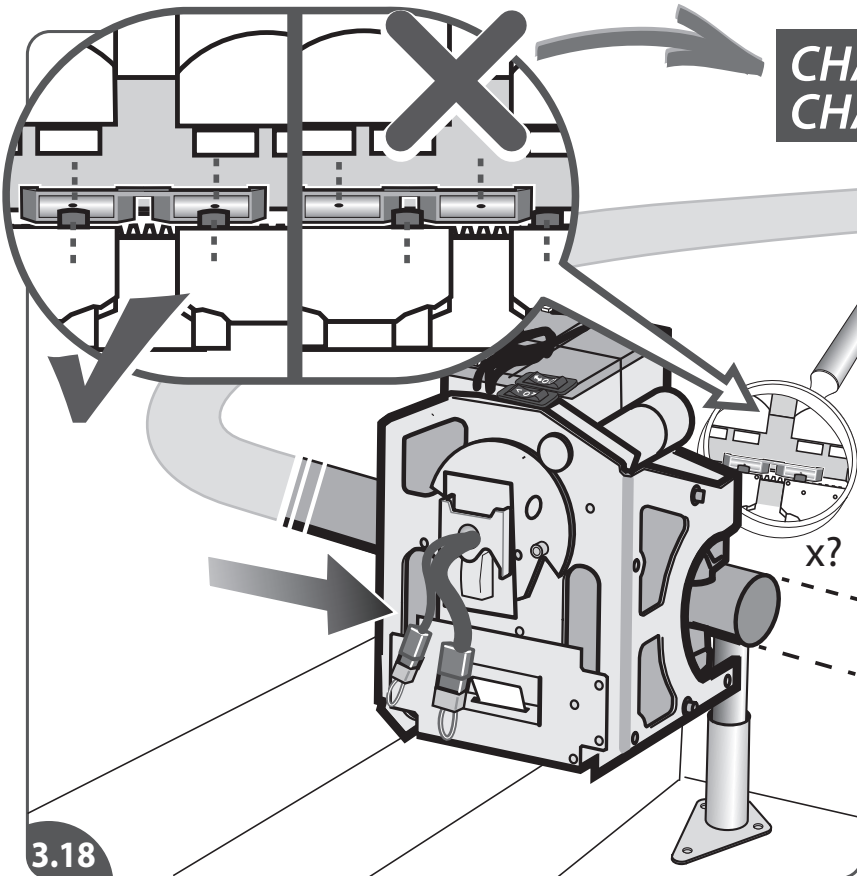
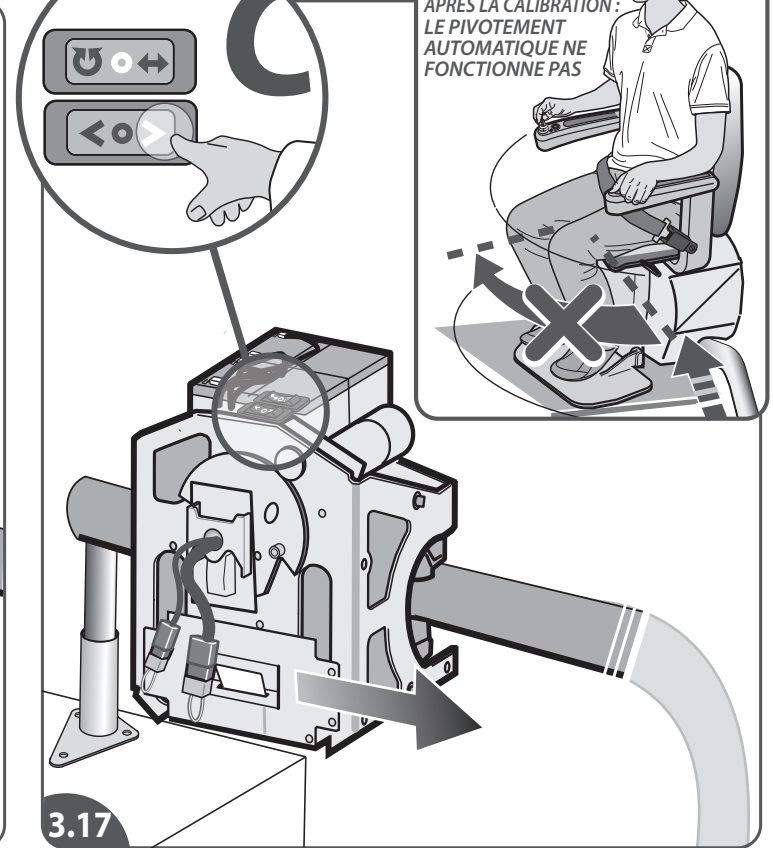
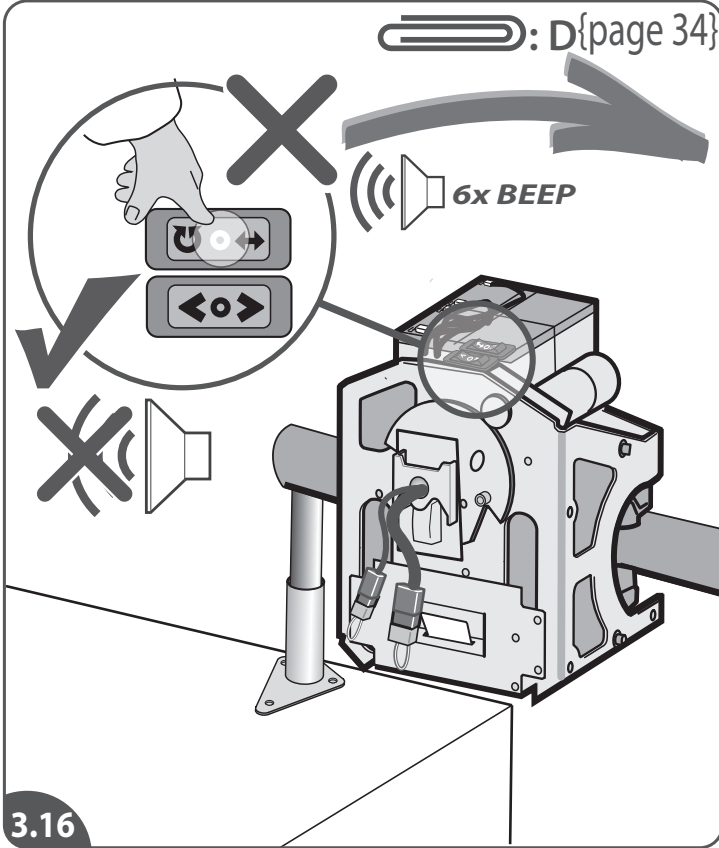
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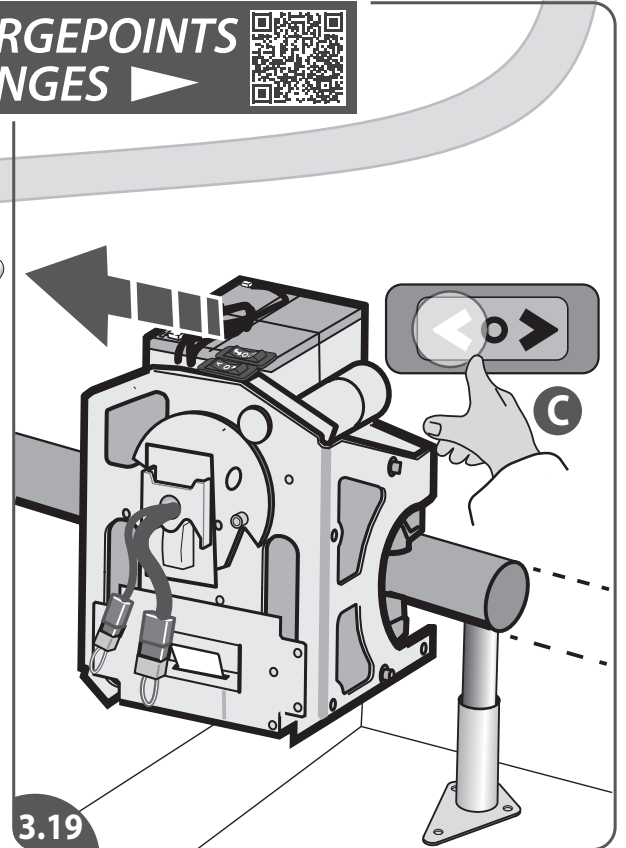
MARCHE D'ESSAI TESTRIDE

**FIRST RIDE AFTER
CALIBRATION: THE
AUTOSWIVEL WILL
NOT FUNCTION**

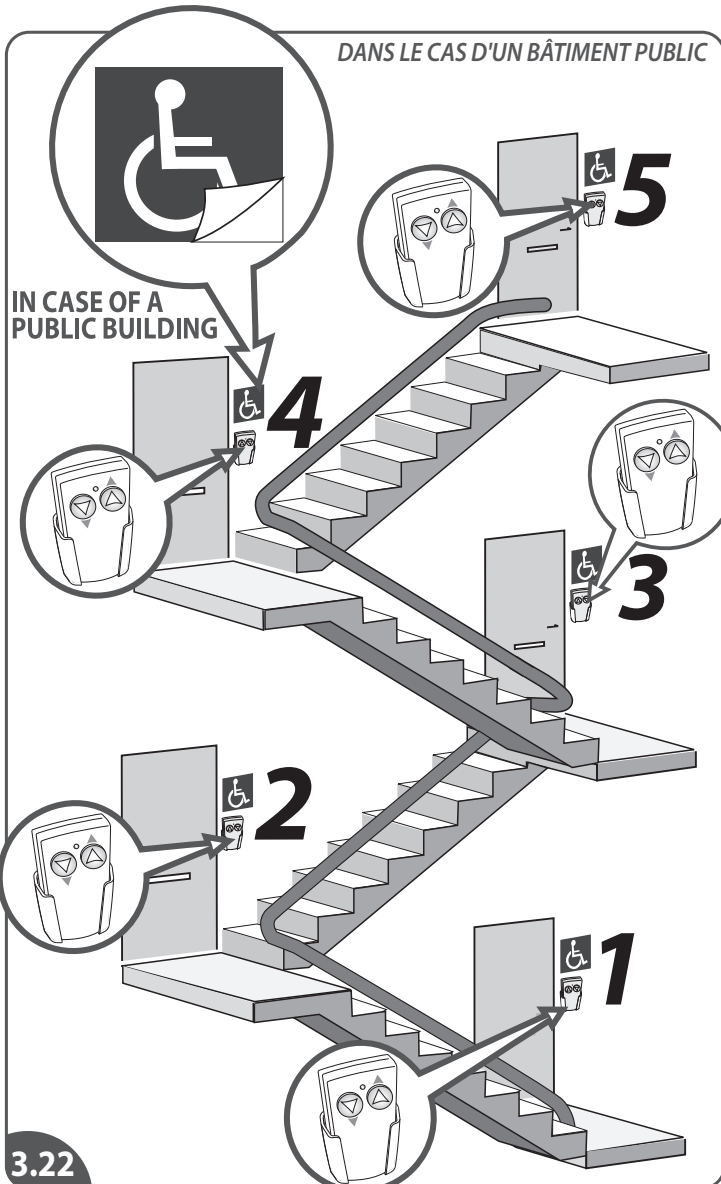
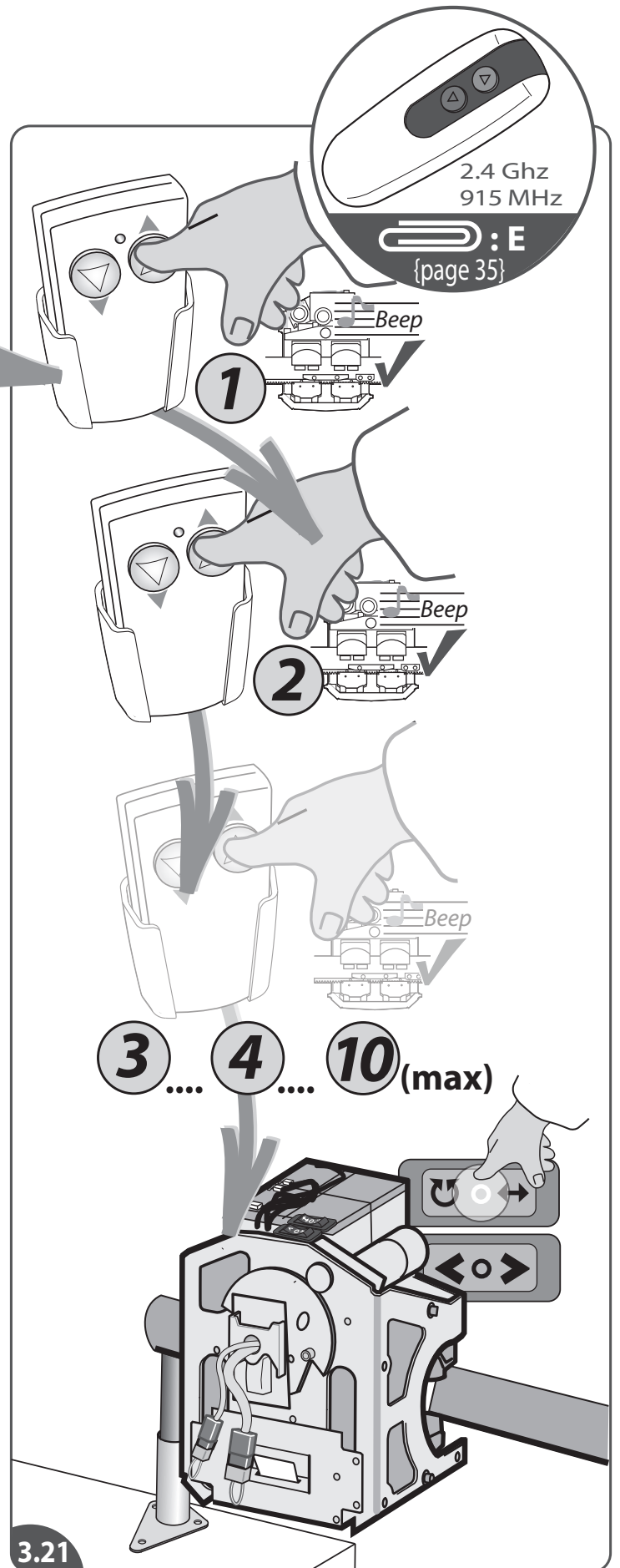
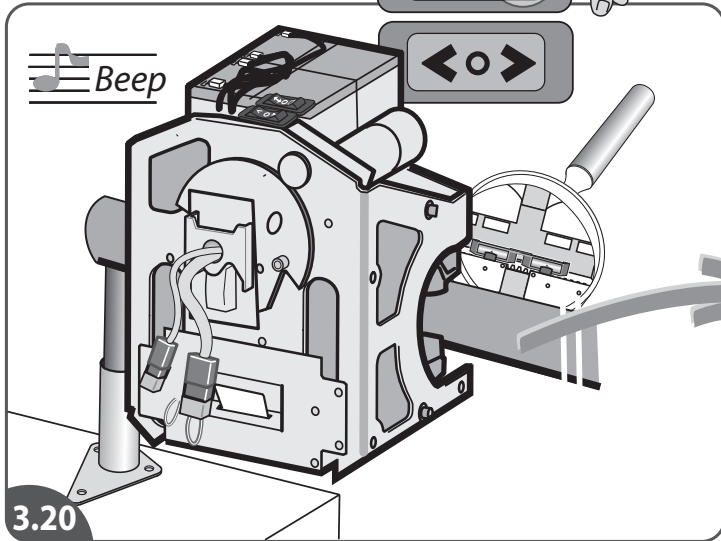
**PREMIÈRE COURSE
APRÈS LA CALIBRATION:
LE PIVOTEMENT
AUTOMATIQUE NE
FONCTIONNE PAS**



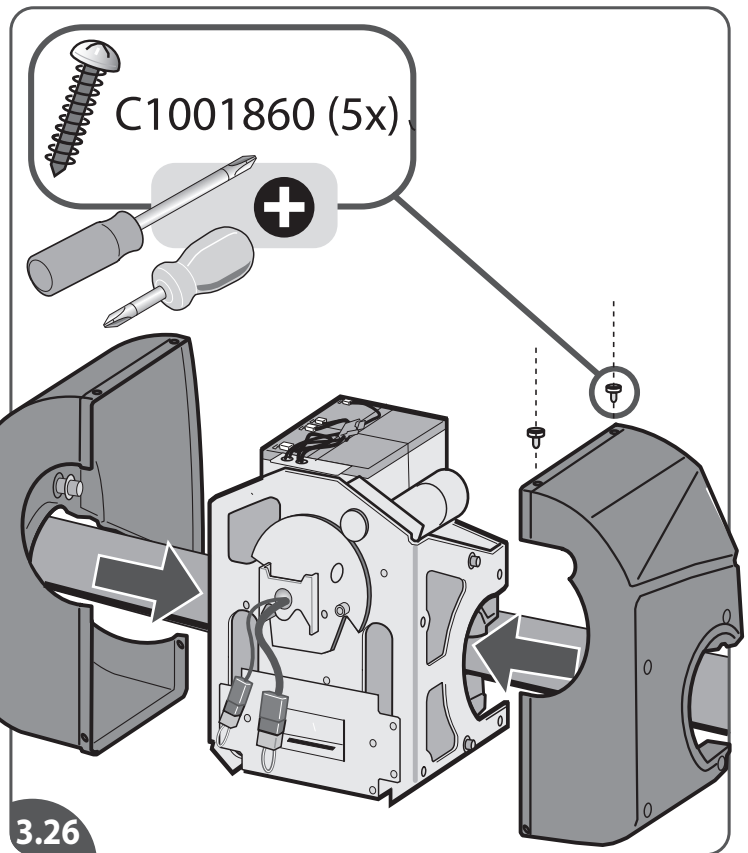
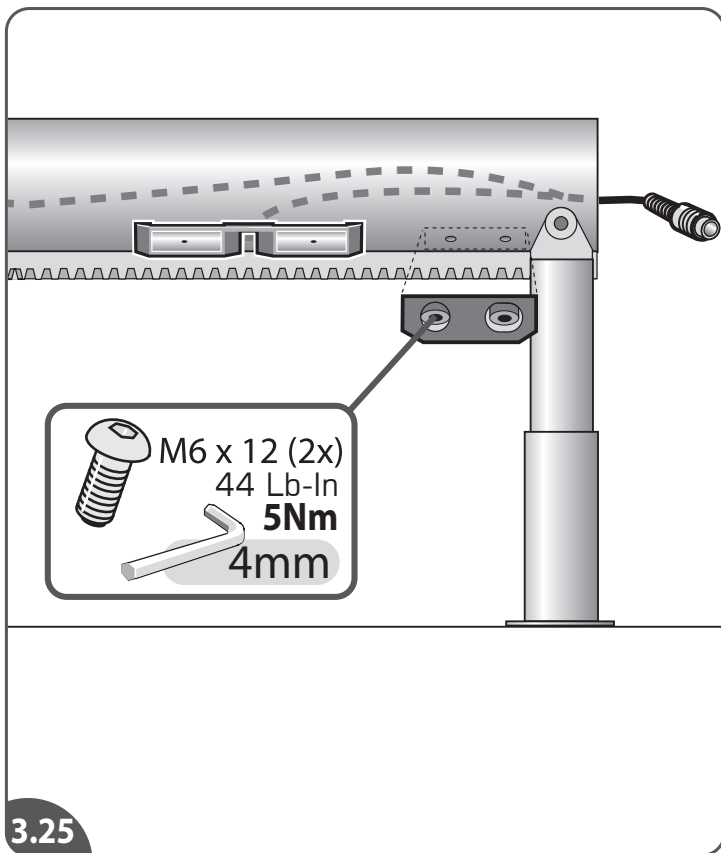
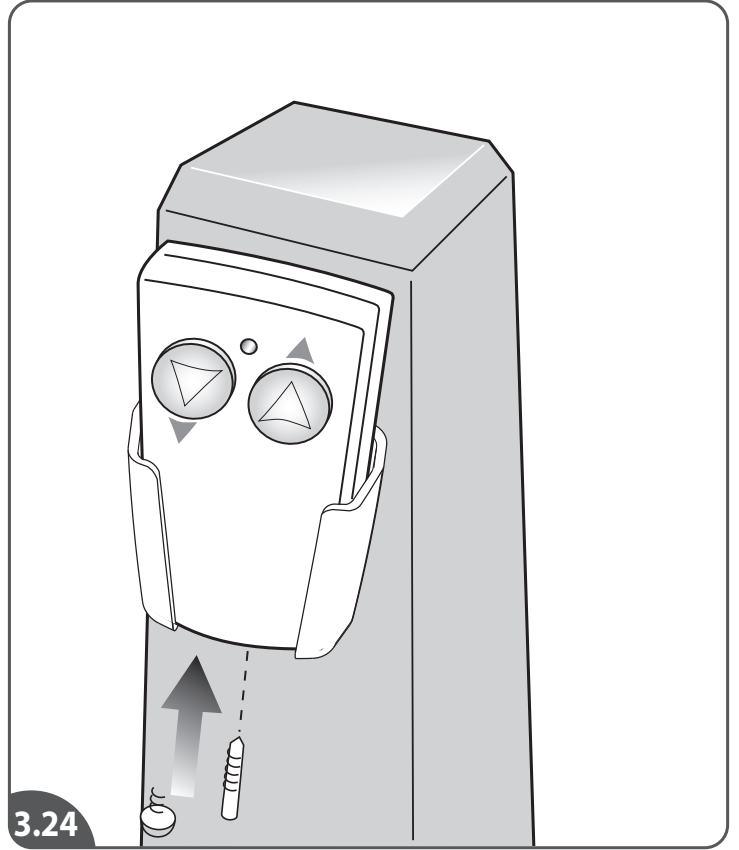
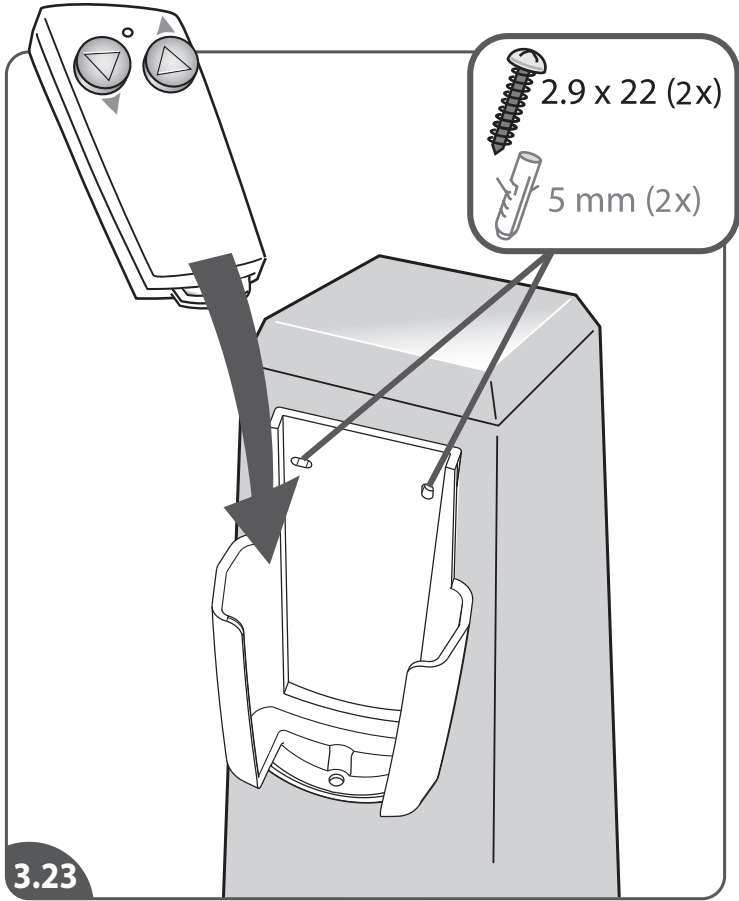
CHARGEPOINTS CHANGES



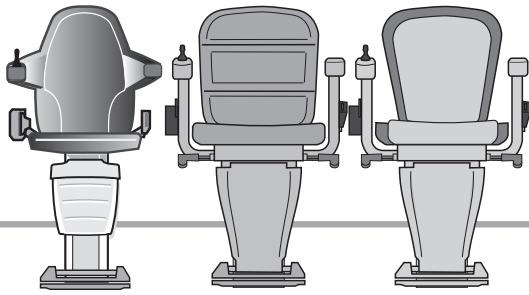
3



3

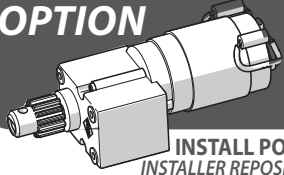


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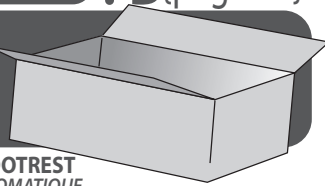


: B{page 30}

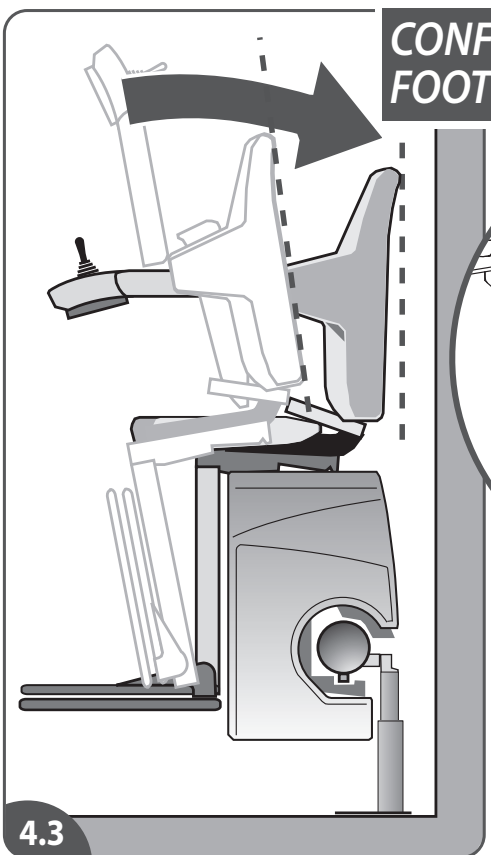
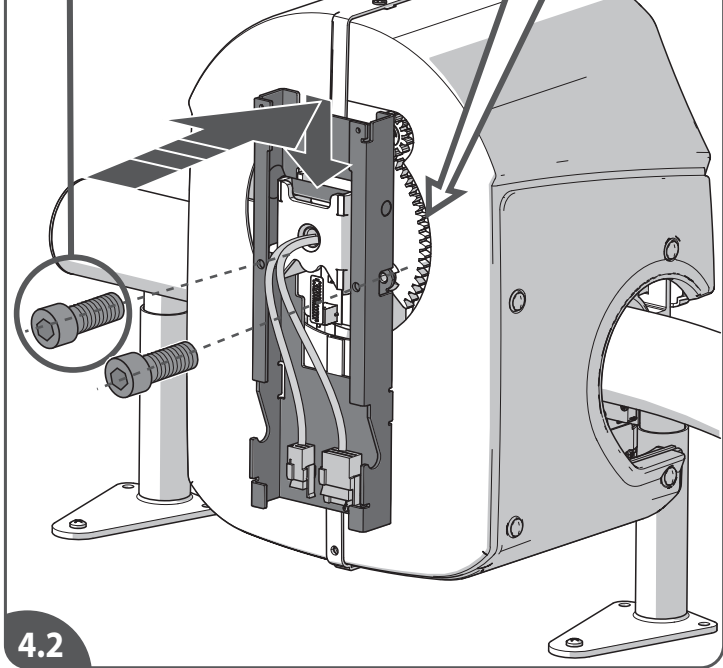
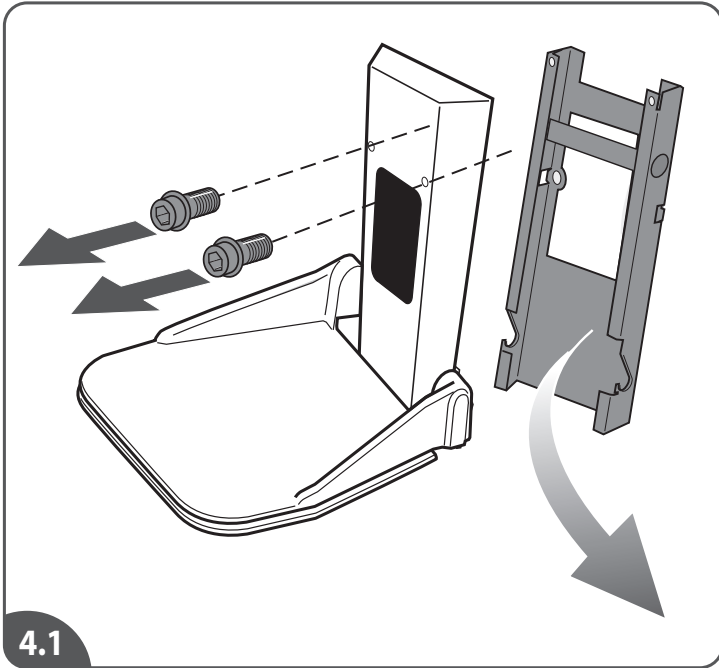
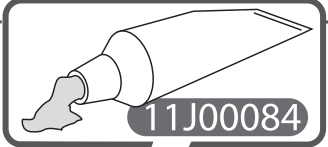
OPTION



INSTALL POWERED FOOTREST
INSTALLER REPOSE-PIEDS AUTOMATIQUE



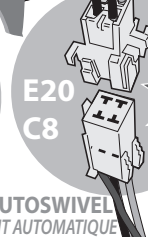
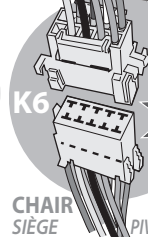
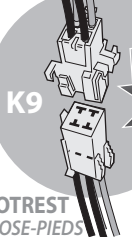
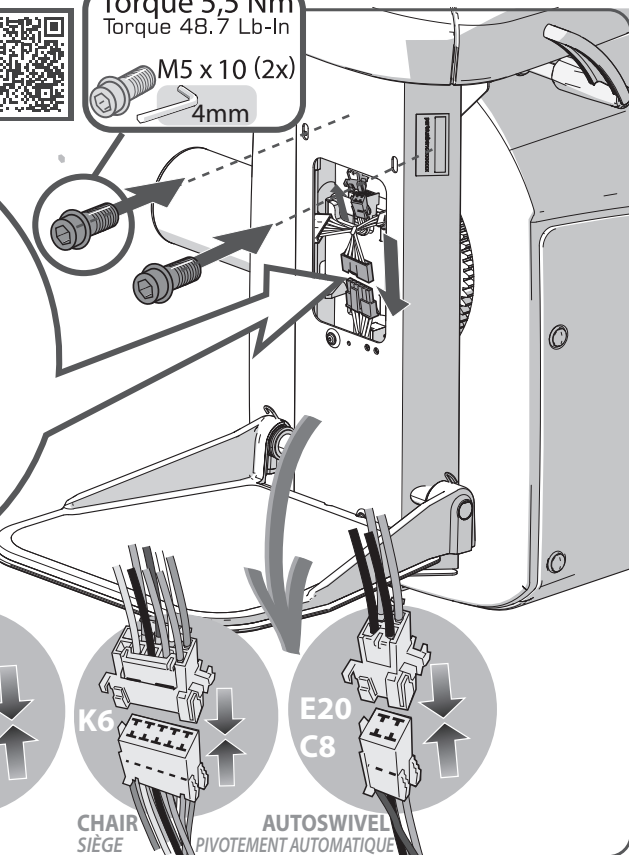
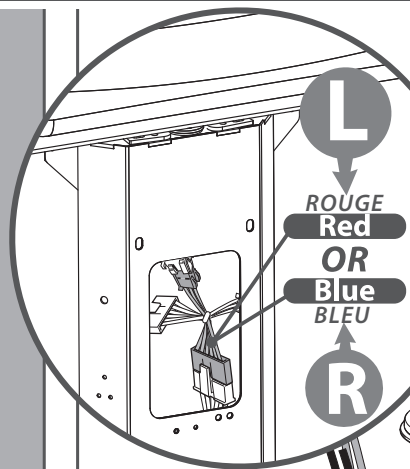
Torque 23 Nm
 Torque 203.6 Lb-In
M8 x 16 (2x)
 6mm



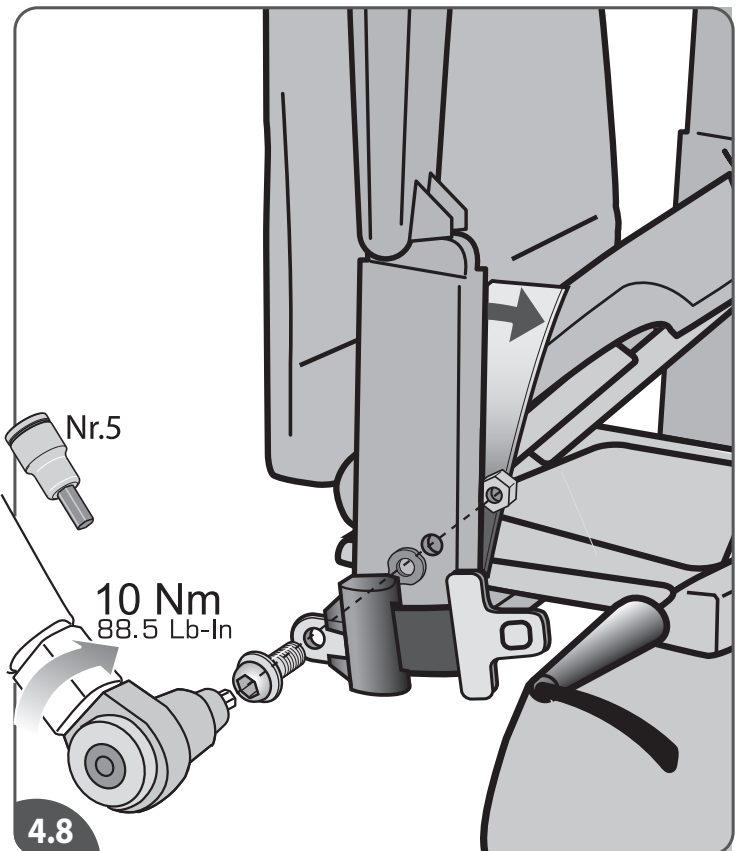
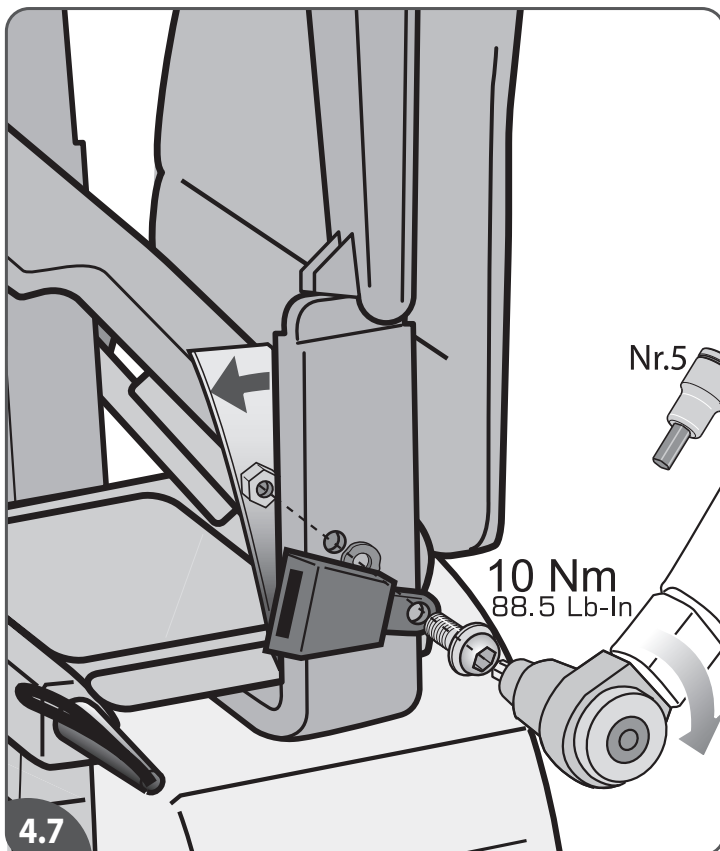
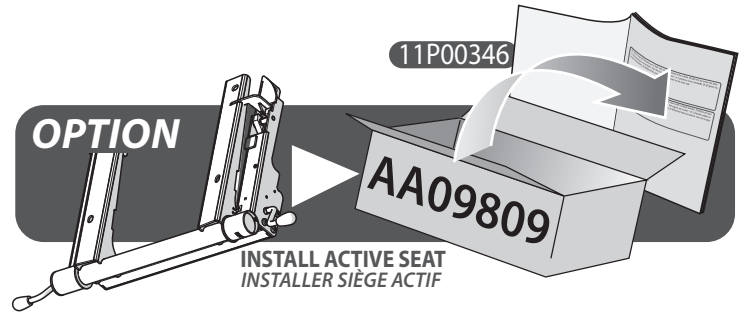
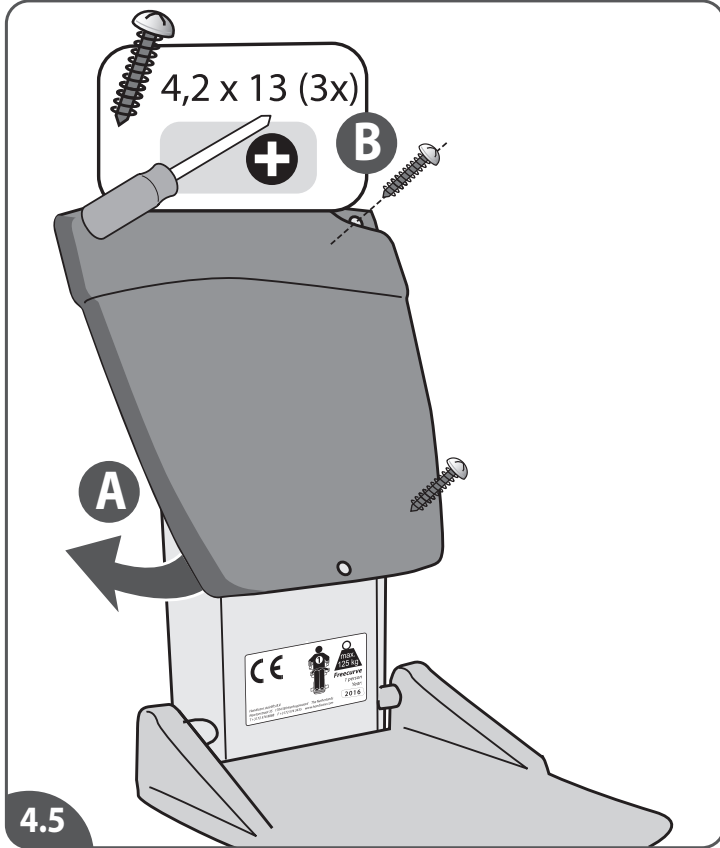
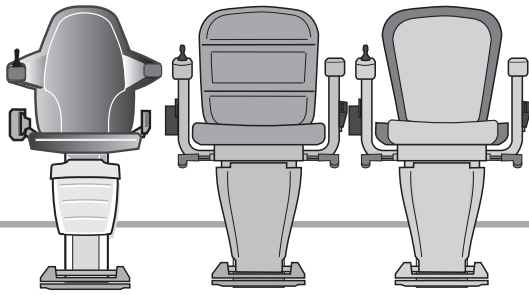
CONFIGURATION FOOTREST DIRECTION



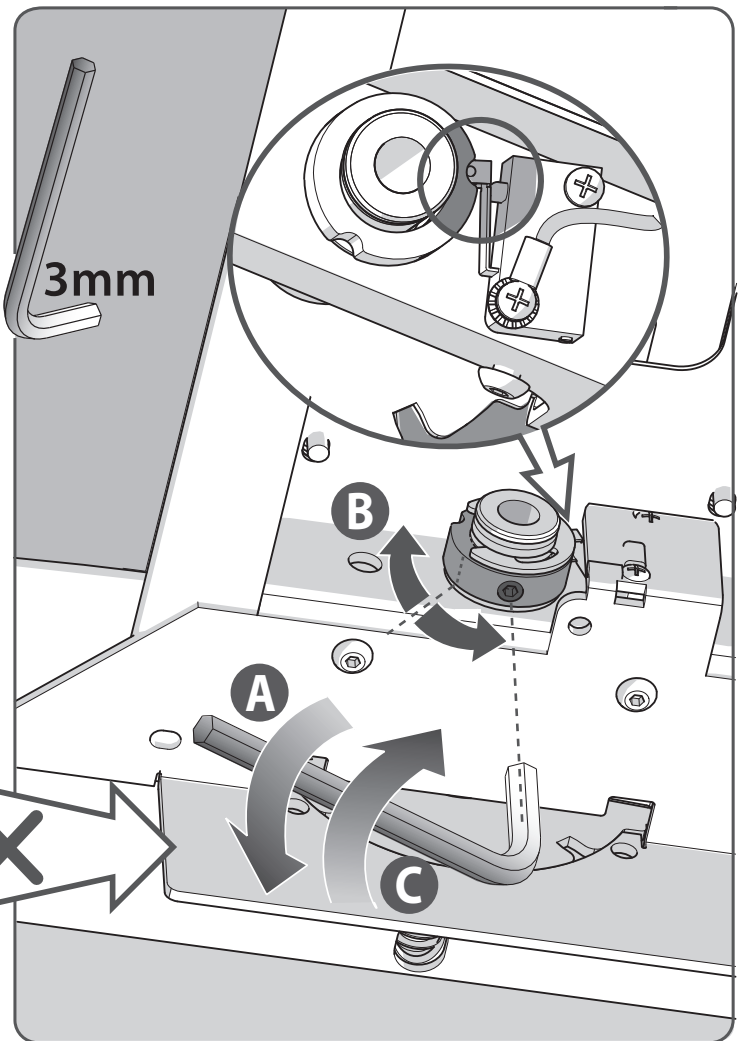
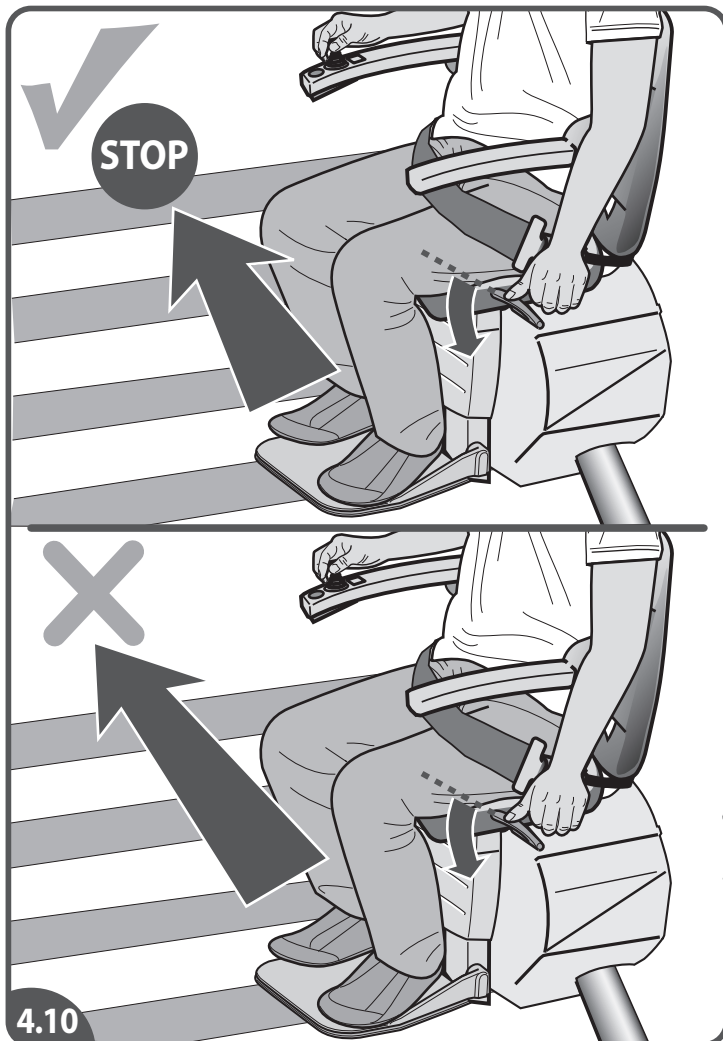
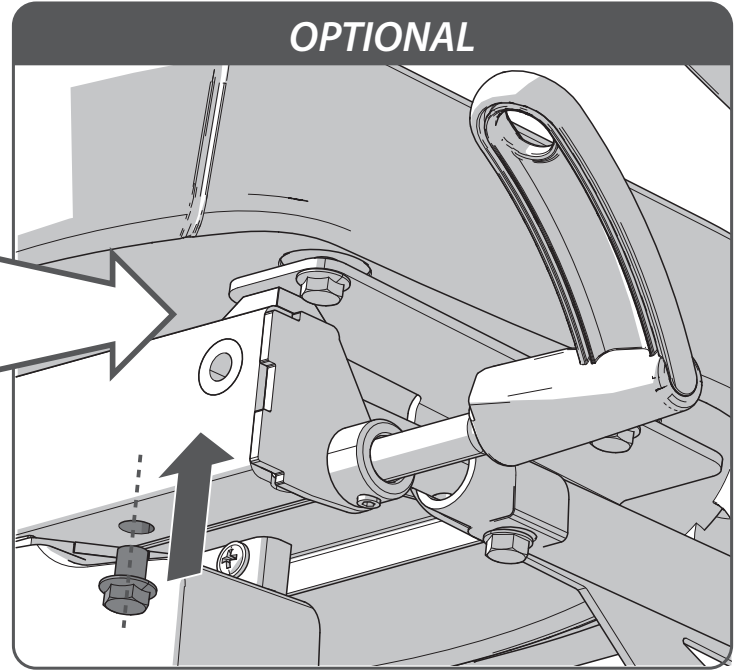
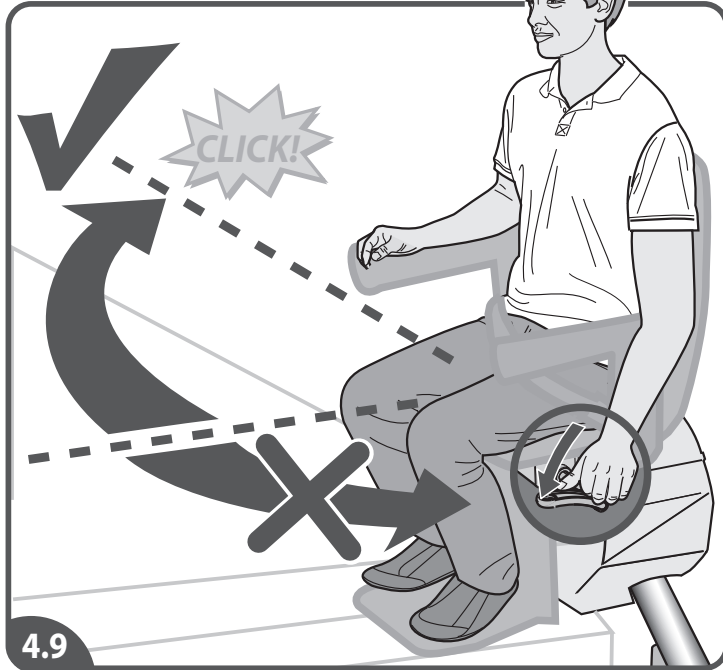
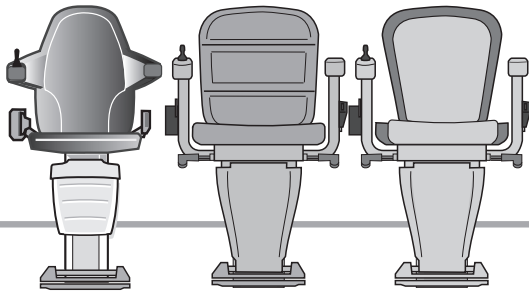
Torque 5,5 Nm
 Torque 48.7 Lb-In
M5 x 10 (2x)
 4mm



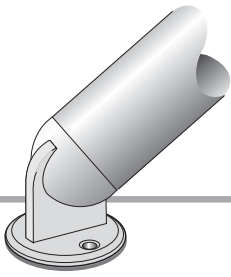
4



4



5



P

P

max. 125 kg
Freecurve
1 person
Year: _____

USER MANUAL
Handicare starifts B.V.
Nieuwstraat 95
1704 SB Heerhugowaard
The Netherlands
T. +3172 576 8885, www.handicare.com

max. 125 kg
Monorail
1 personne
Année: _____

MANUEL D'UTILISATION
Handicare starifts B.V.
Nieuwstraat 95
1704 SB Heerhugowaard
Pays-Bas
T. +3172 576 8885, www.handicare.com

2018
2019
2020
2021

5.1

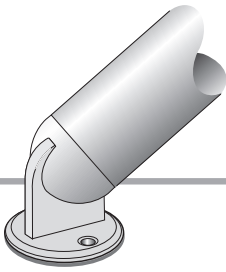
>100 mm

<400 mm

>10 mm

5.2

5



11J00084

< 7 m < 276 inch	20 gr.	1 x
7-13 m 276-512 inch	20 gr.	2 x
13-19 m 512-748 inch	20 gr.	3 x
> 19 m > 748 inch	125 gr.	1 x

5.3

TIP

5.4

TIP
6,3 x 50 (3x)
AA20942

6.3 x 38 (3x)
8 mm (3x)
8 mm

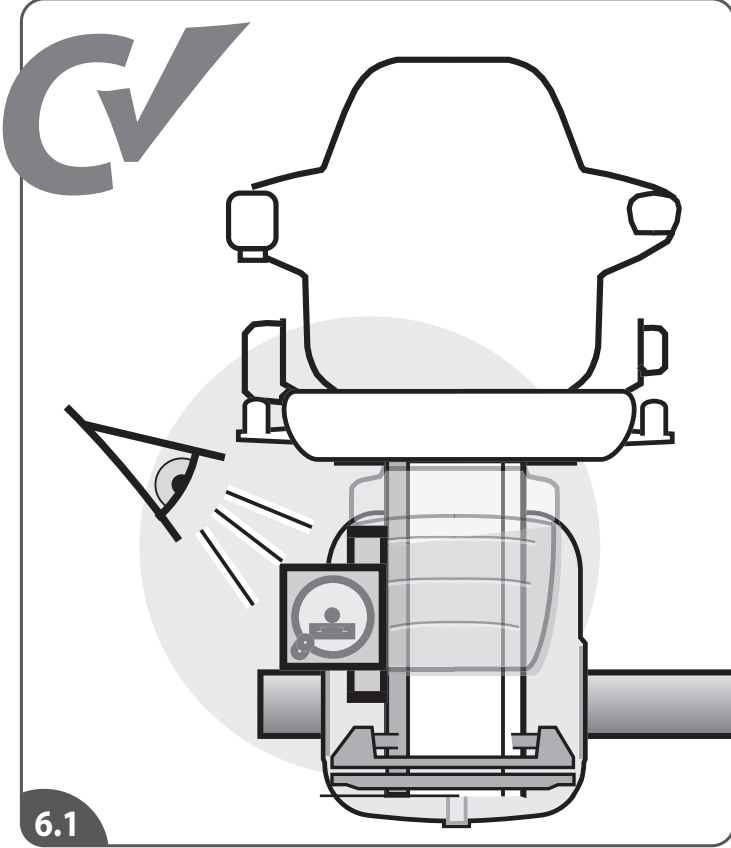
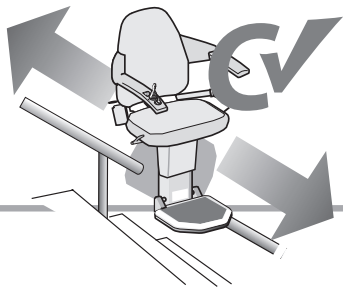
5.5

6.3 x 38 (2x)
8 mm (2x)
8 mm

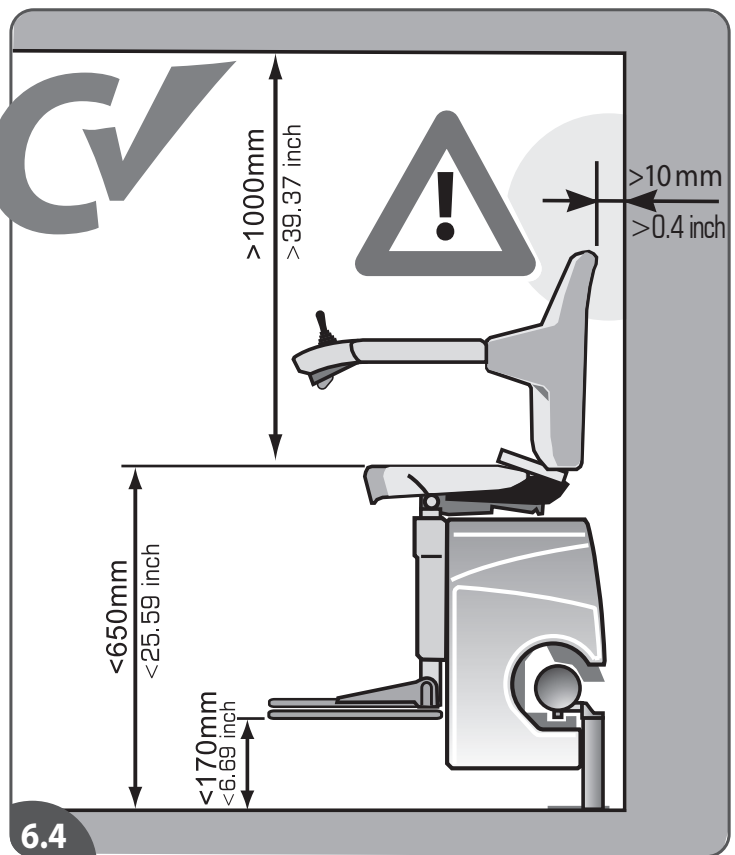
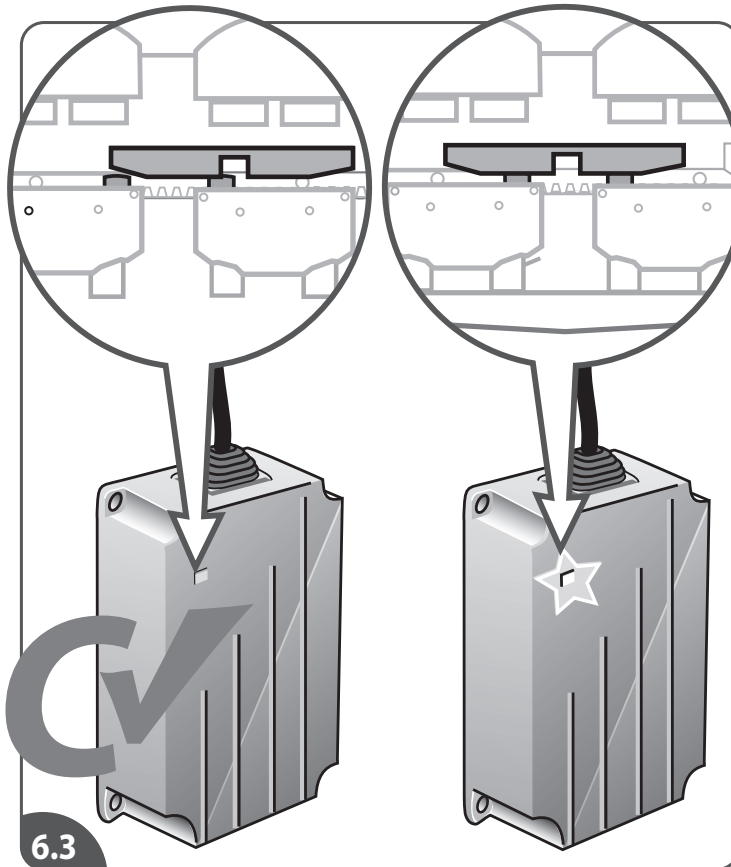
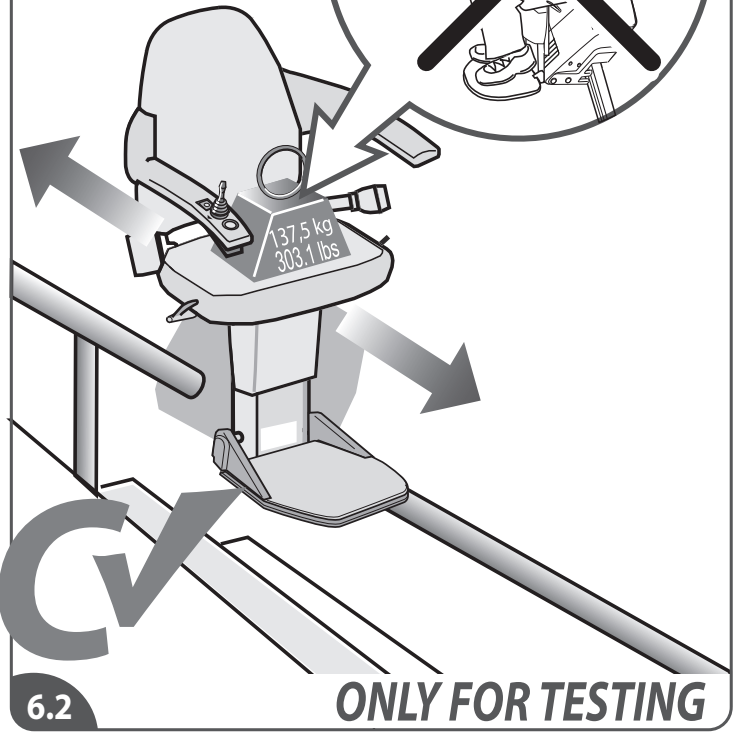
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{page 38}

5.6

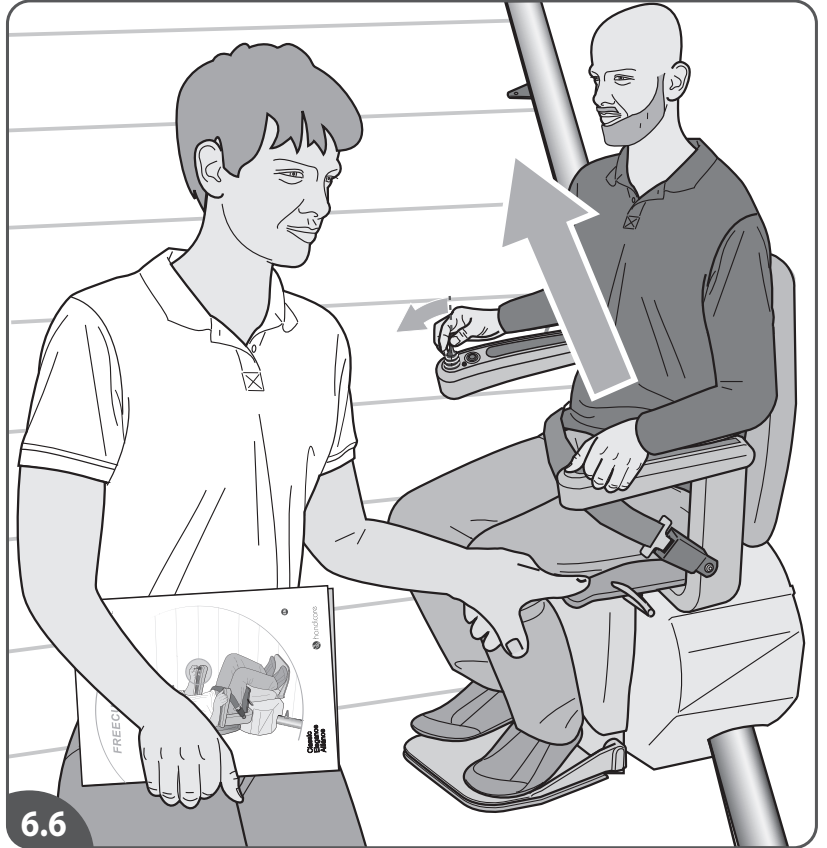
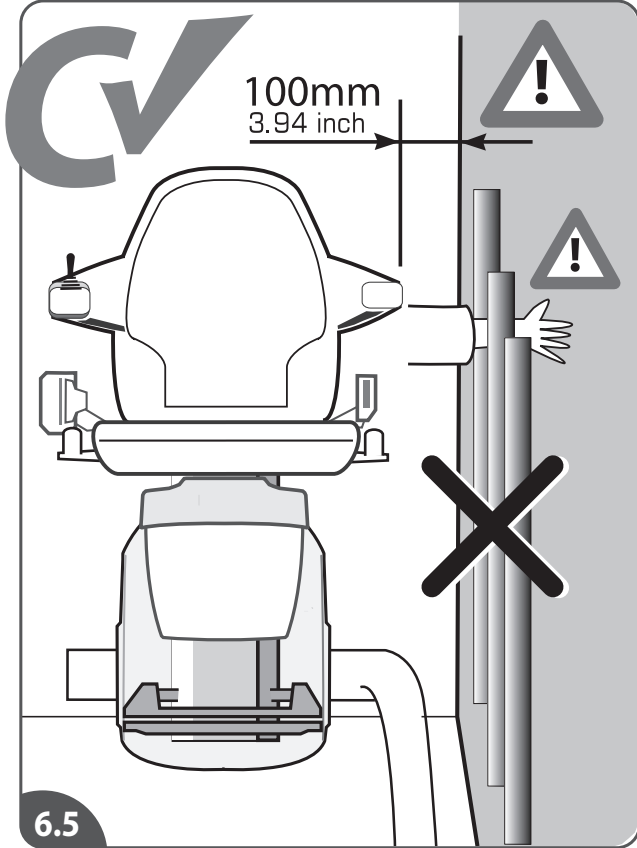
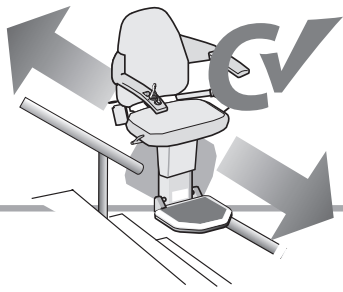
6



Seulement pour les essais !



6



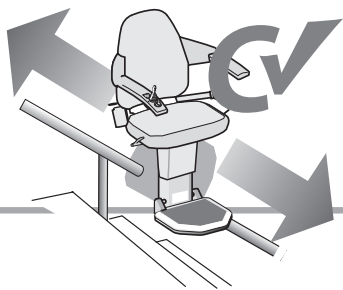
Projectnr: _____

11P00394_00V.G

INSTALLATION	TEST/EXAMINATION	EXPLANATION USE
1 Description of installation		
Location:	Manufacturer:	Type: _____
Rated load: kg (for USA: lbs)	Serial serial no:	V: _____ Phase: _____
Rated speed m/s (for USA: ft/min)		N/A Yes
Contract electricity supply:		N/A Yes
Confirm that the data of installation is filled in on the EC-Declaration form		N/A Yes
Confirm that the remote-control are fixed on the wall and operate correctly		N/A Yes
Confirm that the safety belt has been fixed and functions correctly		N/A Yes
2 Final		
1) Confirm the railjoint positions		N/A Yes
2) Confirm the support positions		N/A Yes
3 Electrical drive unit tests		
1) Confirm that the batteries do not leak		N/A Yes
2) Confirm that the batteries are securely fitted in the carriage structure		N/A Yes
3) Confirm that it is effectively indicated to the user when the stairlift is brought to rest out of reach of the charge contacts		N/A Yes
4) Confirm that the carriage chassis is effectively grounded		N/A Yes
5) Confirm that the polarity of the battery connection is correct		N/A Yes
4 Clearance dimensions		
1) Confirm the correct clearance dimensions of chapter 6 (Inst Manual)		N/A Yes
1) Confirm the correct clearance dimensions of chapter 6 (Inst Manual)		N/A Yes
5 Mechanical tests		
1) Confirm that the final limit switches operate correctly		N/A Yes
Upper switch:		N/A Yes
Lower switch:		N/A Yes
2) Confirm that the joystick, the keyswitch, emergency stop and locking switch on the armrest operate correctly		N/A Yes
3) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
4) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
5) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
6) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
7) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
8) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
9) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
10) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
11) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
12) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
13) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
14) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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19) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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21) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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23) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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32) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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37) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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51) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
52) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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60) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
61) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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66) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
67) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
68) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
69) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
70) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
71) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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73) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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77) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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81) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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83) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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85) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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87) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
88) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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90) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
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93) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
94) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
95) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
96) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
97) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
98) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
99) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes
100) Confirm that the sensitive edges and surf faces operate correctly		N/A Yes

6.7





The declaration of conformity is legal after the Installation checklist and the declaration instructed person have been returned to Handicare. The date on the installation checklist is the start of the 2 years period of manufacturer guarantee.
 la déclaration de conformité sera légale après que la liste des vérifications et la déclaration de personne informée aient été retournées à Handicare. La garantie de 2 ans du fabricant débutera à la date où ces documents seront établis.

6.8

Projectnr: _____

INSTALLATION TEST/EXAMINATION EXPLANATION

1 Description of installation

Location: _____ Manufacturer: _____
 Rated load: kg (for USA: lbs) _____
 Rated speed m/s (for USA: fpm) _____
 Contract electricity supply: _____
 Fuse rating: _____

Confirm that the data of installation is filled in on the EC-Declaration form	N/A	Yes
Confirm that the remotecontrol are fixed on the wall and operate correctly	N/A	Yes
Confirm that the safety ball has been fixed and functions correctly	N/A	Yes

2 Rail

1) Confirm the railjoint fixations	N/A	Yes
2) Confirm the support fixations	N/A	Yes

3 Electrical drive unit tests

1) Confirm that the batteries do not leak	N/A	Yes
2) Confirm that the batteries are securely fitted in the carriage structure	N/A	Yes
3) Confirm that it is effectively indicated to the user when the stairlift is brought to rest out of reach of the charge contacts	N/A	Yes
4) Confirm that the carriage chassis is effectively grounded	N/A	Yes
5) Confirm that the polarity of the battery connection is correct	N/A	Yes

4 Clearance dimensions

1) Confirm the correct clearance dimensions of chapter 6 (Incl.Manual)	Yes
--	-----

5 Mechanical tests

1) Confirm that the final limit switches operates correctly	Upper switch: N/A Yes	Lower switch: N/A Yes
2) Confirm that the joystick, the keyswitch, emergency stop and locking switch on the armrest operate correctly	N/A	Yes
3) Confirm that the sensitive edges and surfaces operate correctly	N/A	Yes
4) Confirm that the swivel seat interlock and switch operate correctly	N/A	Yes
5) State the stopping distance (max. 2 cm / 0,78 inch) of the carriage (with steel ball) upon application of brake (for distance USA, use inches)	up: _____ mm (inch)	down: _____ mm (inch)
6) Confirm that the emergency operation mechanism operates satisfactorily	N/A	Yes
7) Undergo without failure a dynamic test (with a load of 137,5 kg (303,3 lbs)) to check the forces	N/A	Yes
8) Confirm all stickers have been applied to the product imposed by the maximum working load	N/A	Yes
9) Confirm the function of the VoiceConnect (emergency alarm) if installed	N/A	Yes

6.9

6 Electrical tests

a) Confirm that the polarity of the mains supply connection is correct	N/A	Yes
b) State insulation resistance to earth	_____ Mohm	
c) State motor reversal relay delay	_____ s	

7 Declaration engineer

I/We certify that on _____ I/we thoroughly examined this lift and that the foregoing is a report of the result.
 I/We declare that the erected stairlift is compound with approved components and installed according to the instructions in the installation manual. I/We also declare that I/we have instructed the user by telling him/her all users practice.

Name Engineer: _____
 Qualifications: _____
 Signing date: _____
 Signature: _____
 Address: _____

Name Engineer: _____
 Qualifications: _____
 Signing date: _____
 Signature: _____
 Address: _____
 Phone number: _____
 Signature: _____

Declaration instructed person

Herewith confirms the user of the stairlift that the above mentioned engineer(s) has declared all users practice and that he/she is known with the complete operation as instructed person.

Name: _____
 Address: _____
 City: _____
 Signing date: _____
 Phone number: _____
 Signature: _____

QUALITY CHECKLIST

	PACKAGING	COMPLETENESS	FUNCTIONING
RAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS			
IDEAS			

Fax (+31 (0)72 5768877) or mail (data@handicare.com) a filled in and signed form to Handicare.

6.10

6 Electrical tests

a) Confirm that the polarity of the mains supply connection is correct	Yes
b) State insulation resistance to earth	
c) State motor reversal relay delay	

7 Declaration engineer

I/We certify that on _____ I/we thoroughly examined this lift and that the foregoing is a report of the result.
 I/We declare that the erected stairlift is compound with approved components and installed according to the instructions in the installation manual. I/We also declare that I/we have instructed the user by telling him/her all users practice.

Name Engineer: _____
 Qualifications: _____
 Signing date: _____
 Signature: _____
 Address: _____

Name Engineer: _____
 Qualifications: _____
 Signing date: _____
 Signature: _____
 Address: _____
 Phone number: _____
 Signature: _____

Declaration instructed person

Herewith confirms the user of the stairlift that the above mentioned engineer(s) has declared all users practice and that he/she is known with the complete operation as instructed person.

Name: _____
 Address: _____
 City: _____
 Signing date: _____
 Phone number: _____
 Signature: _____

QUALITY CHECKLIST

	PACKAGING	COMPLETENESS	FUNCTIONING
RAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS			
IDEAS			

Fax (+31 (0)72 5768877) or mail (data@handicare.com) a filled in and signed form to Handicare.

6.11

IMPORTATION

EC DECLARATION OF CONFORMITY FOR MACHINERY
 (Directive 2006/42/EC)

Manufacturer: Handicare
 Address: Newtonstraat 35
 1704 SB Heerhugowaard
 Postbus 99
 1700 AA Heerhugowaard
 Holland
 Tel.nr. +31 (0)72-5768888

Herewith declares that the

Freecurve

is in conformity with the provisions of the Machinery Directive 2006/42/EC, Low Voltage Directive 2006/95/EC and EMC Directive 2014/53/EU.

The stairlifts are 24V DC Powered Stairlifts moving in an inclined plane, used with an approved battery charger product.

The stairlift has been designed and manufactured in accordance with the following standards:

EN 81-40, ISO 9386-2, EN ISO 12100-1, EN ISO 12100-2, EN ISO 14121, EN80204-1, (including the EMC standards).

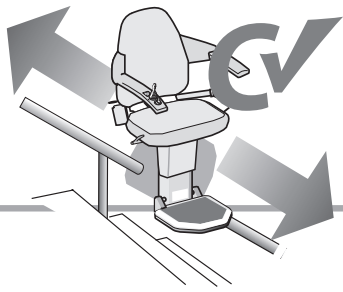
Lifinstituut B.V., Buisktermerplein 361, 1025 XE, Amsterdam, The Netherlands. Identification 0400 has issued an EC-certificate in compliance with above mentioned directives and standards with reference NL.02-40b-10-1-15-035.

The Technical Construction File for the above Stairlift is retained at the manufacturers address. A copy is retained at the Lifinstituut B.V., Heerhugowaard, The Netherlands, 15 may 2017

K.J. Rudek
 Managing director Handicare stairlifts HHW

Project: _____
 Date: _____

6



FRANCE REST OF WORLD

PP

Freecurve
1 person
Year: YEAR

Monorail
1 personne
Année: YEAR

2018 2019 2020

PP

2018 2019 2020 2021

USA

Rated speed: [21.7 ft/min]

Rack and pinion drive

Date of manufacture:

max. 276 lbs

ASME 18.1 to be used for inspections and tests.

6.12

ATTACHMENTS

ANNEXE

ANEXO

ANHANG

ANNEXE

APPENDICE

BILAG

BIJLAGE

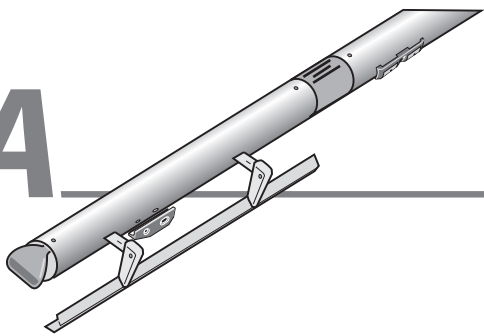
ZALACNIK

ANEXO

BILAGO

TILBEHØR

A



HINGE RAIL ESCAMOTABLE

A

B

C

D

E

5 mm
M8 x 10 (8x)
Torque 20 Nm
Torque 177 Lb-In

ST5.5 x 19 (2x)

180°

A.1

7 m
276 inch

≥ 0 mm

A.2

10

≥ 0 mm

A.3

A

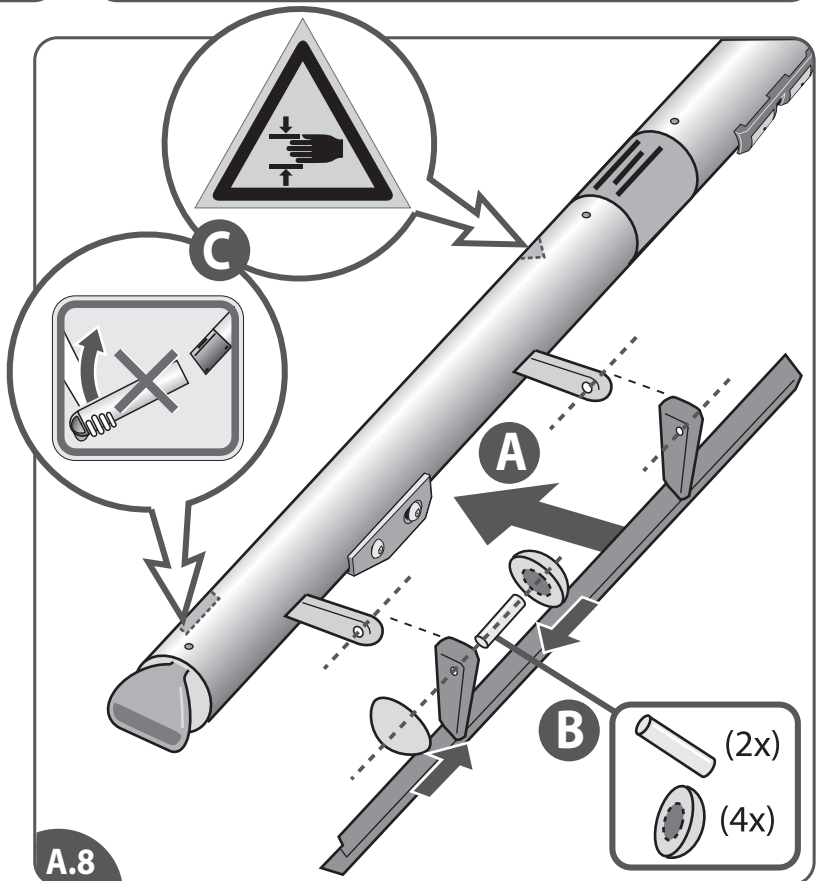
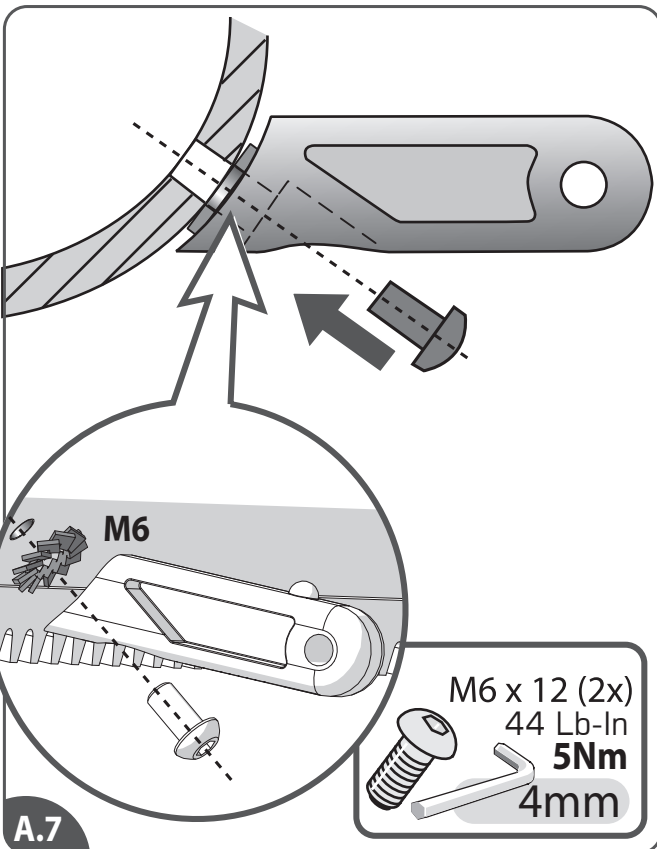
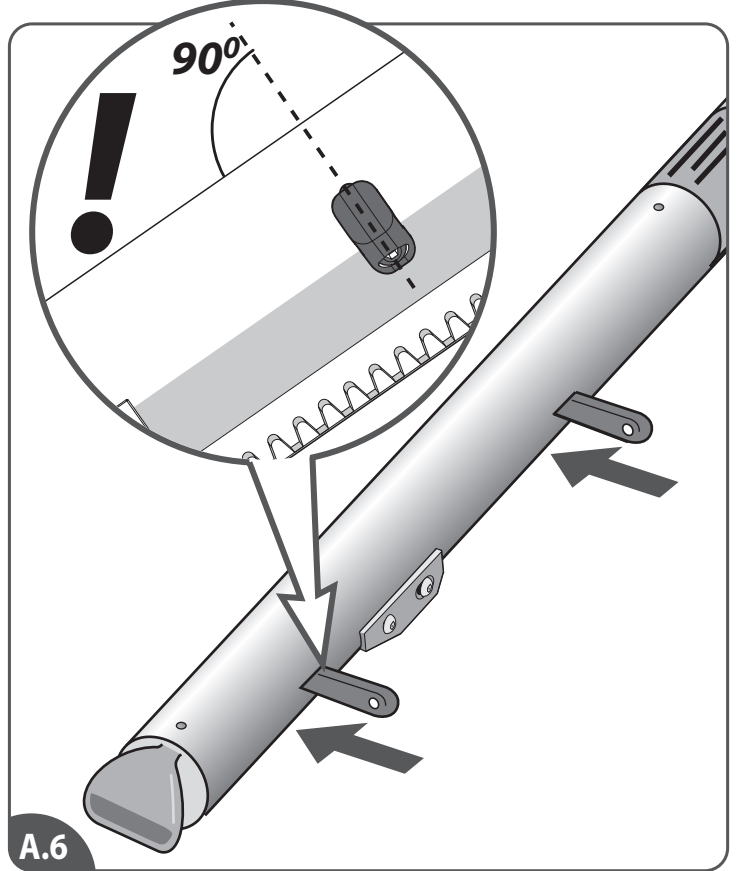
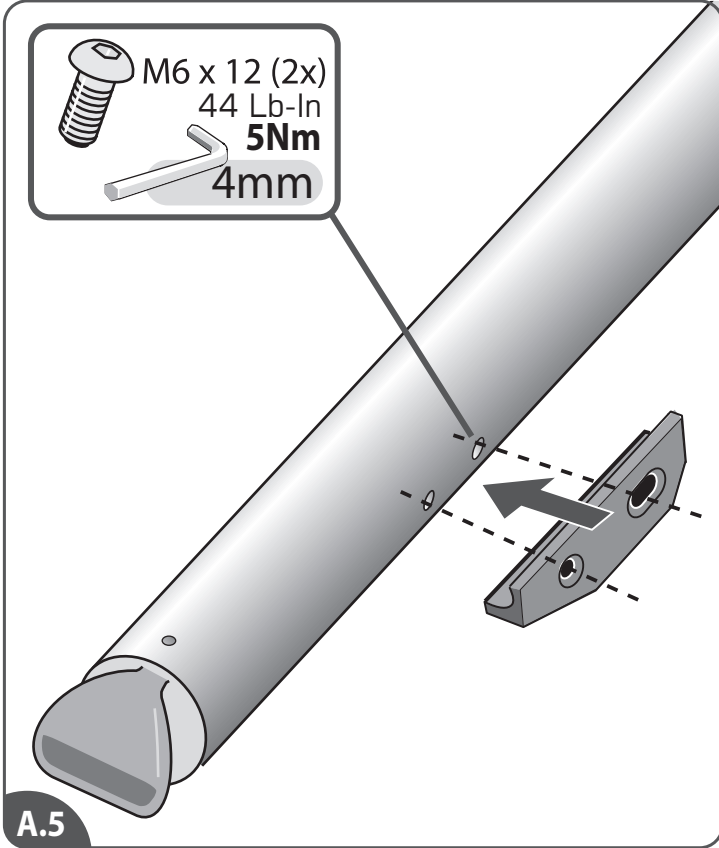
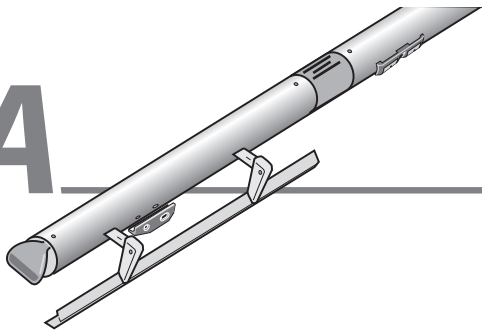
B

0 inch
 ± 0 mm

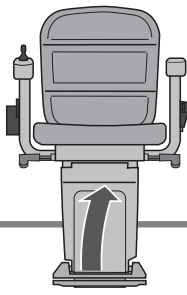
≥ 0 mm

A.4

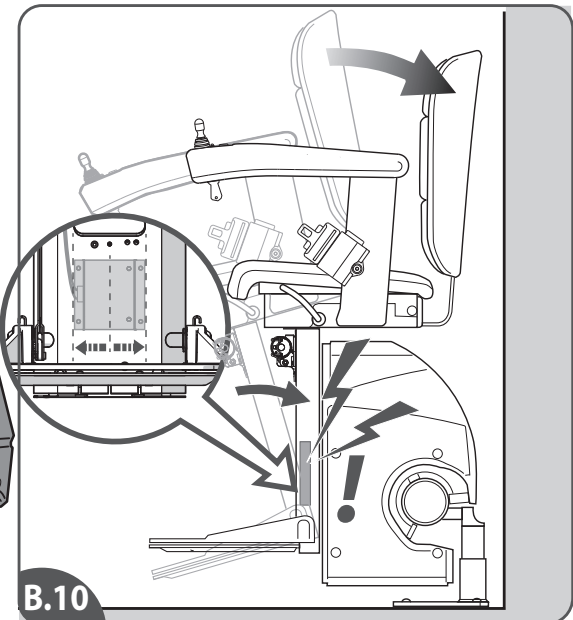
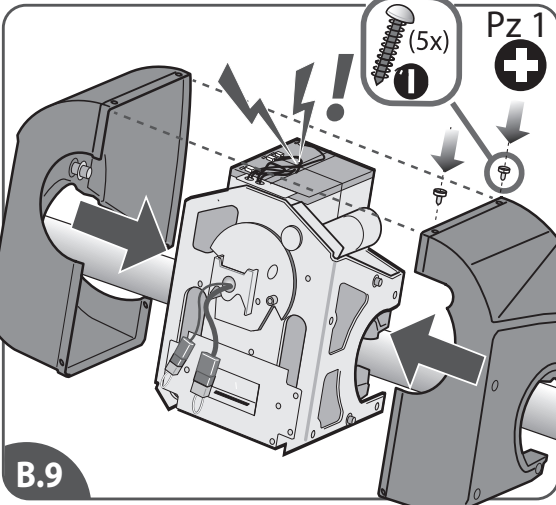
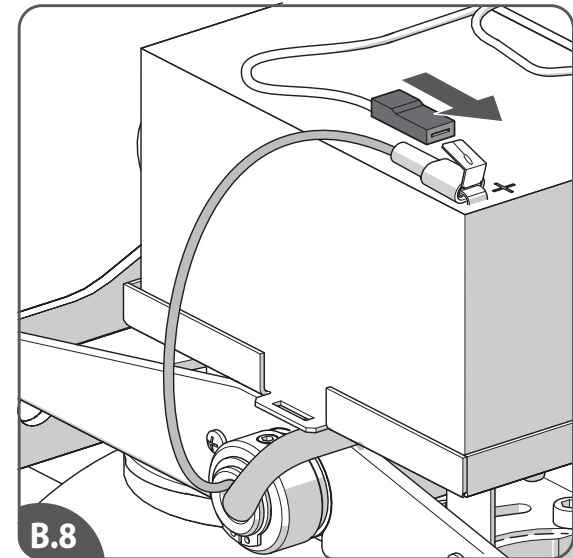
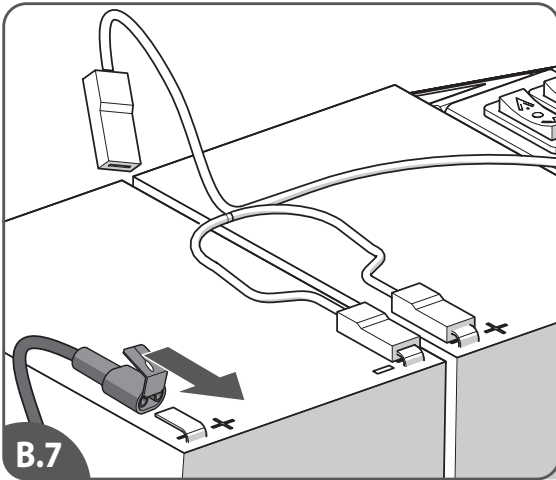
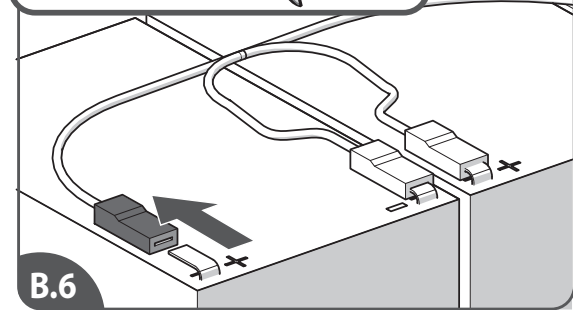
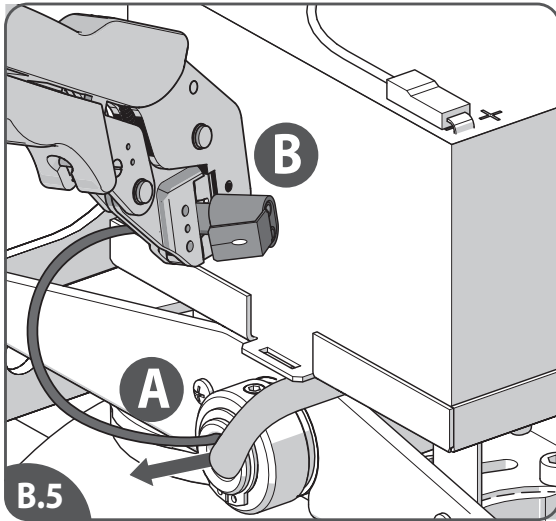
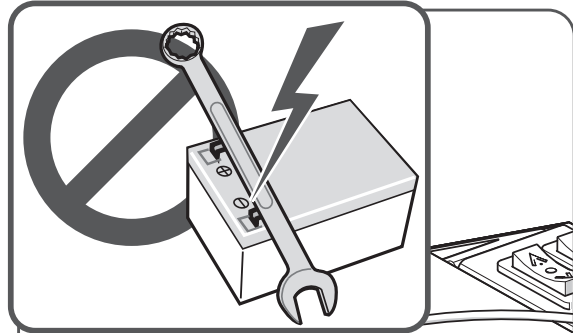
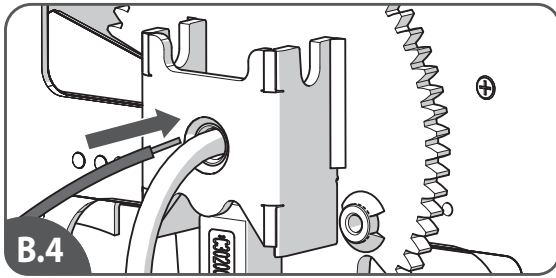
A



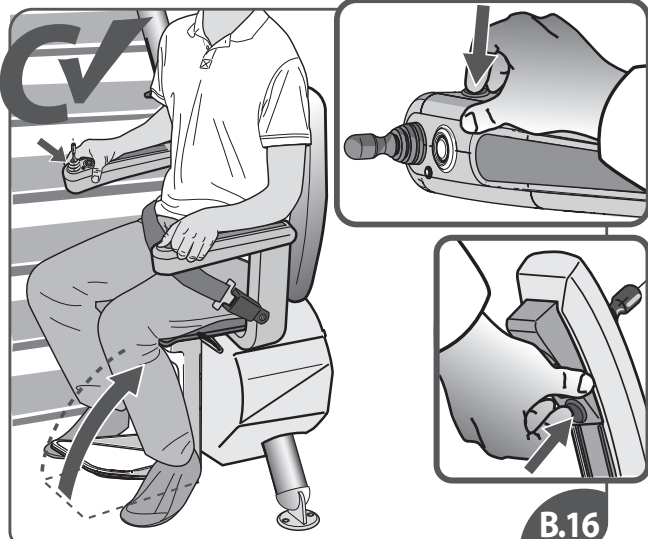
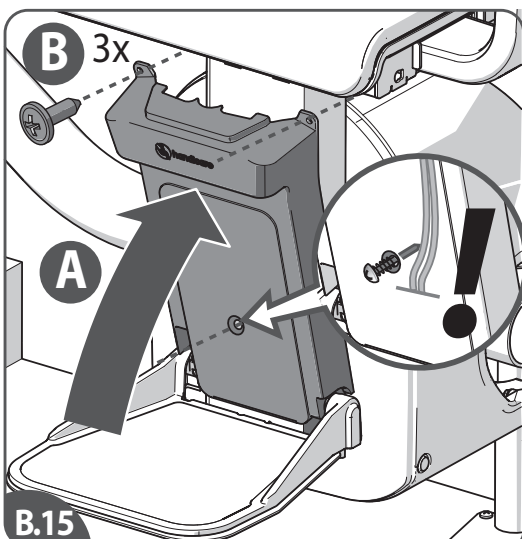
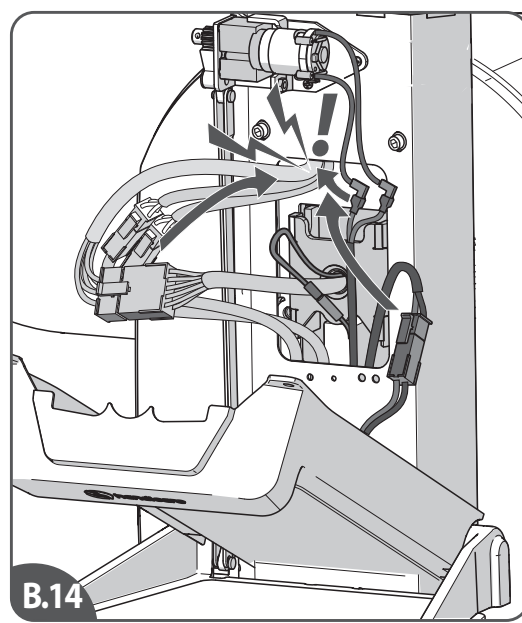
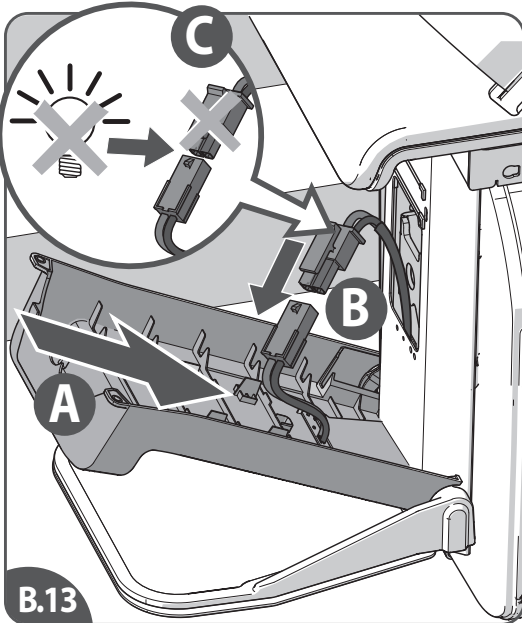
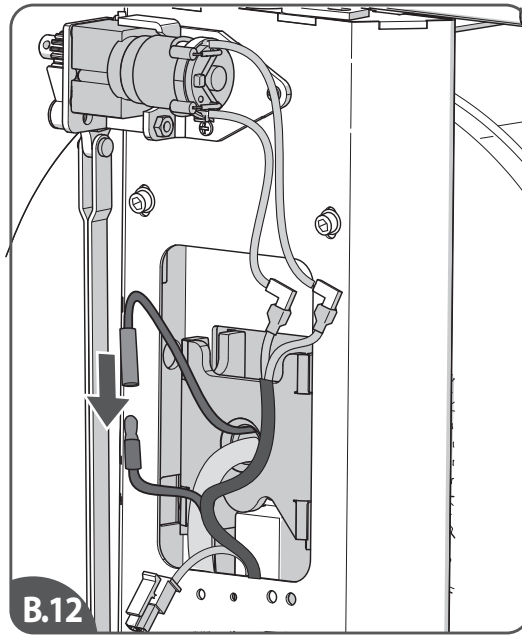
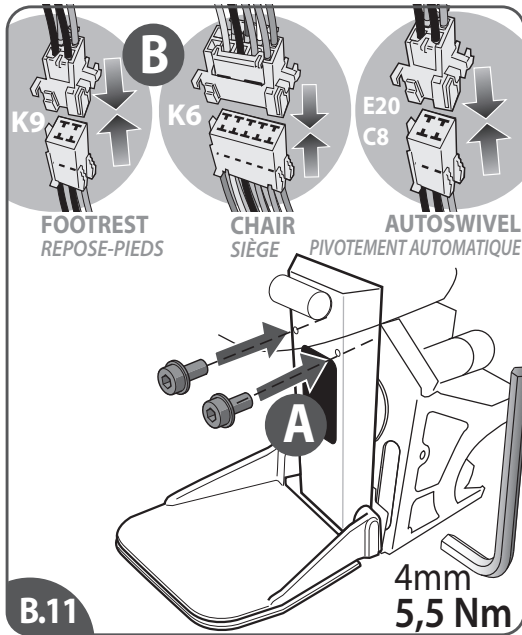
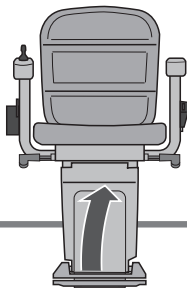
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POWERED FOOTREST REPOSE-PIEDS AUTOMATIQUE

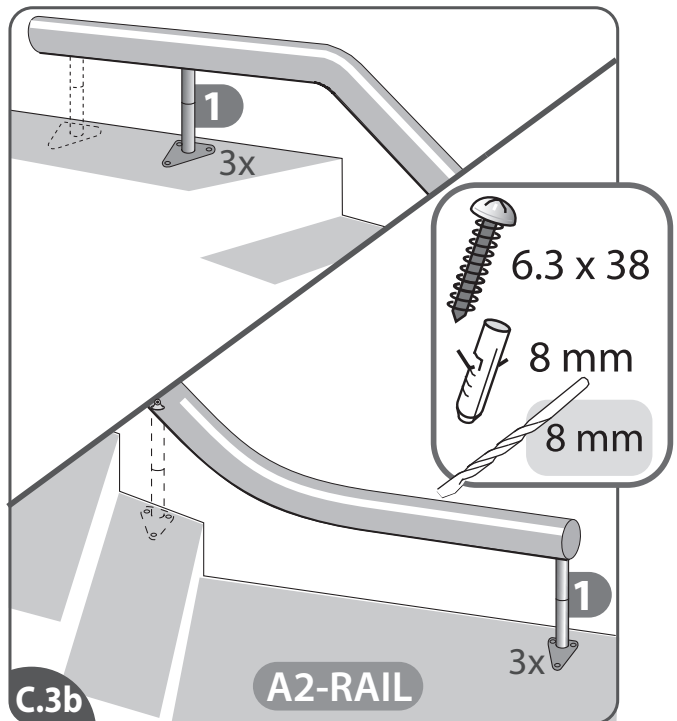
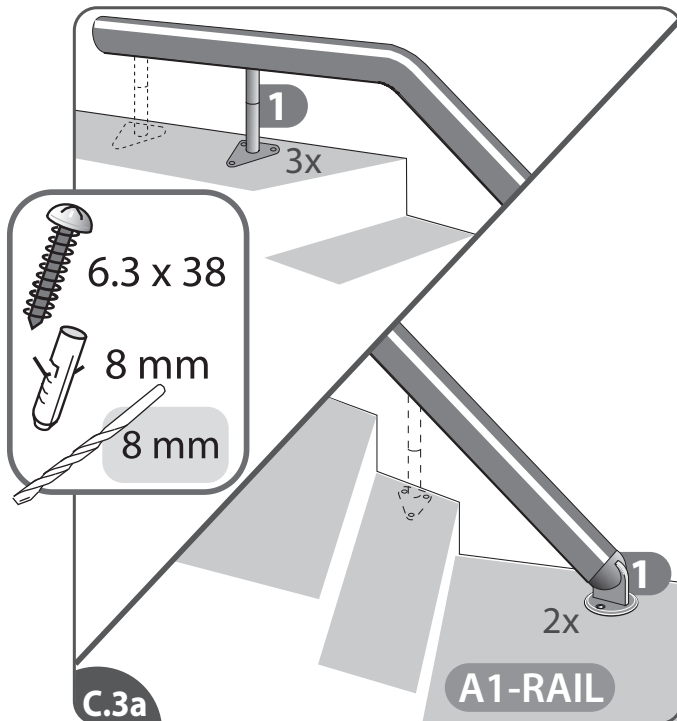
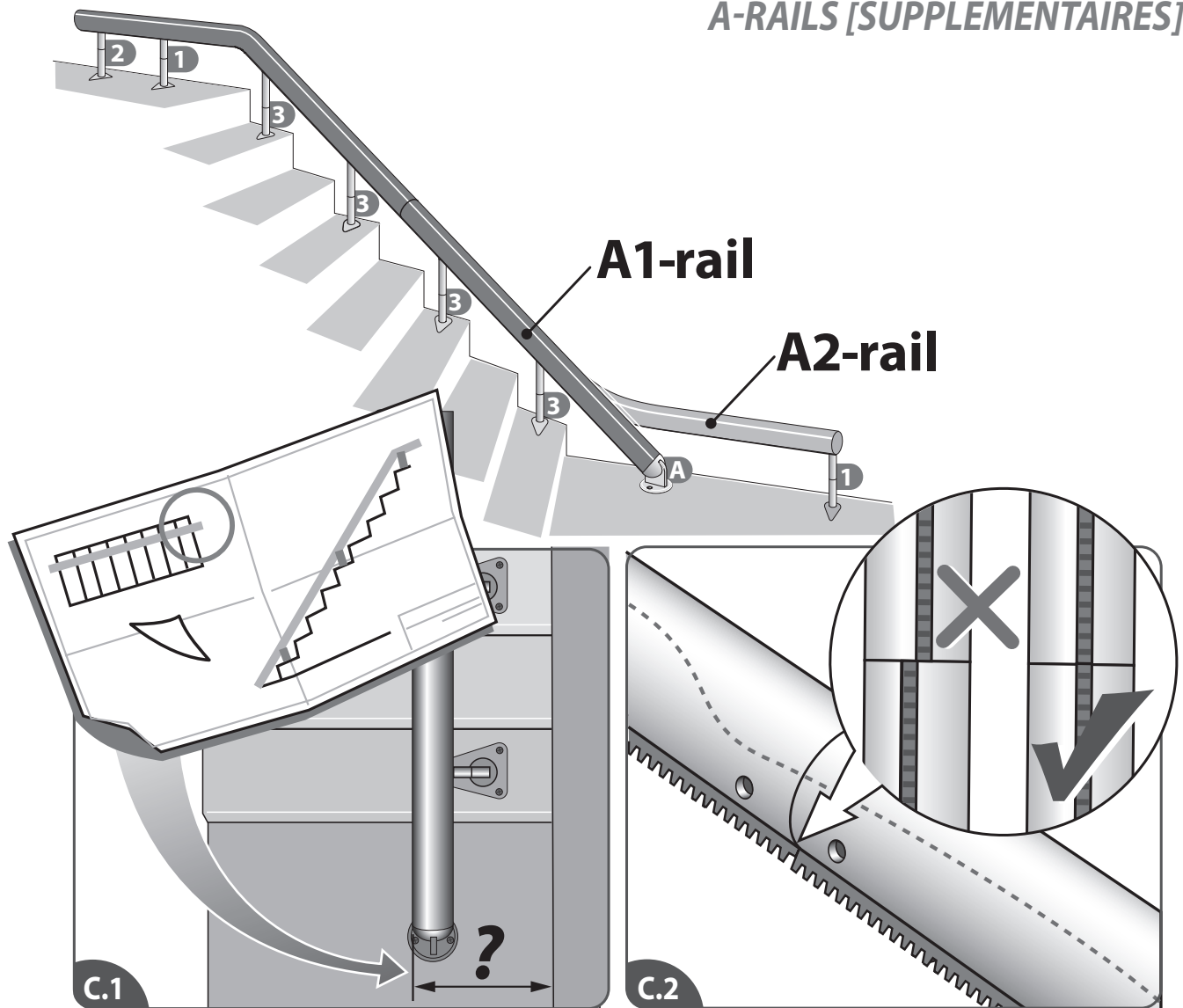


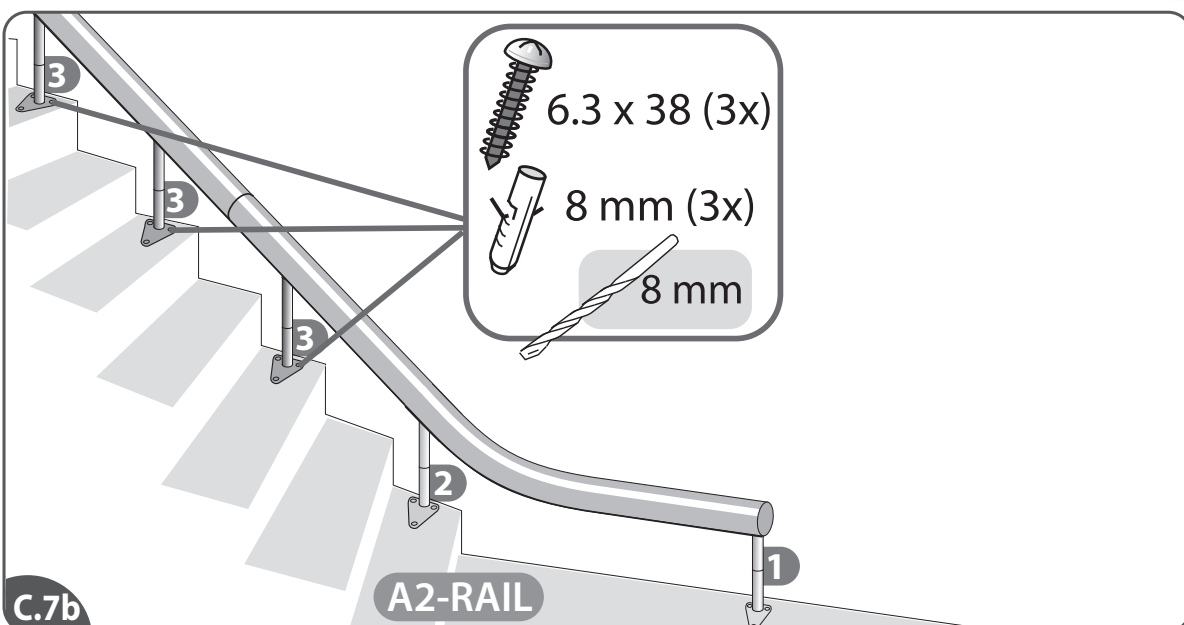
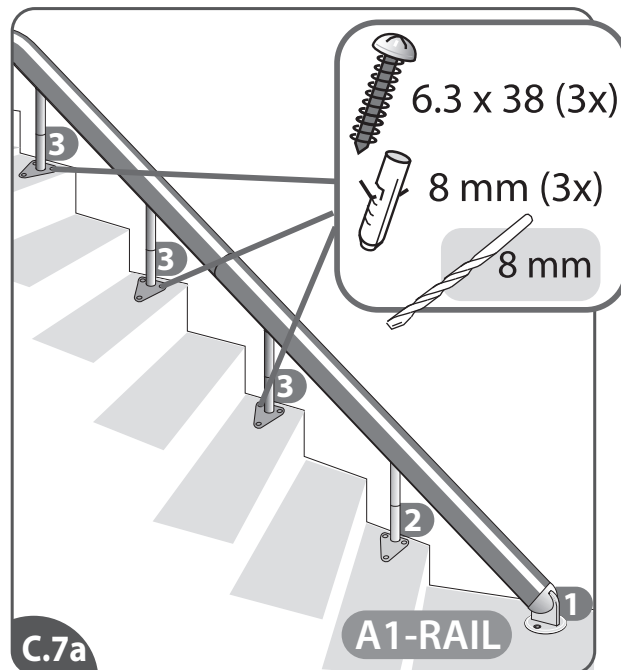
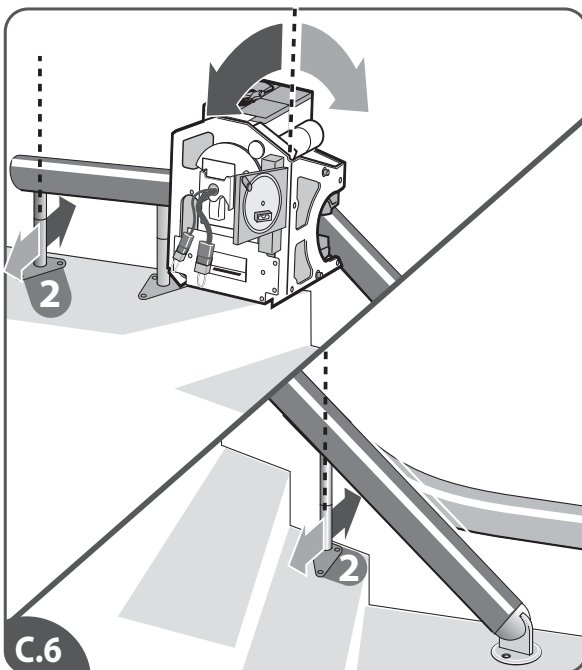
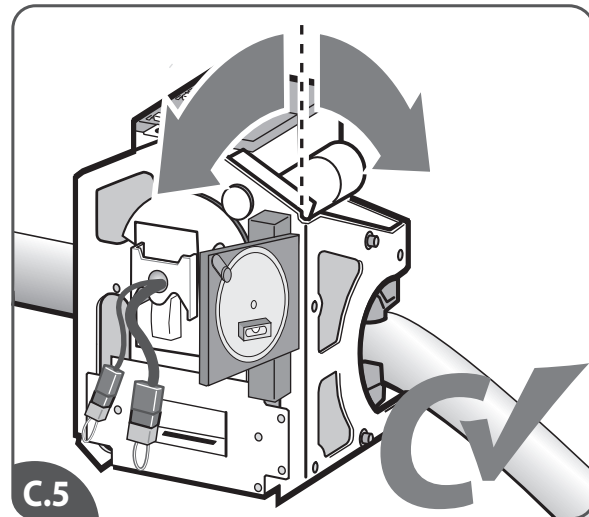
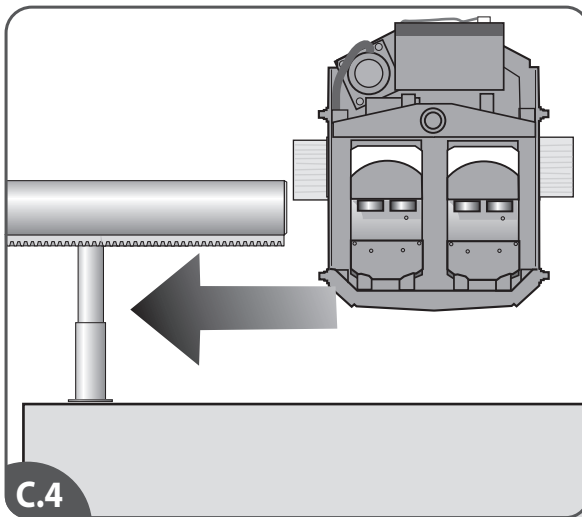
B



C

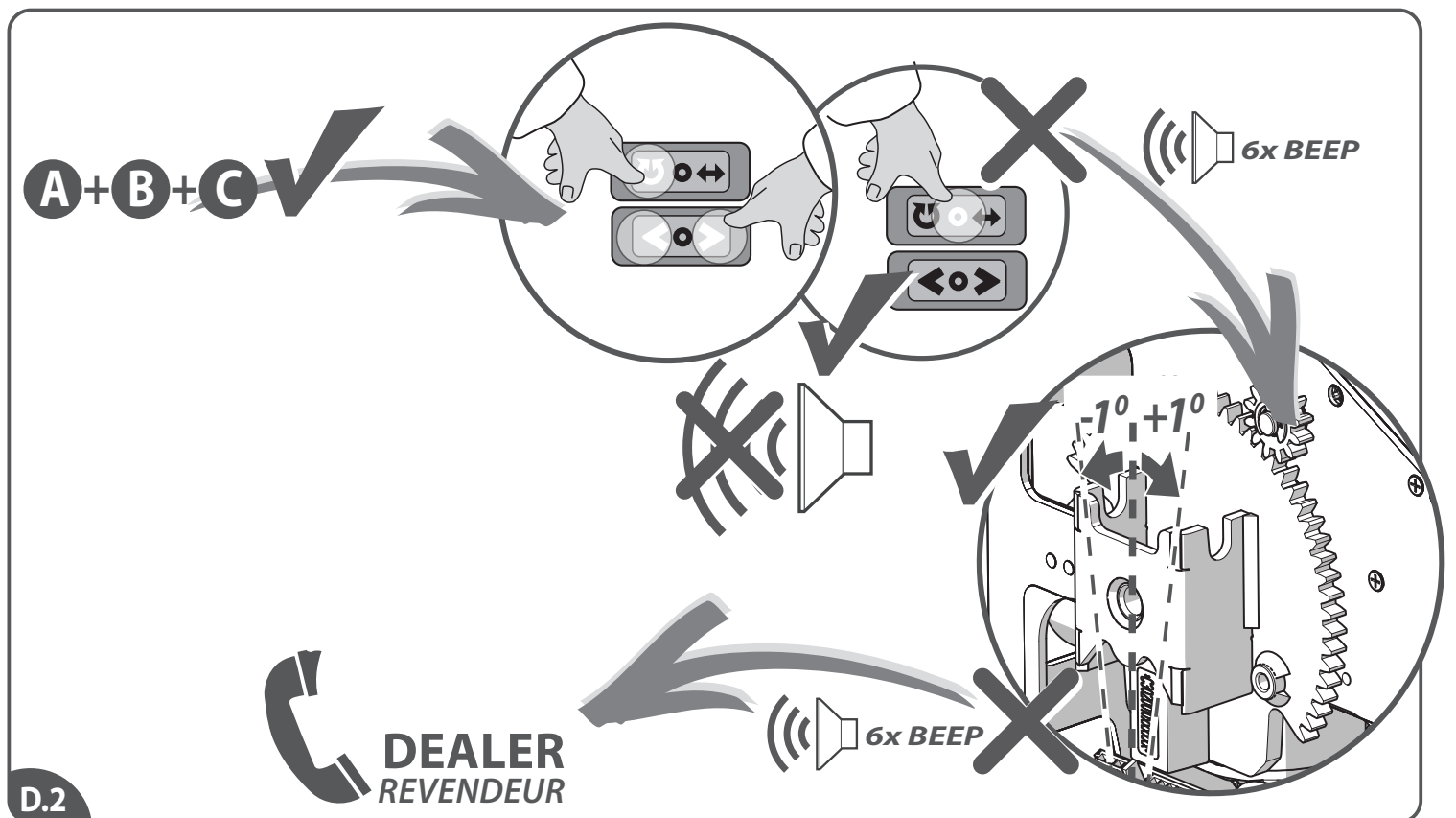
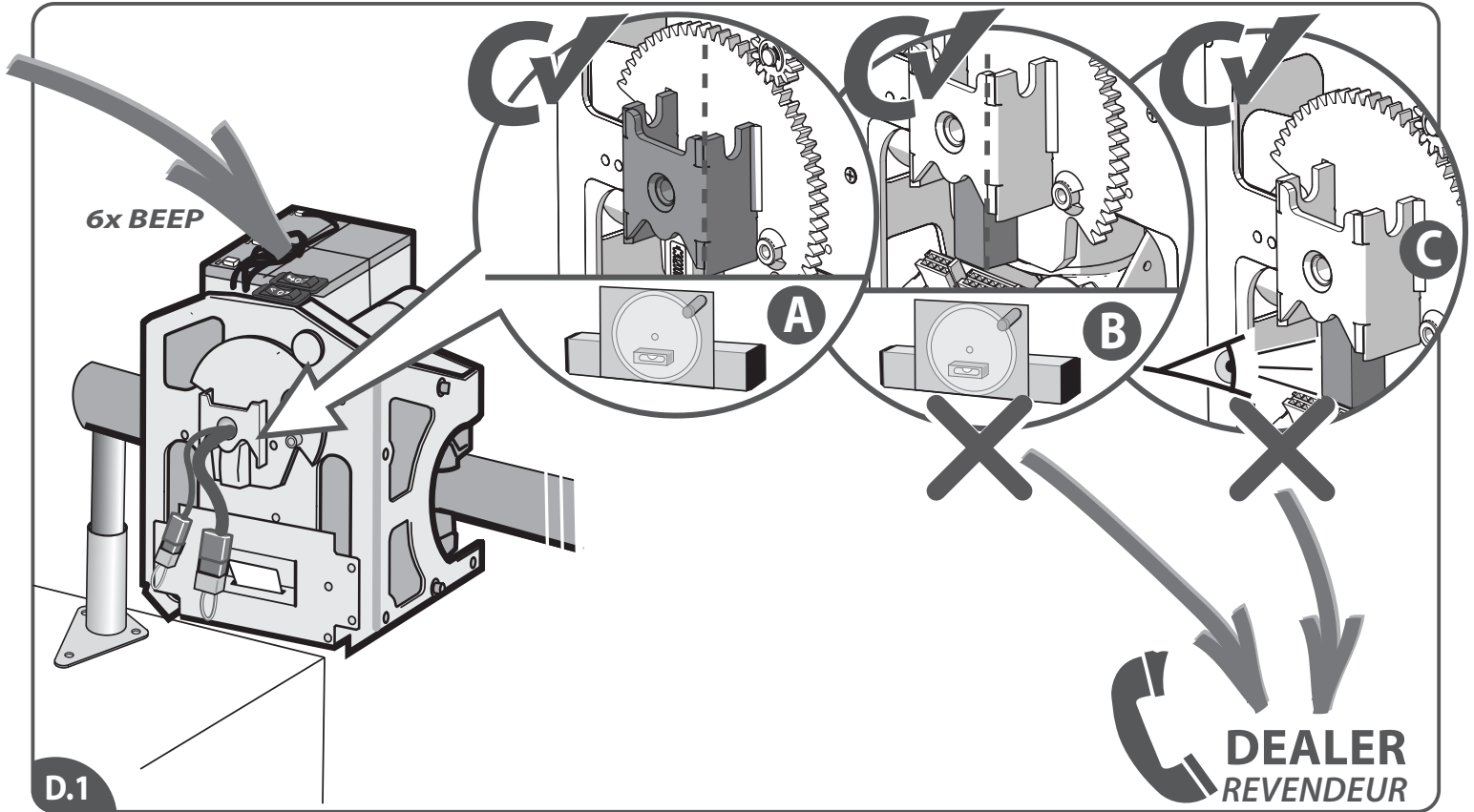
A-RAILS [ADDITIONAL] A-RAILS [SUPPLÉMENTAIRES]





D

CHAIR CALIBRATION CALIBRATION DE SIÈGE

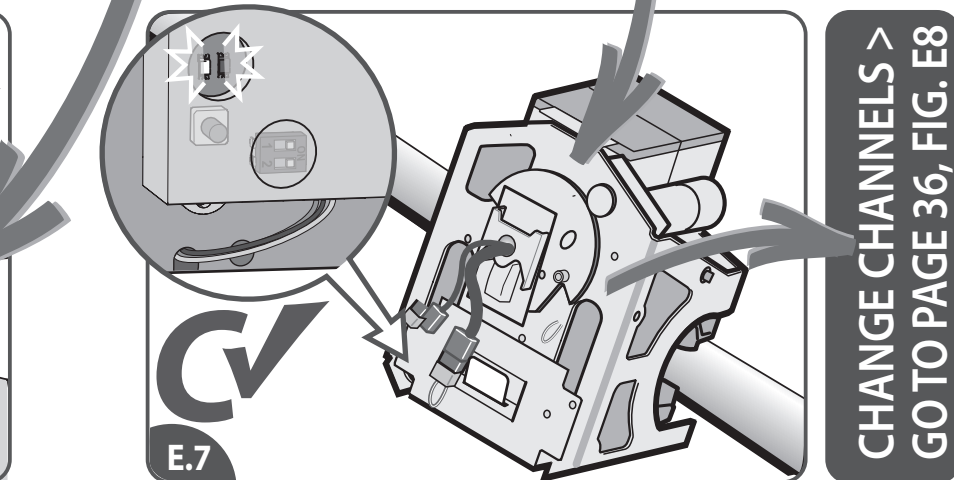
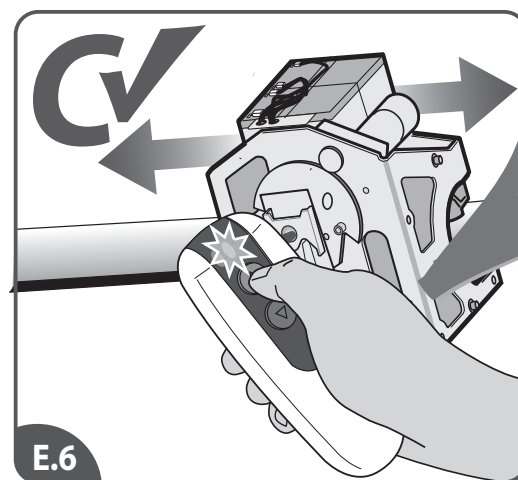
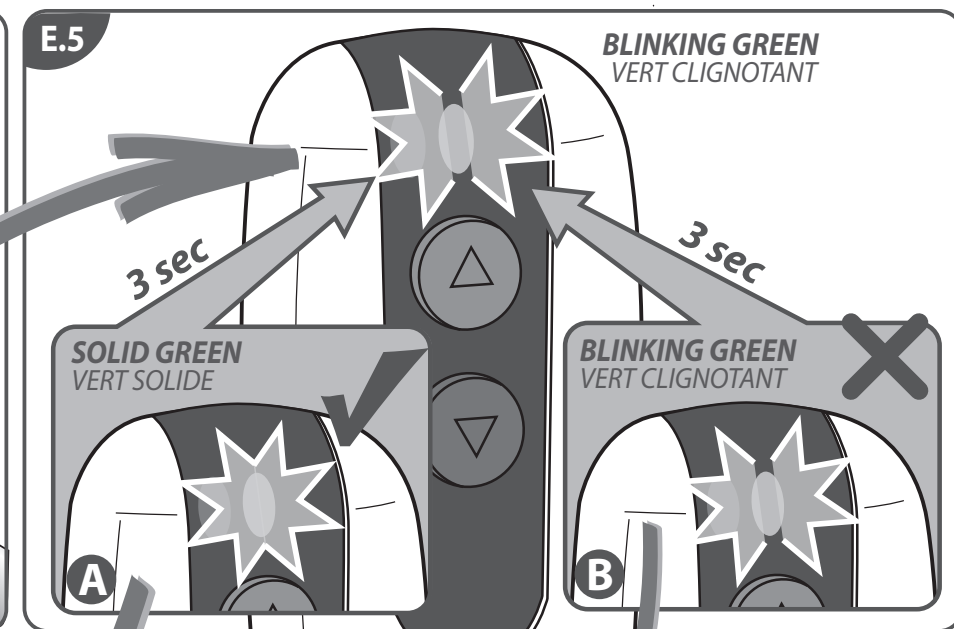
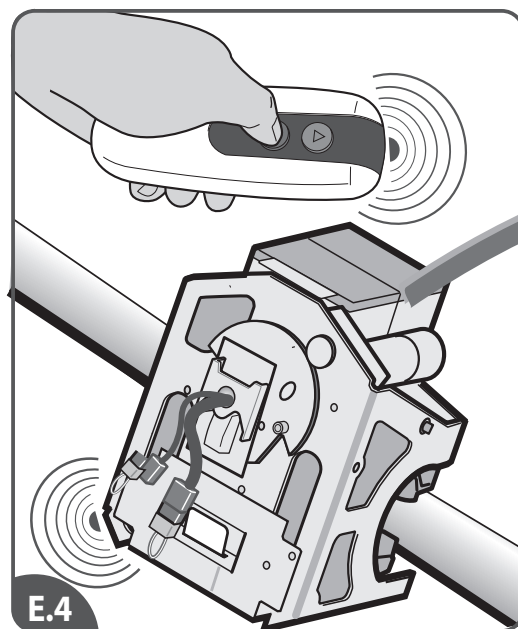
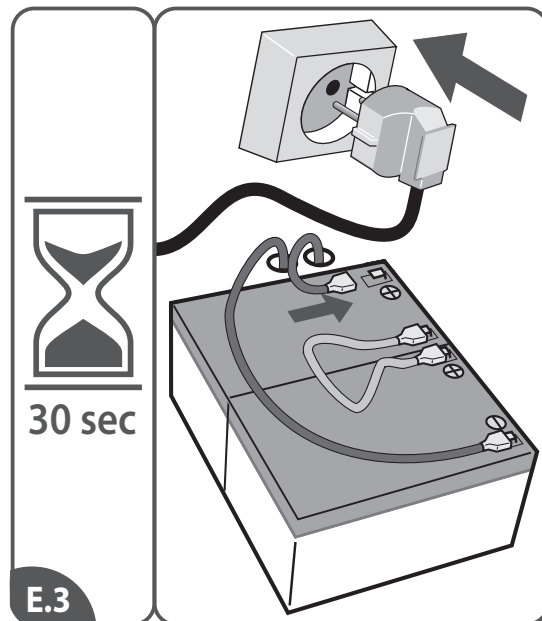
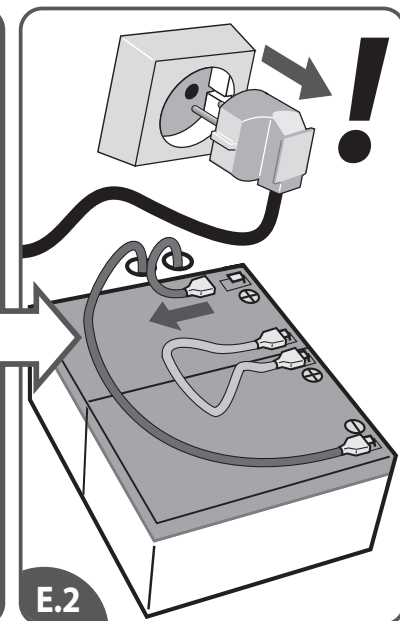
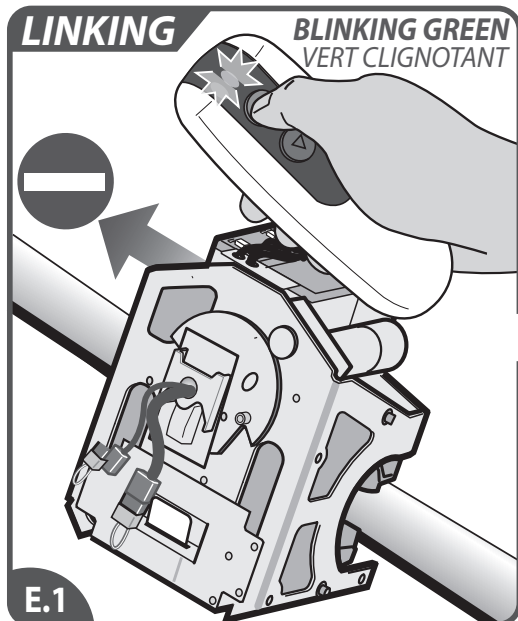


E



USA ONLY
ÉTATS-UNIS UNIQUEMENT

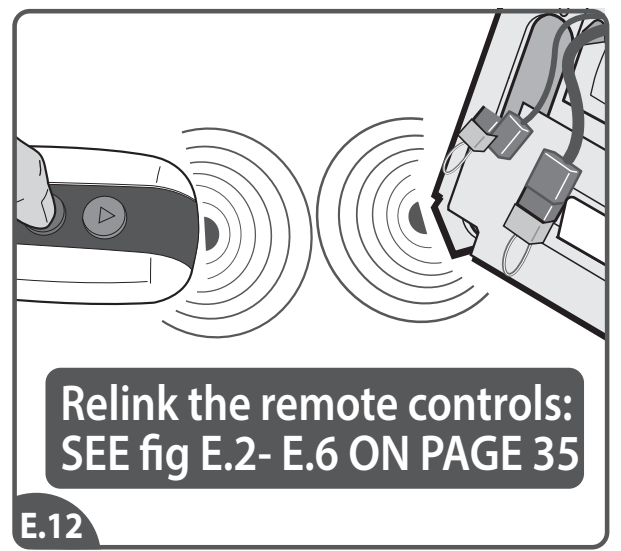
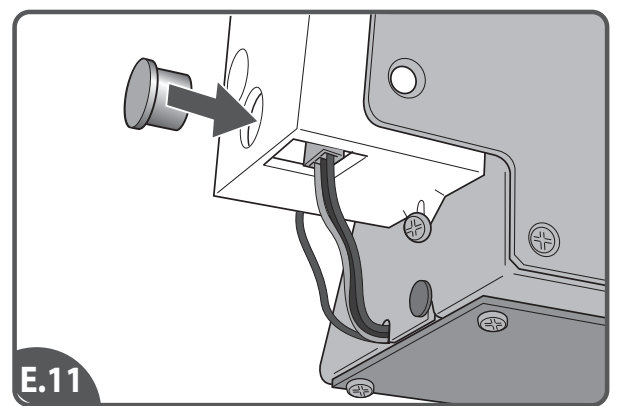
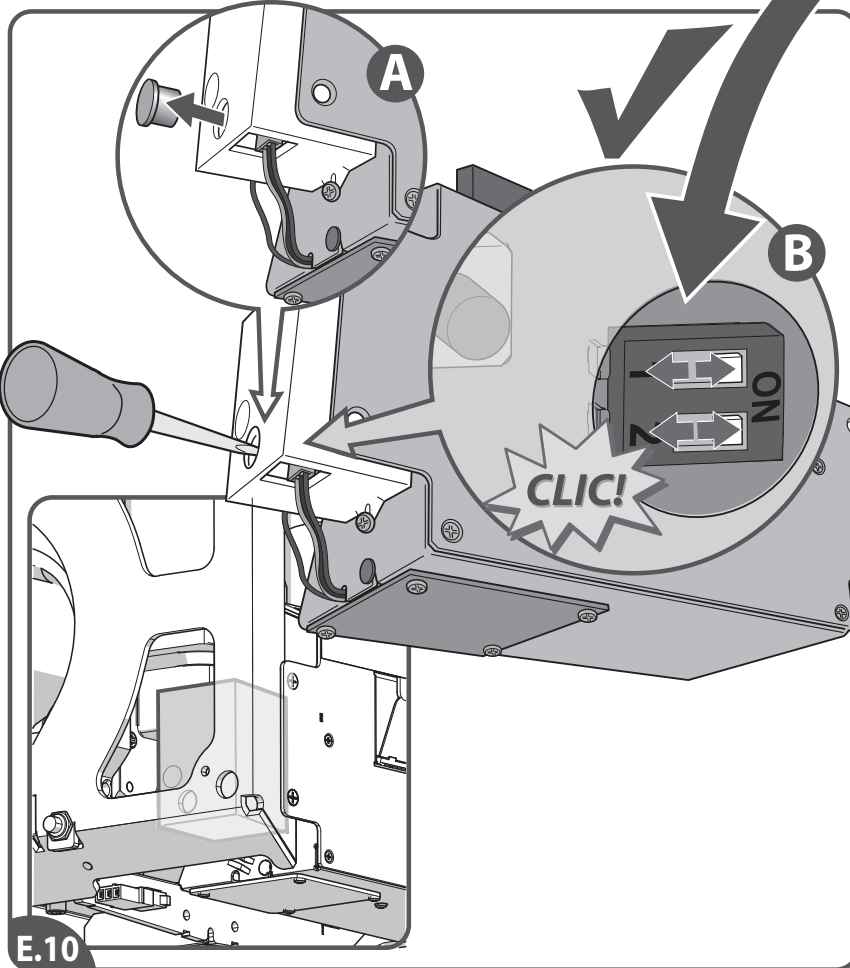
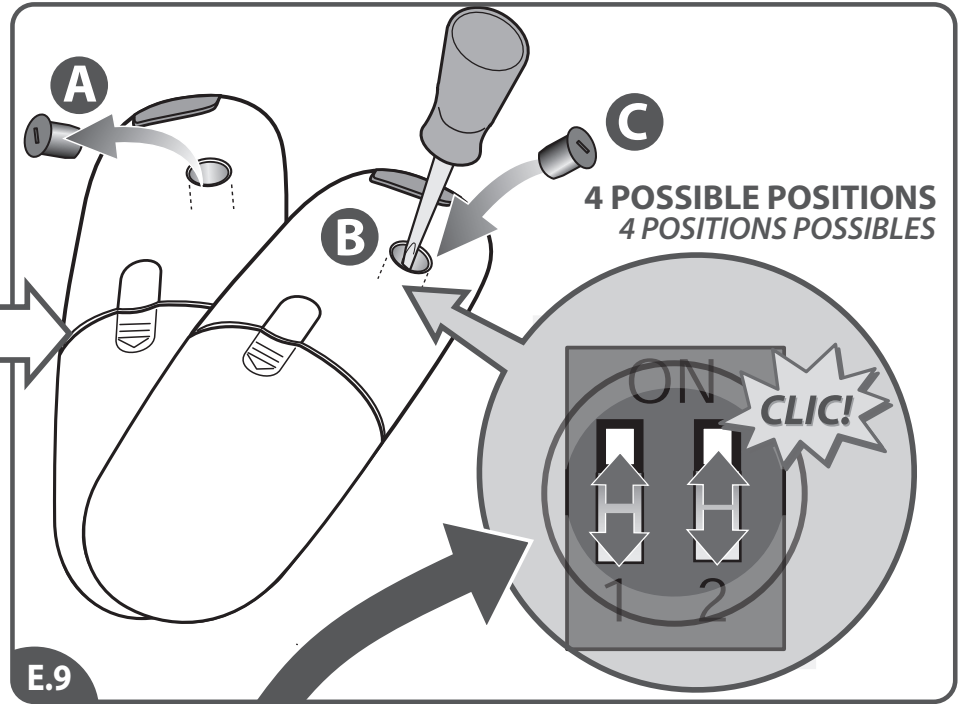
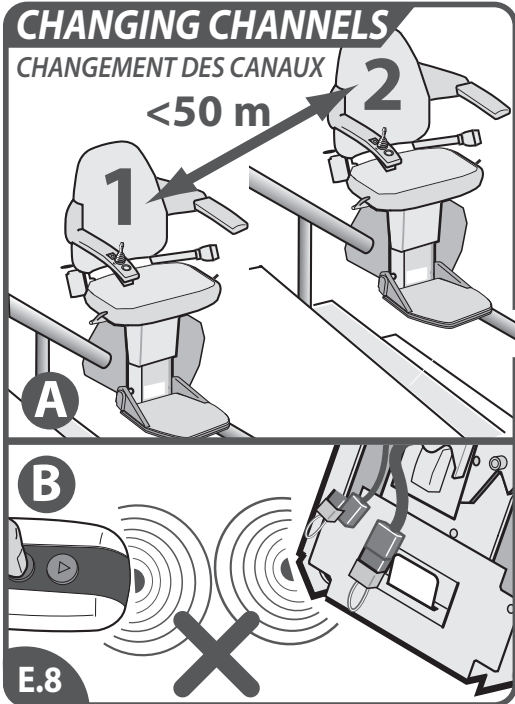
REMOTE CONTROL RF TÉLÉCOMMANDE RF



E



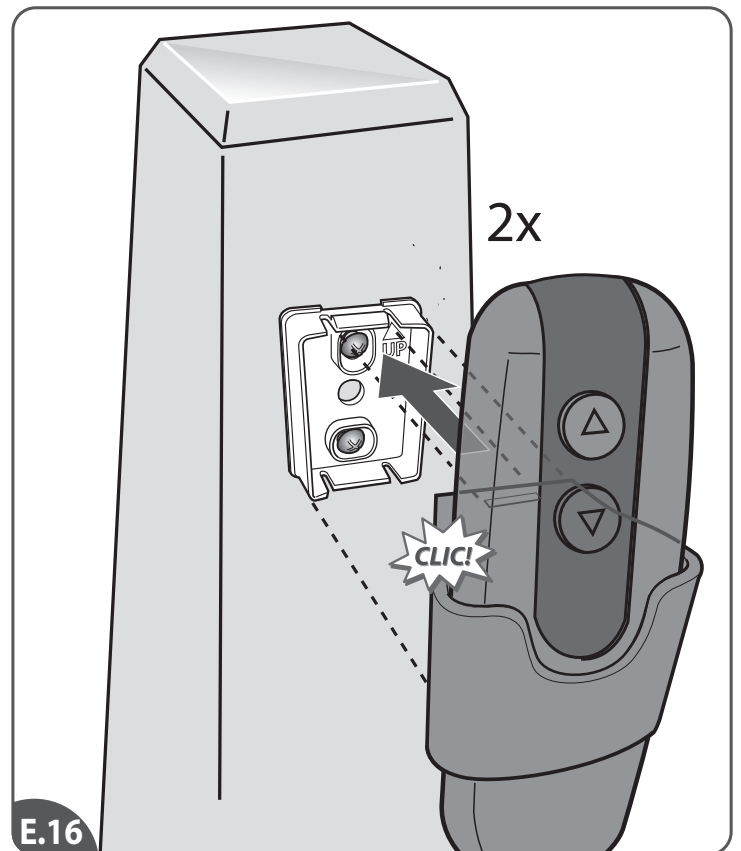
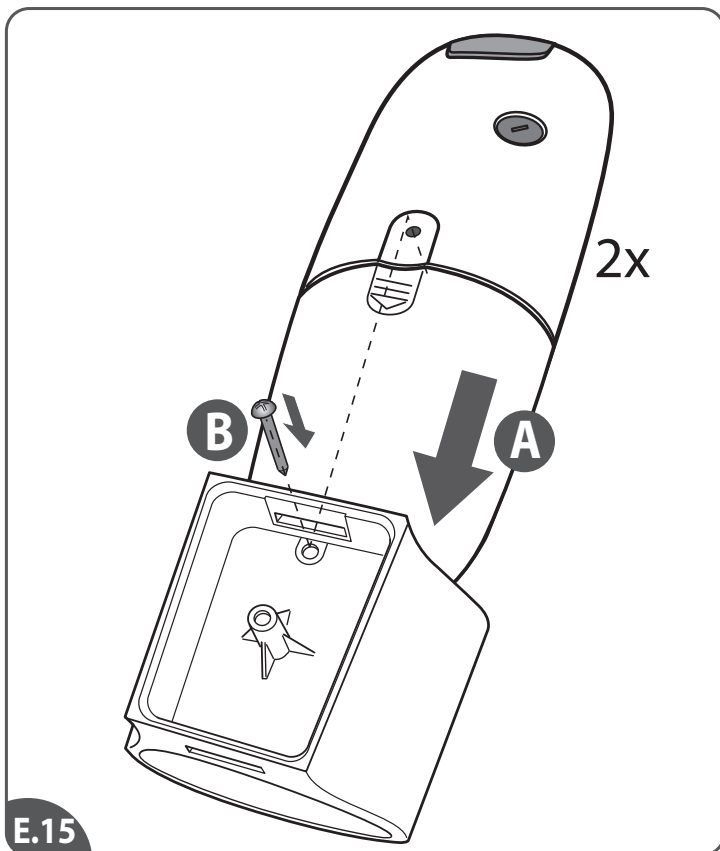
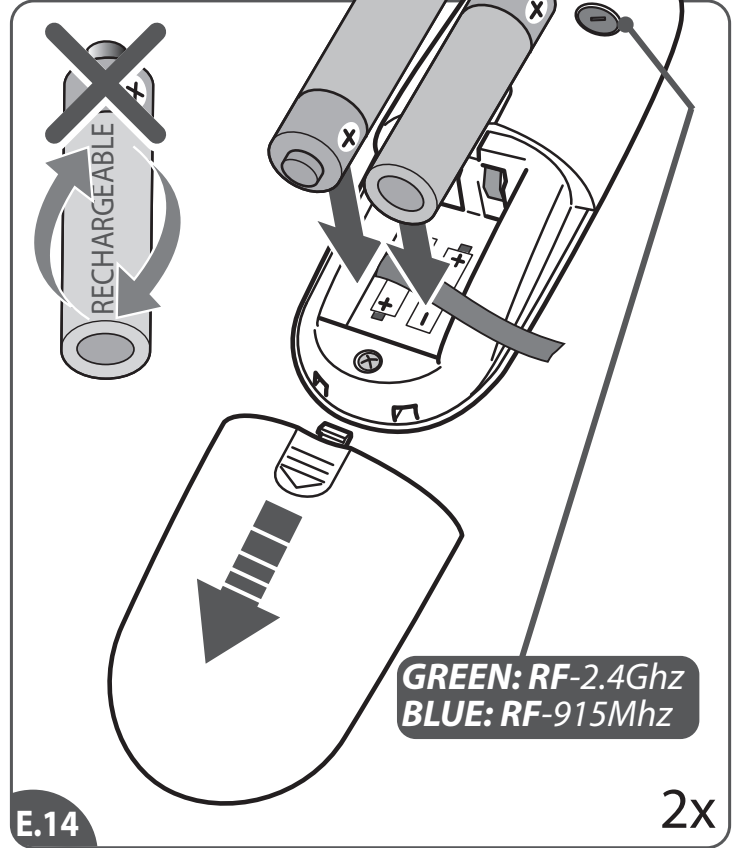
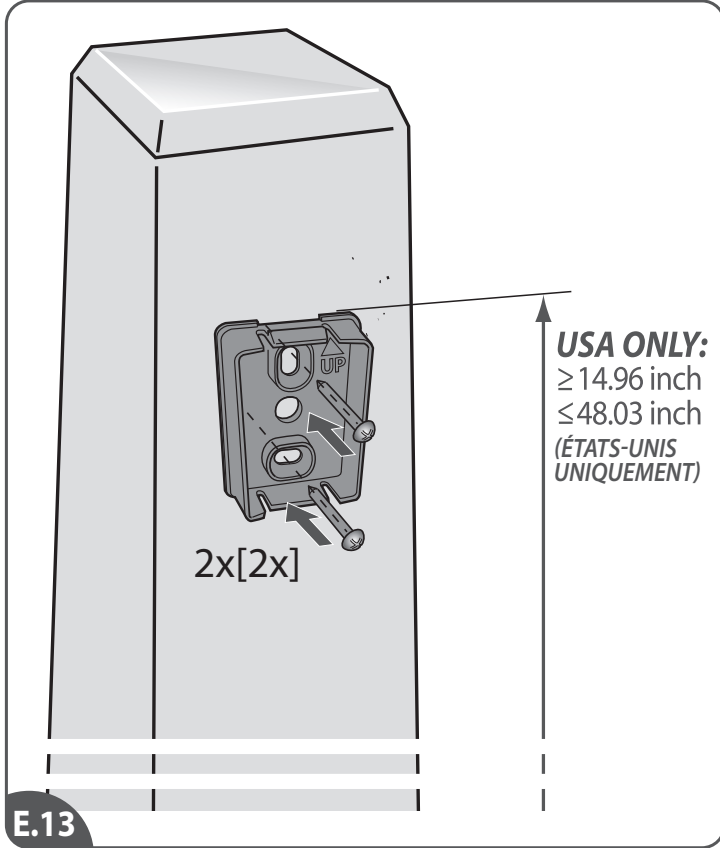
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ÉTATS-UNIS UNIQUEMENT

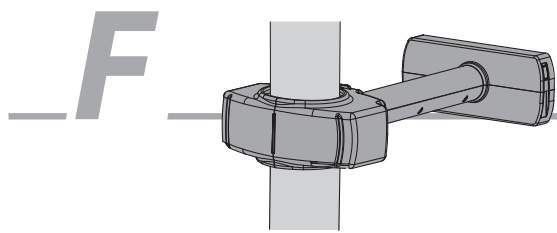


E



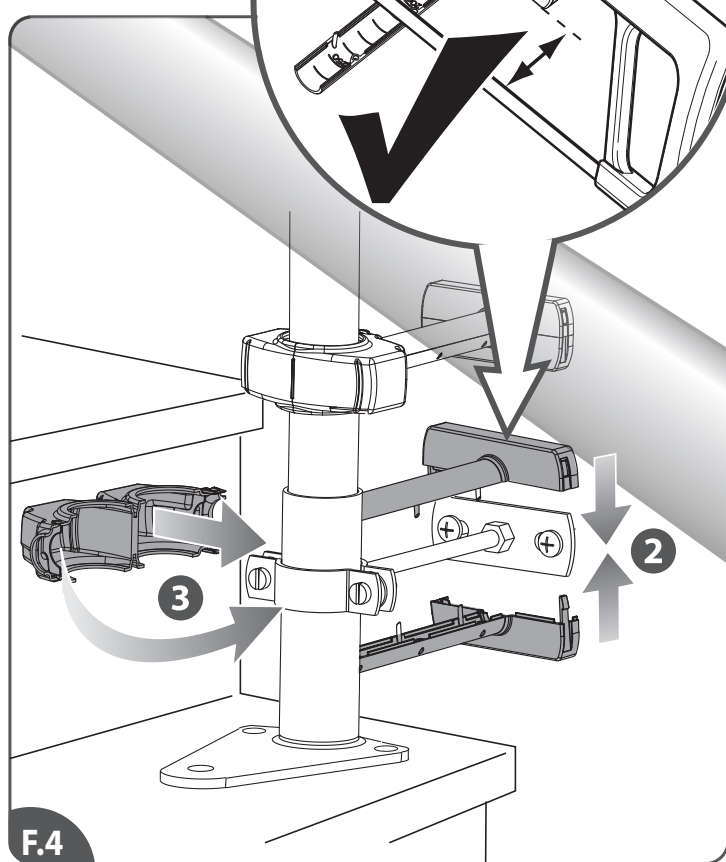
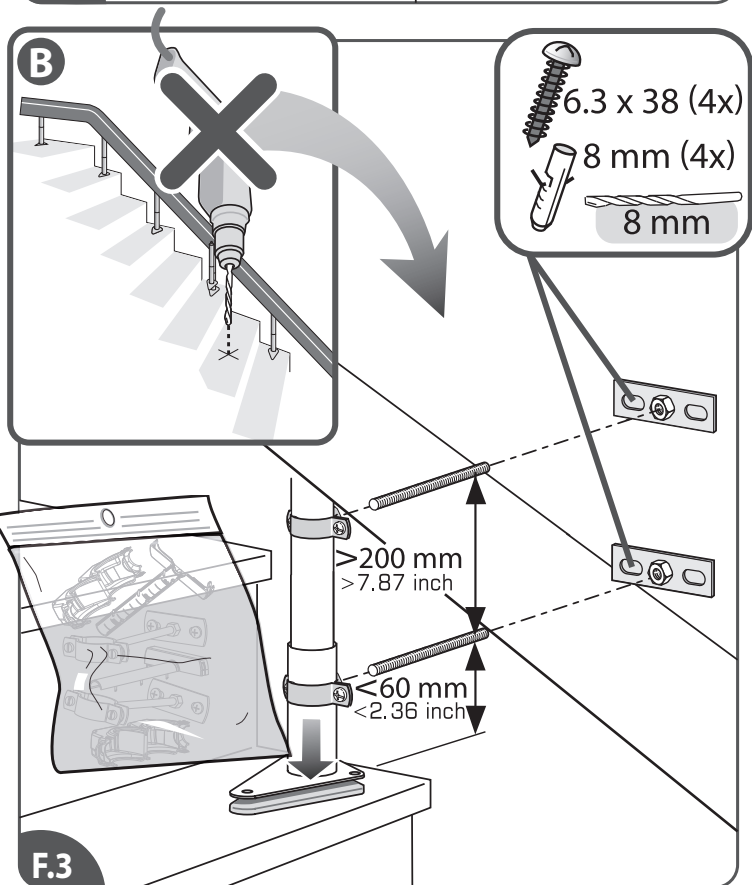
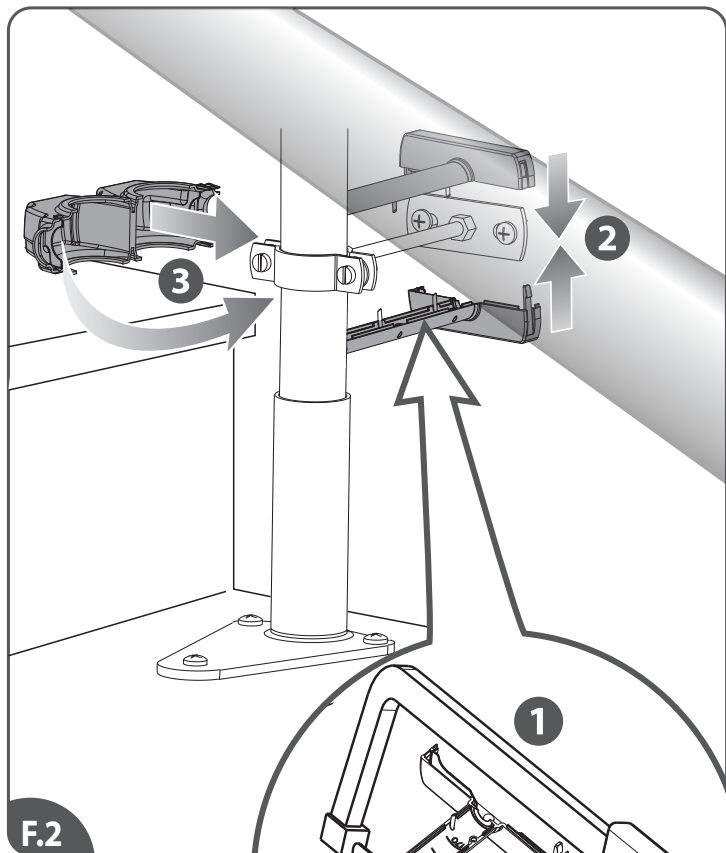
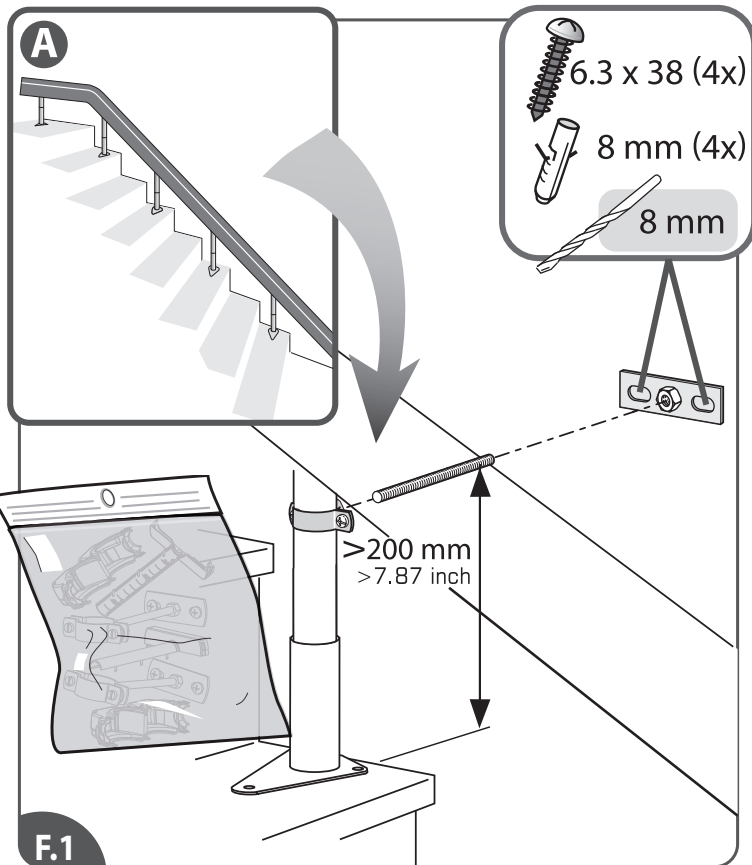
USA ONLY
ÉTATS-UNIS UNIQUEMENT



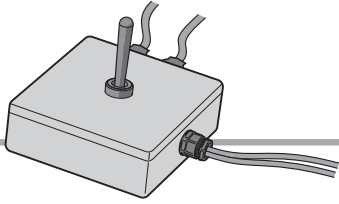


WALL SUPPORT

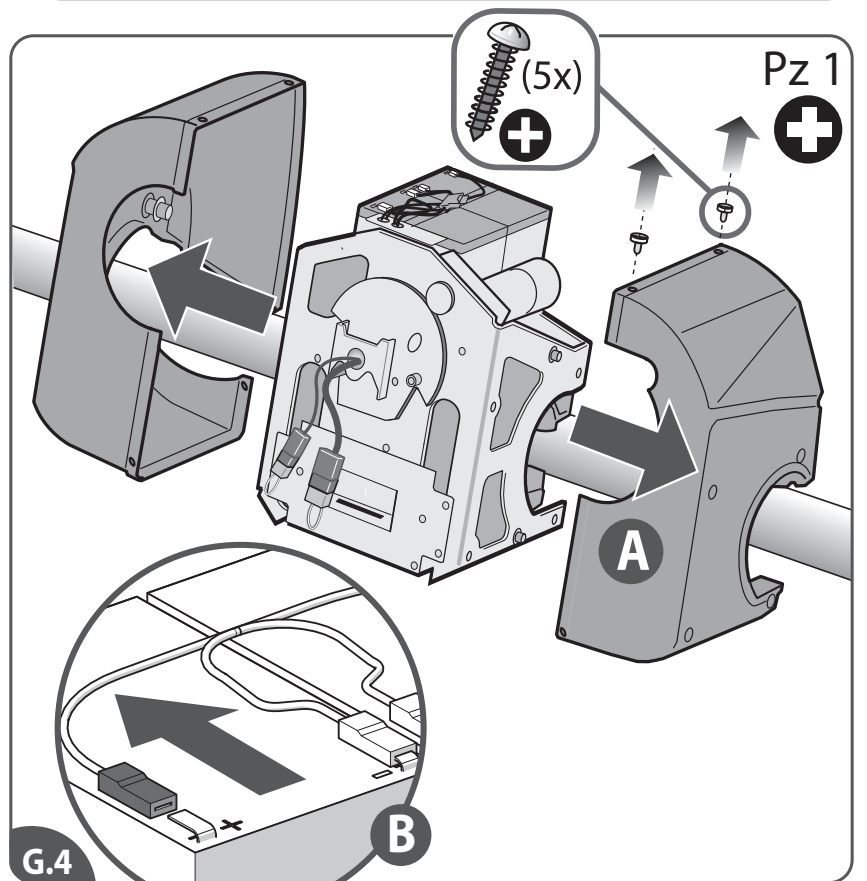
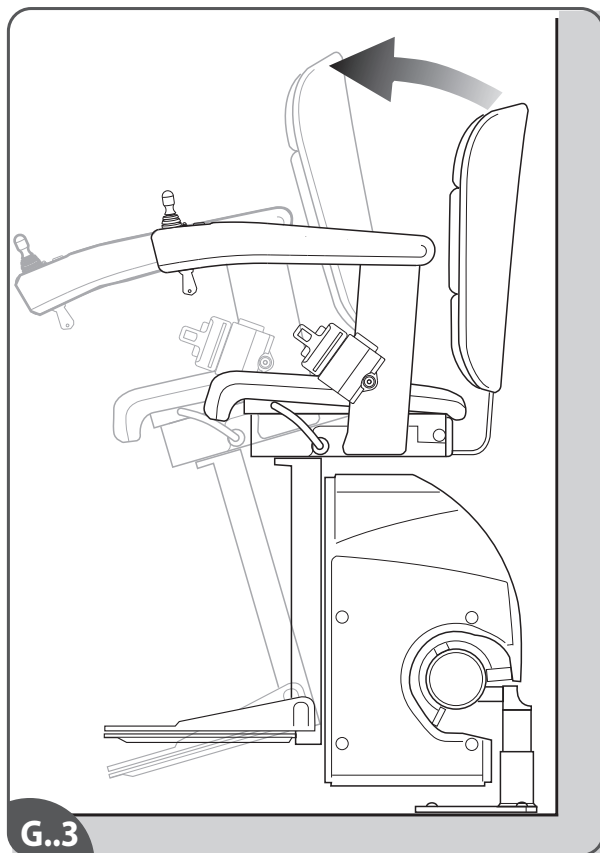
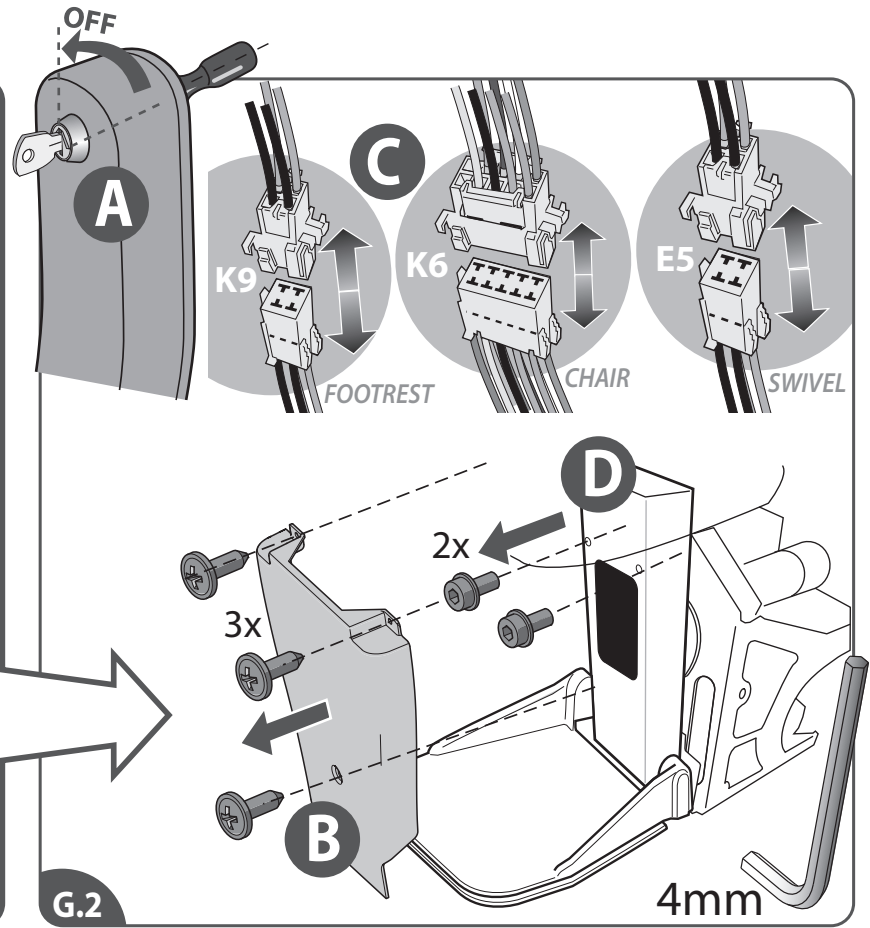
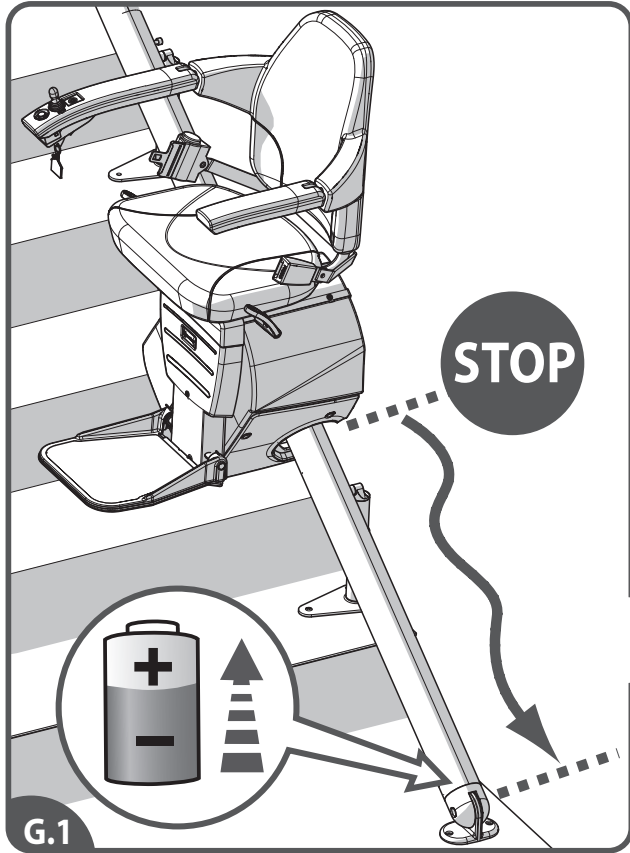
SUPPORT MURAL



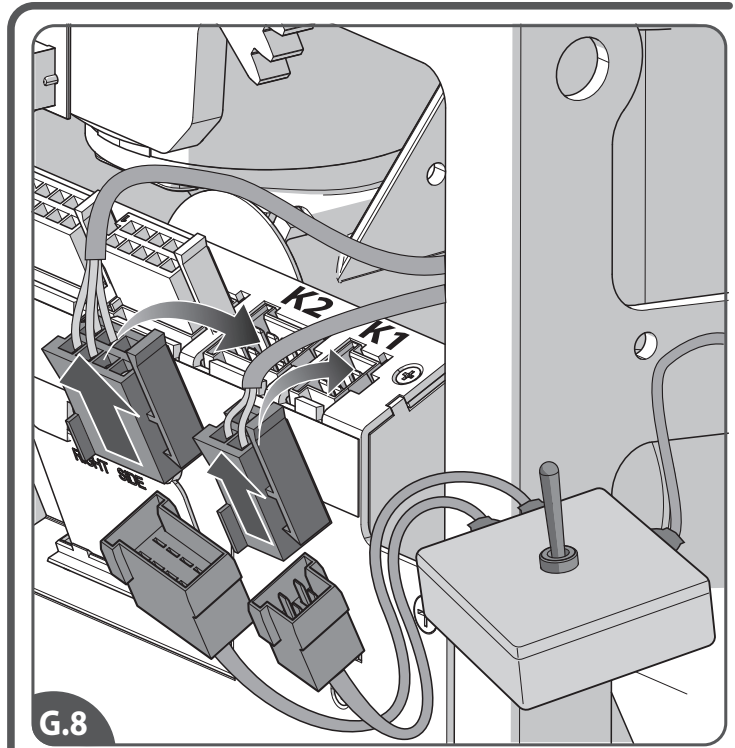
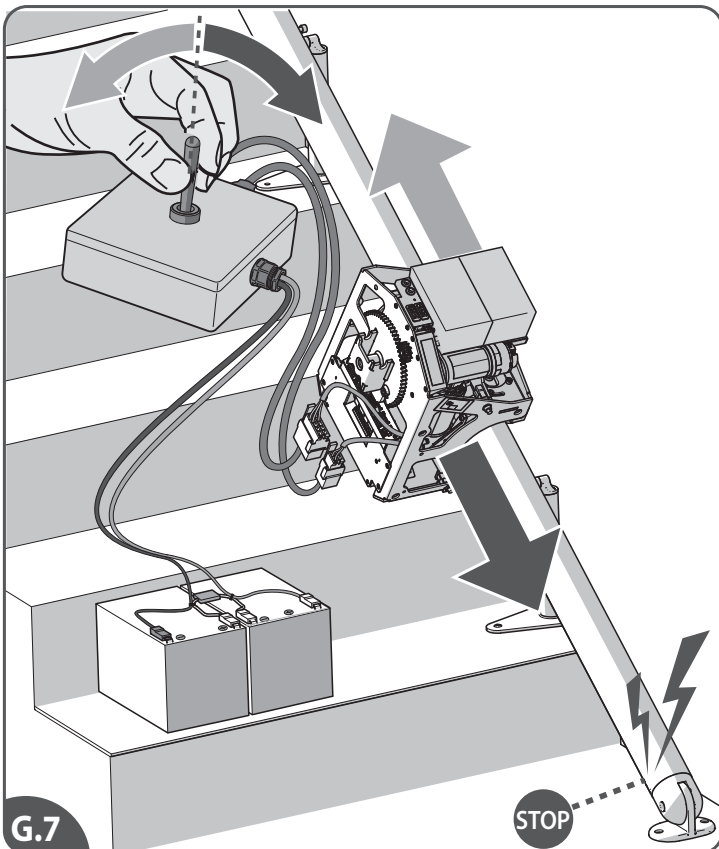
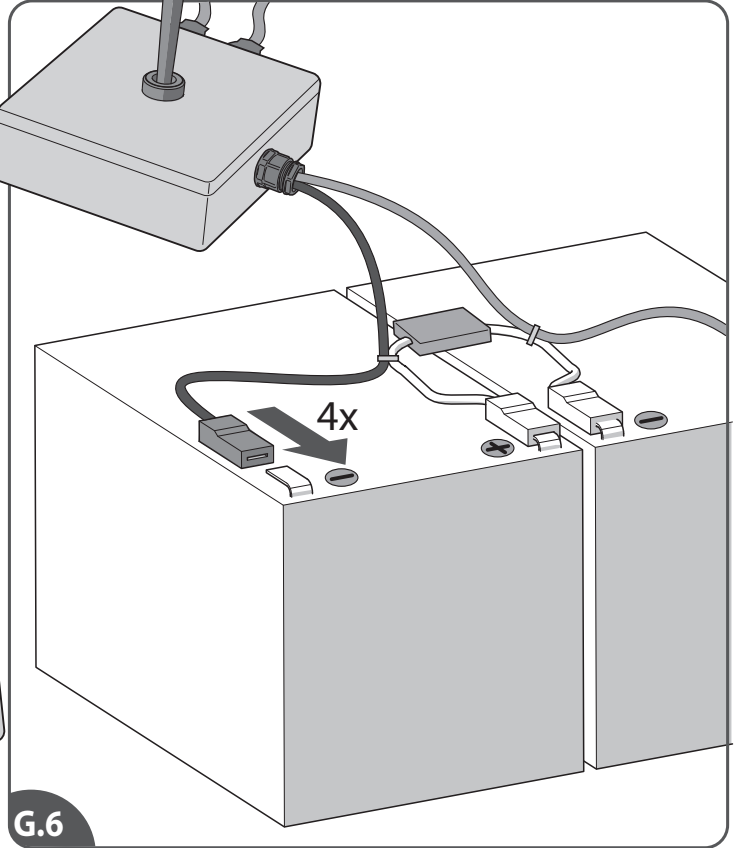
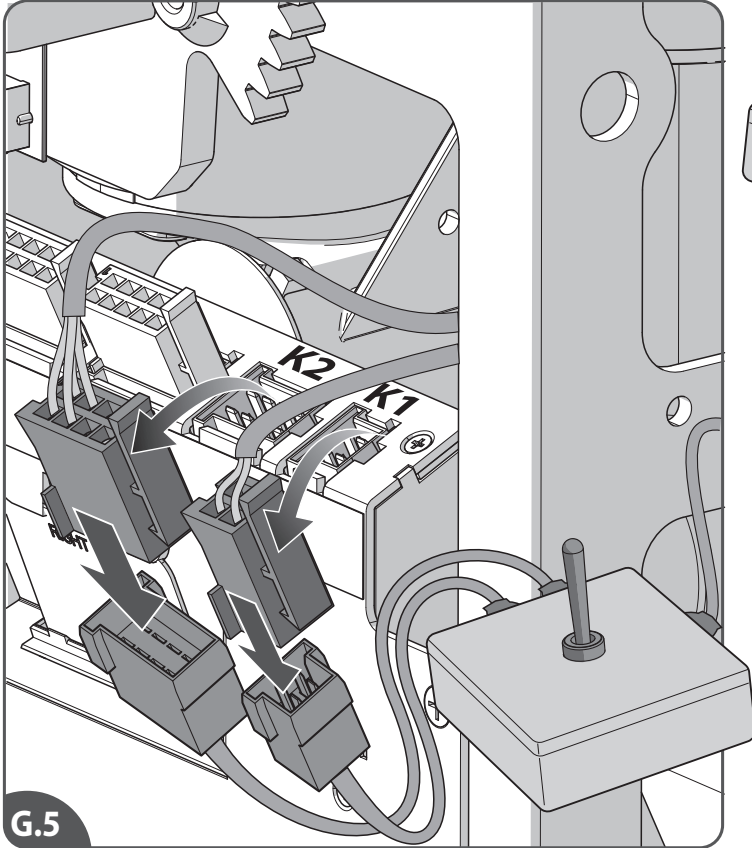
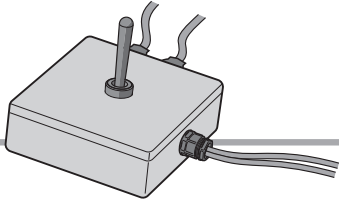
G



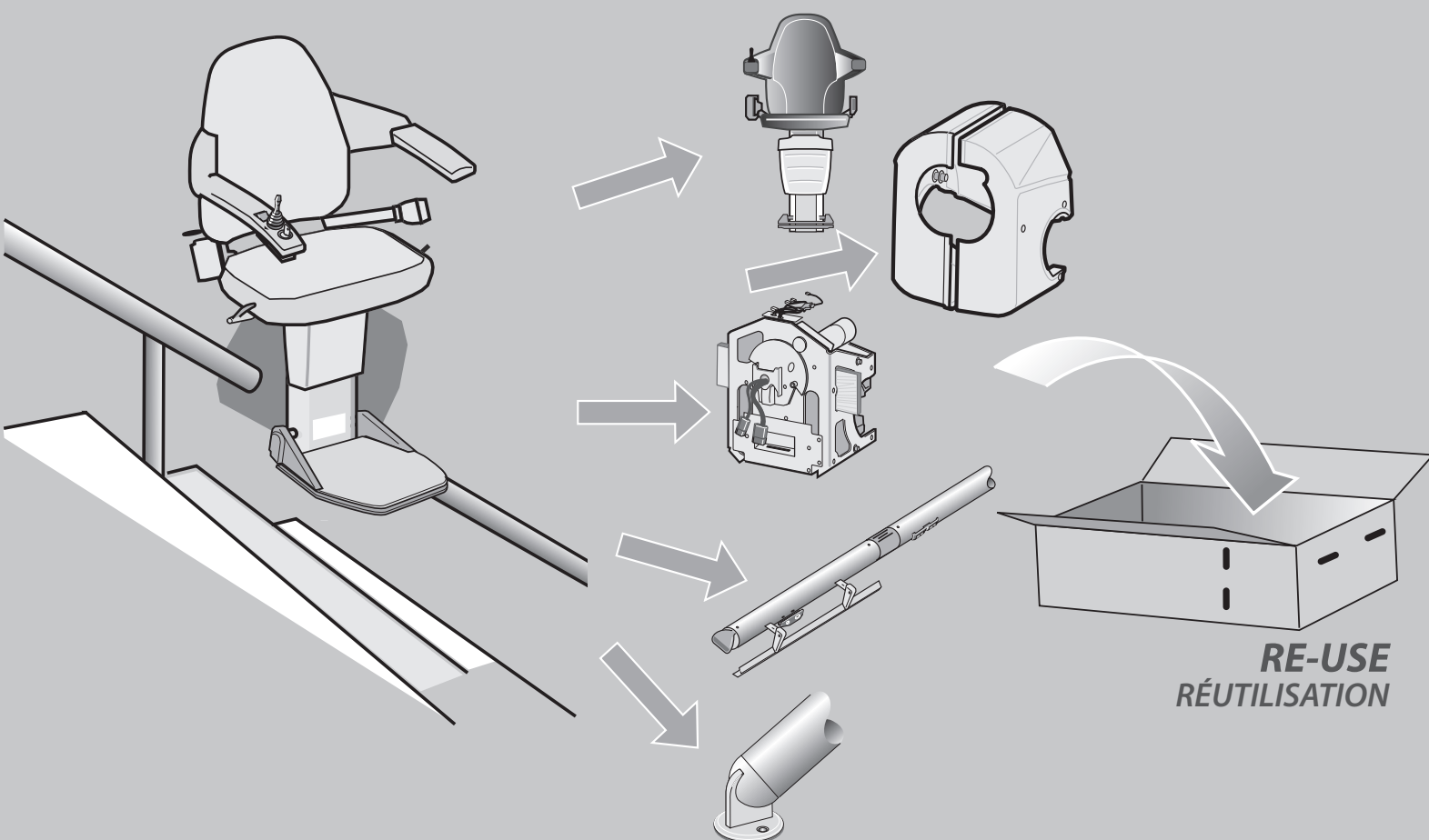
EMERGENCY OPERATION FONCTIONNEMENT D'URGENCE



G



REINSTALL LIFT > SEE MANUAL
RÉINSTALLEZ MONTE-ESCALIER > VOIR LE MANUEL



DE-INSTALLATION MANUAL

MANUEL DE DÉINSTALLATION

DE-INSTALLATIEHANDLEIDING

DEINSTALLATIONANLEITUNG

MANUALE PER DISINSTALLAZIONE

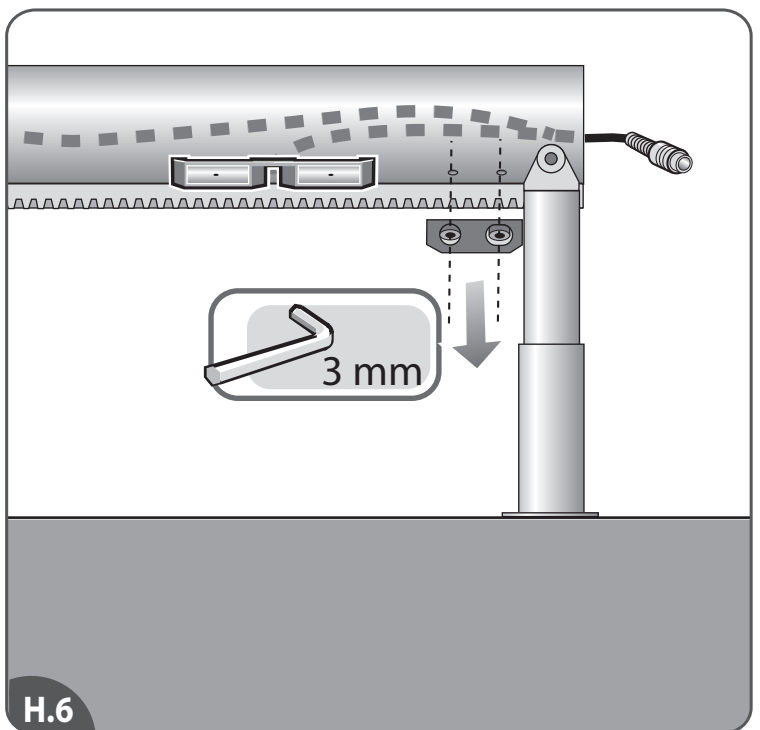
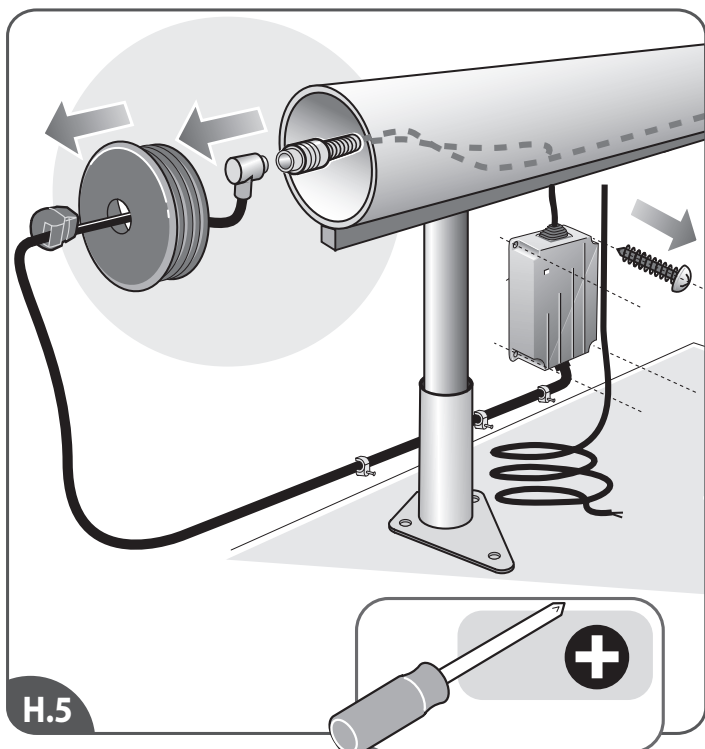
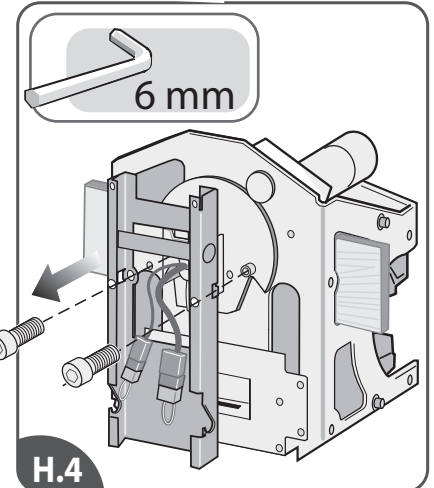
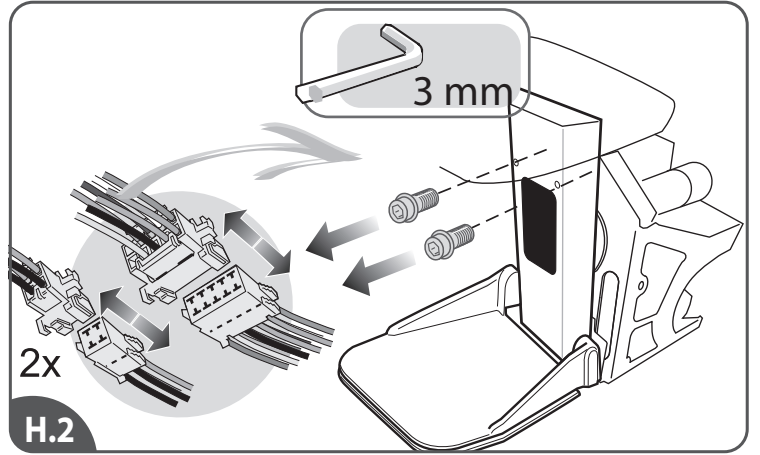
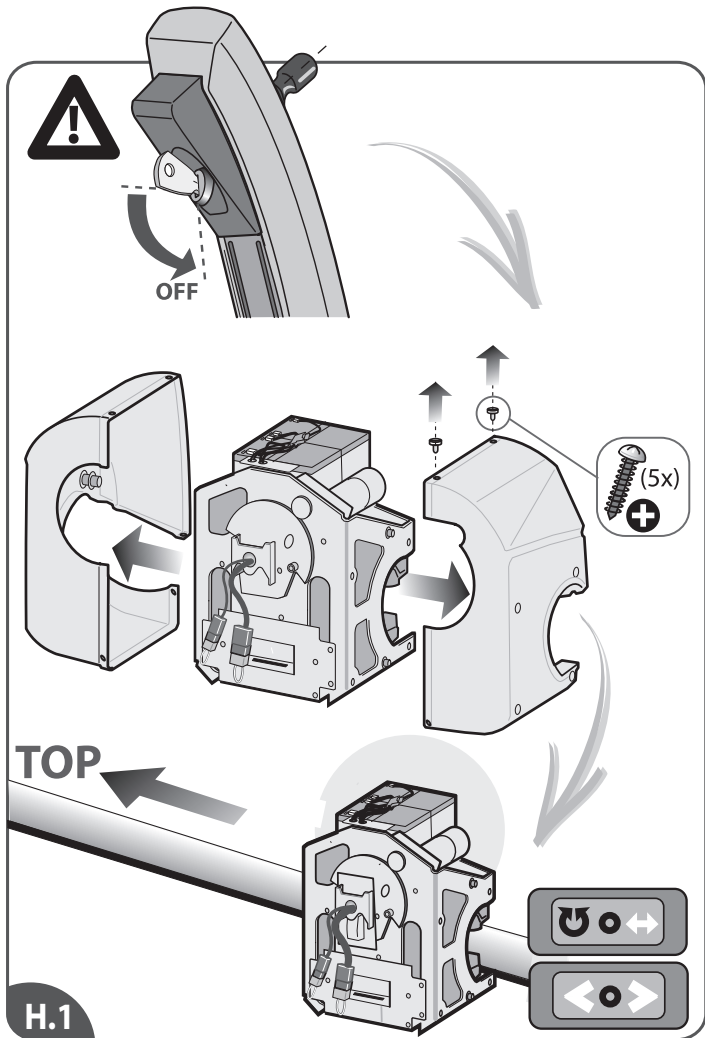
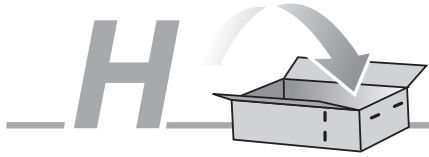
MANUAL DE DESINSTALACIÓN

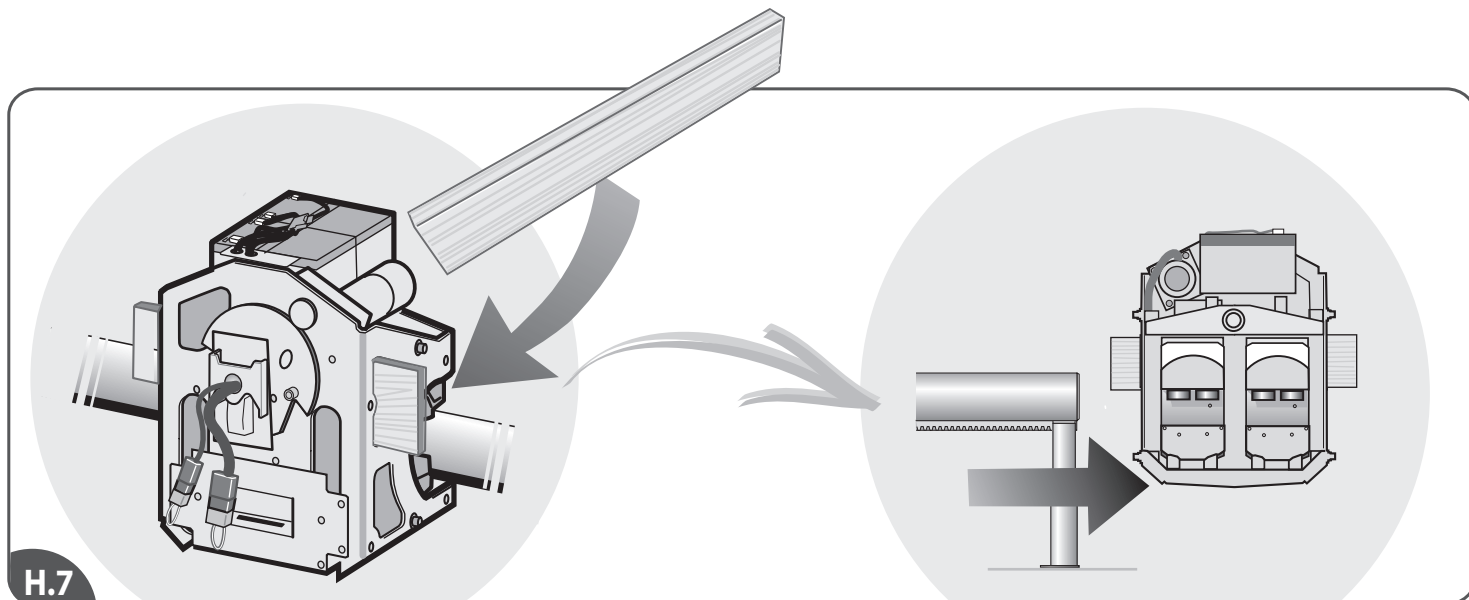
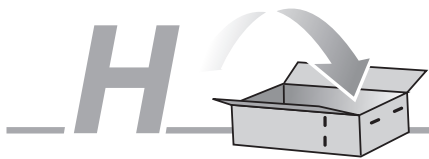
MANUAL DE DESINSTALAÇÃO

AVINSTALLASJONSMANUALEN

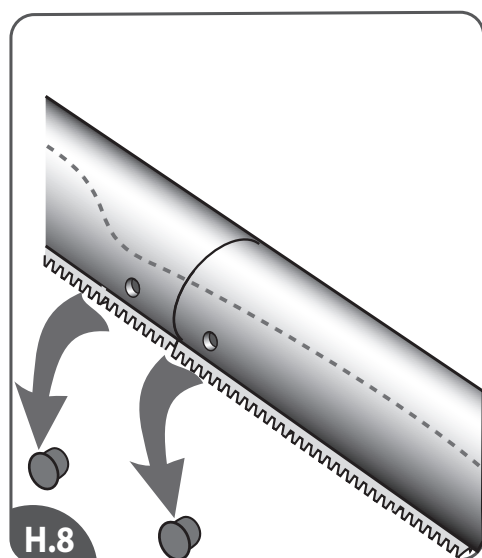
AVINSTALLATIONSMANUAL

AFINSTALLATIONSMANUAL

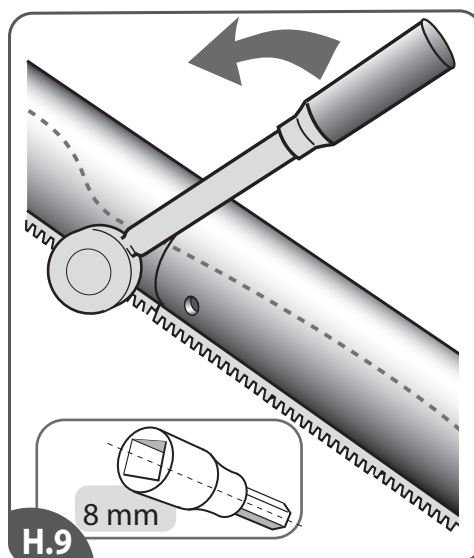




H.7

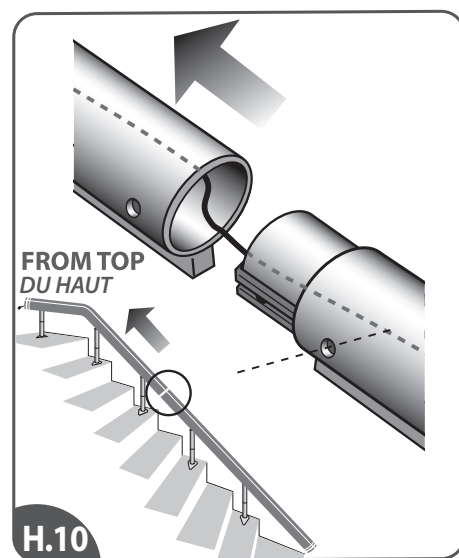


H.8



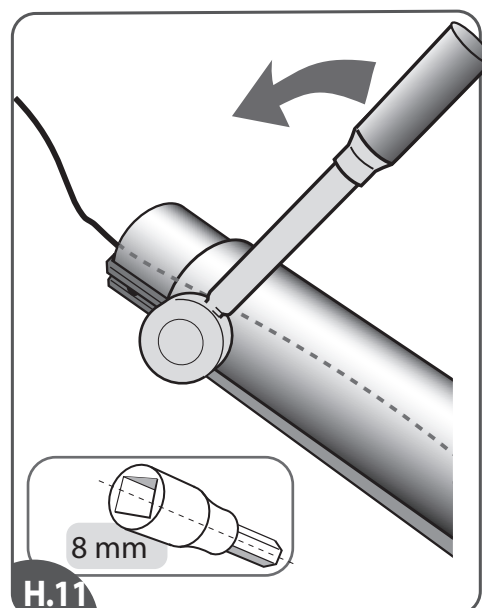
H.9

8 mm



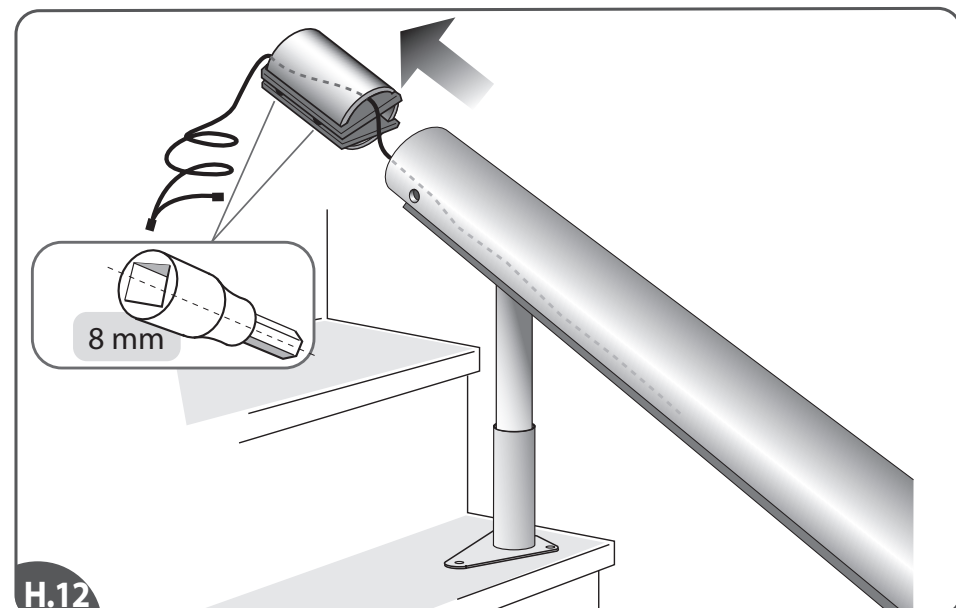
H.10

FROM TOP
DU HAUT



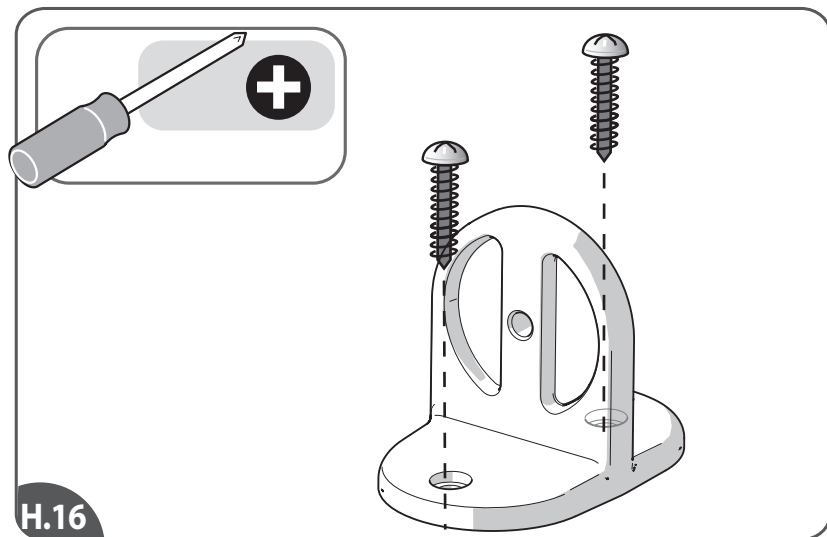
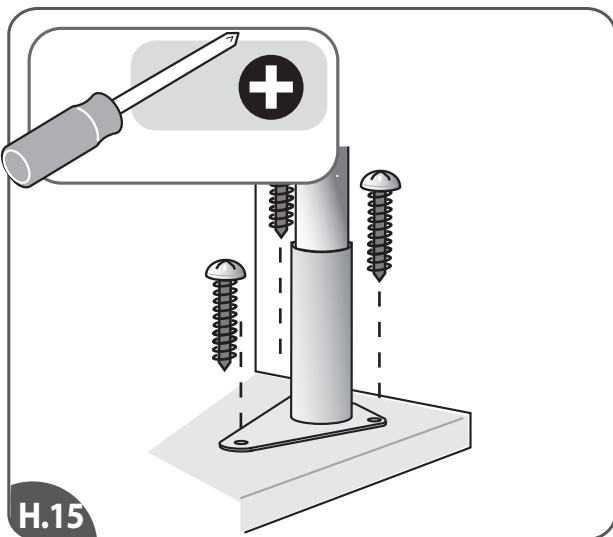
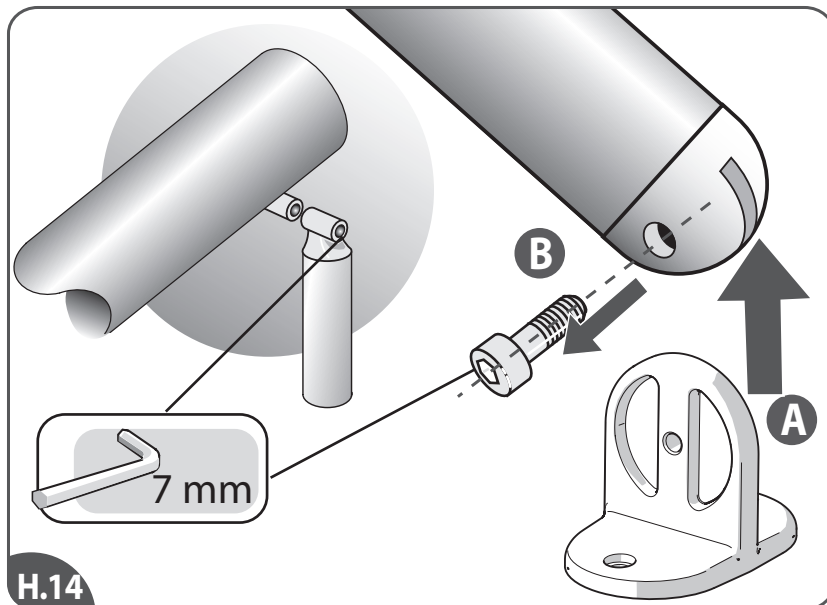
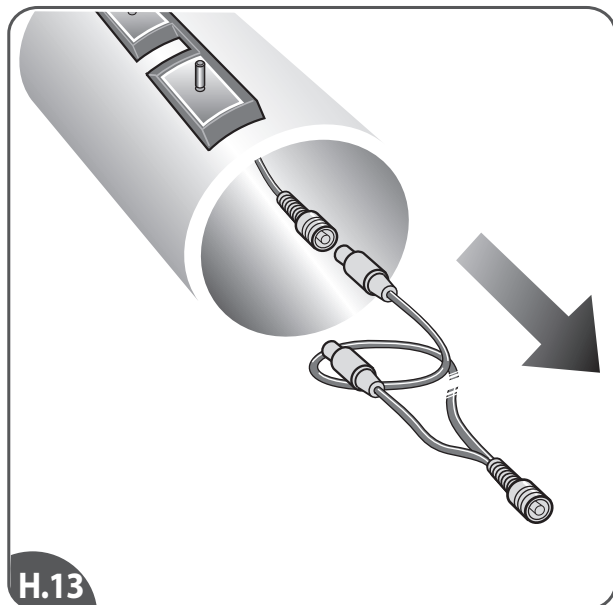
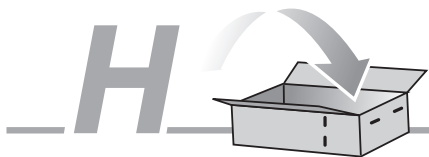
H.11

8 mm



H.12

8 mm





handicare

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Local: 314.692.9135
Fax: 314.692.7858
sales.us@handicare.com

INSTALLATION MANUAL

MANUAL D'INSTALLATION
INSTALLATIEHANDLEIDING
INSTALLATIONANLEITUNG
MANUALE PER L'INSTALLAZIONE
MANUAL DE INSTALACION
MANUAL DE INSTALACAO
INSTALLASJONSMANUALEN
INSTALLATIONSMANUAL
INSTRUKCJA



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