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IPAI Mini/Max

Installation Checklist

This installation checklist is made available to facilitate the delivery of this special purpose car seat or restraint only, it does not replace the need to consult the user manual as required.

1 - Client and vehicle details

Date of Installation		**Client age at time of installation**	
Client Name			
Client weight at time of installation		**IPAI Mini/IPAI Max user height - Check user height is within specified range at time of installation**	**100-125CM (IPAI MINI)** **100-150CM (IPAI MAX)**
Main vehicle that client uses for the majority of their travel	Make and model:		
	Year of manufacture:		
Other vehicles used for transport have been checked for compatibility with the IPAI Mini/IPAI Max			☐ Yes ☐ No

2 - Installation of IPAI Mini/Max into vehicle

It is recommended images are taken of each completed installation step. These images can be stored in both AT supplier and prescribing therapist's client record system for future reference.

Mandatory Installation Points – tick when each step is complete

- ☐ ISOFIX attachment points are deployed and depth and/or angle of ISOFIX attachment points are adjusted if required. Connection made to factory installed ISOFIX points when an audible click is heard and thin green strip is visible at each ISOFIX attachment point. Test connection by gently pulling on both connection points. If no ISOFIX is present, abort delivery of IPAI Mini/Max if no ISOFIX in vehicle.
- ☐ Adjust angle of tilt to suit individual user needs (if required)
- ☐ Adjust angle of backrest recline to suit individual user needs (if required)
- ☐ IPAI Mini/Max has been pushed rearwards in vehicle seat so the top of its seat frame contacts the vehicle seat backrest. Note – depending on the amount of backrest recline a gap may be required between the lower part of the IPAI Mini/Max seat frame and the vehicle seat.
- ☐ Adjust position of headrest – adjusting the headrest ensures the vehicle seatbelt is correctly positioned relative to the user's size.
- ☐ Adjust position of lateral supports to suit needs of user (under direction from child's OT/PT)
- ☐ Additional accessories are fitted (if required)
- ☐ Adjust and fit IPAI Mini/Max inbuilt harness to suit the size of the user. Ensure the 5 point harness buckle is not positioned under lap portion of seat belt – adjust position if required.

Vehicle seatbelt is directed correctly as per the user manual:

- ☐ Upper section of the seat belt is fed through the green belt guide located within the head support
- ☐ Lower section of the seat belt passes over the green belt guide on the lower part of the seat base closest to the seat belt origin
- ☐ Vehicle seat belt then passes over the top of the child and the secured IPAI Mini/Max inbuilt restraint. Both the upper and lower sections of the vehicle seat belt pass over the green seat belt guide located on the opposite side of the seat base and are buckled into the receiver

☐ Ensure the webbing of the restraint and vehicle seat belt is not twisted or trapped

☐ Remove any residual slack from the vehicle seat belt

3 - Parent/caregiver training in use of the IPAI Mini/Max

Training and education has been given to parent/caregiver on how to:

☐ Remove and reinstall the restraint from vehicle

☐ Adjust the restraint

☐ Use and fit all accessories delivered with the restraint

☐ Use the swivel base

IMPORTANT

There are differences in the road laws between each state and territory in Australia regarding requirements of transporting children with disabilities and medical conditions. Please refer to the MACA website **https://www.macahub.org/resources/forms-and-templates** to find out about requirements and processes that apply to the specific state or territory that the IPAI Mini/Max will be used in.

All below parties to complete and sign the below

☐ Completion of sections 1, 2 and 3 of this form

☐ Parent/caregiver has been supplied with Parent Safety Checklist relevant to product

☐ Prescribing therapist to be supplied a copy of completed form and upload to client records stored by the prescribing therapist

AT Product Consultant name and organisation:	Parent/caregiver name:	Prescribing therapist name and organisation:
AT rep signature:	Parent/caregiver signature:	Prescribing therapist signature:
Date:	Date:	Date:

AT rep to retain and store copy of completed form. Parent/caregiver can request copy of completed form.

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