

Service Information Letter Field Safety Notice

To all operators of EMS Stretcher P/N 1354100 Rev.NC - Rev.F
This notice needs to be passed on all those who need to be aware within your organisation.

Subject: *Information for the handling of the backrest of EMS Stretcher*

FIELD SAFETY CORRECTIVE ACTION (FSCA)

FSCA Reference Number: 00927/19

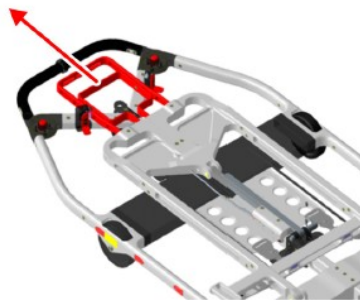
Applicability: *EMS STRETCHER P/N 1354100 Revision NC – Revision F*

References: *Gebrauchsanweisung: S4453_GBA_E035-01-13_DEU_Rev04*
User Manual: S4453_GBA_E035-01-13_ENG_Rev04

Purpose: *Ensuring correct and safe operation of the EMS Stretcher.*

Background: *An incident has been reported where the backrest of the EMS Stretcher has collapsed during ground use. To avoid recurrent incidents following steps have to be obeyed:*

3. Pull the red release handle below the head end of the stretcher towards you and lift or lower the backrest into the required position.



S4453_FF_1354100_Operation09_Rev01

4. Let go of the release handle and lift or lower the backrest slightly until it engages.
5. Make sure that the backrest is engaged correctly by lifting and lowering the backrest slightly without pulling the release handle.

BUCHER

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Action: *Ohey the handling instructions described above. The acknowledgement of this Service Information Letter shall be reported with the Reporting Sheet.*

Bucher Leichtbau AG wil/ release a Service Bulletin in spring 2019. In this SB the locking mechanism is improved and in addition an optica! locking indicator is installed to indicate the correct engagement of the locking balts. These parts provided by Bucher Leichtbau AG have to be implemented accordingly, and the implementation has to be reported.

For further information or for ordering applicable Service Bulletins please contact our Customer Service.

Attn.: Mr. Heinrich Burkhard
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Sincerely yours

Bucher Leichtbau AG
Fällanden



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REPORTING SHEET

Confirm that you have received and understood this letter. Sign the reporting sheet and return scanned copy via email to

Place, Date:

Signature:
