Owners’ Manual

Out-Reach Lift System Assembly Instructions
Model # ORO20210

Use, Care and Warranty Information

Mobility Lift Systems
P.O. Box 5032 – Jonesboro, AR 72403-5032
Toll Free 877-832-5438 – 870-910-5438 – Fax 870-336-1931
# Table of Contents

- Introduction ........................................................................................................... 3
- Overview .................................................................................................................. 3
- Component List ....................................................................................................... 4
- Cautions .................................................................................................................... 5

## Assembly

- General Placement ................................................................................................. 6
- Mounting the Wall Stanchion .................................................................................. 6
- Attaching Reacher Arm ............................................................................................ 7
- Adjusting the Bearings ............................................................................................ 7
- Attaching the Lift Motor .......................................................................................... 7
- Final Inspection ........................................................................................................ 8
- General Inspection and Maintenance ....................................................................... 8
- Warranty .................................................................................................................... 8
- Service Record History – Initial Information .......................................................... 9
Introduction
Before using this equipment and to ensure the safe operation of your Out-Reach Lift System, carefully read this entire manual, especially the section on “Cautions”. The Out-Reach Lift System is designed to be used in conjunction with Waverly Glen Systems Ltd. Portable lift units, accessories and slings. Please refer to any user guides supplies with these components and reference them while reviewing this manual.

Should any questions arise from reviewing this manual contact Mobility Lift Systems at 870-910-5438. Failure to comply with warnings in this manual may result in injury to the operator or the individual being lifted/transfered. Damage to the lift and/or related parts may occur. Be sure that the contents of the manual are completely understood prior to use this piece of equipment.

Store this manual with the documents included with the lift system and sling(s). Contents of this manual are subject to change without prior written notice.

Overview of the Out-Reach Lift System
The Out-Reach Lift System is a lifting aid used by health care professionals and those providing care to lift, position and transfer clients or a disabled family member. The Out-Reach Lift System is a wall mounted floor to ceiling overhead lift which takes advantage of lifting from above and not from below or the side. The Out-Reach Lift System makes it possible to move mobility impaired individuals with minimum strain or risk to the caregiver, while providing complete safety, dignity and comfort the client or family member.
The Out-Reach Lift System can be used in small areas and under doorways. It can be adjusted in height to fit a wide range of applications. The Out-Reach Lift System is easy to assemble and can be completed by just one person in a short period of time. Have a lift system installed in your home and another one in a family members home or vacation home, then just take the lift motor and sling with you.

Please review the following outline of the parts included with your package.

**Component List**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>U Shaped Straps</td>
</tr>
<tr>
<td>3</td>
<td>6” Spacers</td>
</tr>
<tr>
<td>6</td>
<td>1” Spacers</td>
</tr>
<tr>
<td>2</td>
<td>5” Lag Bolts</td>
</tr>
<tr>
<td>2</td>
<td>2-1/2” Lag Bolts</td>
</tr>
<tr>
<td>2</td>
<td>Plastic Grommets</td>
</tr>
<tr>
<td>1</td>
<td>12” Pole Extention</td>
</tr>
<tr>
<td>1</td>
<td>Ceiling Mount Bracket</td>
</tr>
</tbody>
</table>

**Specifications**

*Maximum lifting weight is 400 lbs* unless specifically approved in writing by a factory representative.
The Out-Reach Lift System must be assembled prior to use. Should you have any questions during assembly contact Mobility Lift Systems at 870-910-5438.

Under no circumstances should a person that has not been properly trained in the use and care of the Out-Reach Lift System, be allowed to operate it. Failure to adhere to this warning may result in serious injury to the operator and/or the individual being lifted.

The Out-Reach Lift System is **not a toy**. Do not use it for unsafe practices. Do not allow children to play with this equipment.

In facilities where more than one operator will be responsible for using the Out-Reach Lift System it is imperative that all such operators be trained in the proper use. A training program must be established by the facility to familiarize new operators with this equipment.

To maintain optimal performance, the Out-Reach Lift System should be inspected and maintained on a regular basis. See the Section titled **“General Inspection and Maintenance”**.

Any accessories used with the Out-Reach Lift System, including the lift motor and sling(s) must be checked to ensure they are in working order and free of wear or fraying prior to every use.

The Out-Reach Lift System and associated motor and sling(s) are intended **only** for lifting and transferring of a person. Mobility Lift Systems, LLC will not be responsible for any damage caused by misuse, neglect or purposeful destruction of the lift and/or its’ associated components.

**Do Not in ANY circumstance exceed the maximum load** for this piece of equipment. Refer to the “Specifications” section of this manual. Failure to comply with all of the above guidelines will void the warranty of this product and any and all liabilities of Mobility Lift Systems, LLC.
General Placement

The Out-Reach Lift System reacher arm has a maximum 4 foot range of motor. In determining installation location, measure a radius arc of four feet from the selected stanchion location. Remember that the reacher arm also has a pivot point at two feet from the stanchion and will swing back on itself toward the stanchion. The stanchion top mounting strap must be secured at the top of the wall. If there is crown molding it must be removed before installation or a bridge spanning two wall studs must be mounted to the wall and the top mounting strap must be secured to the wall stud bridge.

Mounting the Wall Stanchion

#1
Once the stanchion location has been determined hold the “U” shaped mounting strap flush against the wall and the ceiling or bridge. Mark the two mounting hole locations using the mounting strap as a pattern guide on the wall. Using a 3/8” drill bit pre-drill two holes approximately 3½” deep into the top plate of the wall or into the stud bridge board.

#2
To determine the space between the wall stanchion and the wall, measure the thickness of the baseboard / toe board (usually ½” thick). The three ¼” spacer straps are provided for spacing the top mounting strap out from the wall to insure a parallel mounting without removing the baseboard. Place the straps directly behind the upper “U” shaped mounting strap and insert the two 5” lag bolts through the “U” shaped mounting strap, the spacers and tighten approximately 2½”.

#3
Assemble the wall stanchion pole by sliding the interior insert section inside the upper stanchion section until the hole patterns match. Insert the pin and pull pin clip. Insert the upper stanchion assembly into the bottom stanchion section. You are now ready to stand the stanchion pole assembly vertically upright. Pull the upper “U” mounting strap away from the spacers and insert the stanchion between the upper “U” mounting bracket and the spacers. Slide the bottom of the stanchion against the base of the wall. Check for parallel positioning and mark the location of the two mounting holes using the height adjustment pad as a pattern. (For a conventional wood
The wood screws can be inserted at this time; for concrete floors the stanchion must be moved to one side and pre-drilled with a 3/16” concrete bit approximately 2” deep and the provided plastic grommets inserted.) You are now ready to slide the stanchion pole back into place. Insert and tighten the floor screws and complete tightening the upper stanchion “U” mounting strap bolts. You are now ready to mount the swing arm assembly to the stanchion.

**Attaching Reacher Arm to Wall Stanchion**

There are three holes in the upper section of the stanchion to allow for height location adjustments for the swing arm. The preferred mounting location is the top set of mounting holes. Line up two of the mounting holes and insert the two provided pins and insert the retainer clip pins.

**Adjusting the Bearings of Reacher Arm**

The swing arm has bearings in each pivot joint which can be adjusted for control of the swing arm’s ease of movement and speed. It is best for the lower arm to swing a bit freer than the upper arm. This can be achieved by loosening or tightening the large nut found at each pivot joint.

**Attaching the Waverly Glen Motor**

You are now ready to attach the lift motor to the wall stanchion. To do so use the cabaneer (extension arm) provided with your lift motor. (Note: Be sure you read and completely understand the instruction manuals before using ANY of the equipment.)
REQUIRED: Final Inspection
Make sure all bolts are tight and all clips are in place. As with any lift equipment the sling is possibly the most important component. Make sure the sling is of the proper size, correctly position on the patient and used safely in the correct manner.

General Inspection and Maintenance
Prior to EACH use by the USER AND/OR CAREGIVER you must:

Check the system:  The Out-Reach Lift System, motor and sling(s) must be visually inspected. Refer to the motor and sling manuals for details regarding the proper inspection procedures.

Should any of these items fail inspection do not use them! Contact Mobility Lift Systems immediately by calling 870-910-5438.

Warranty
The Waverly Glen Lift Motor and the Stanchion Assembly have a two-year conditional warranty against manufacturing defects.
The battery has a six month warranty.
Service Record History – Initial Information

Complete the following section on purchase and service information as soon as this equipment is installed. Use the service record history to record any completed service and repairs. Ensure that the service record is signed and dated each time it is used. Be sure to have this piece of equipment serviced on a regular basis as described in the General Maintenance Section.

Purchase Information:
Product Name: Out-Reach Lift System
                       Serial # __________________________

Date of Purchase ___________________ Date Installed ________________________

Purchased From ____________________________________________________________

Address ________________________________________________________________

City ________________________________ Zip code ____________________________

Phone # ______________________________

Comments: ______________________________________________________________

Service Information:
Contact the following company for service:

Company _____________________________________________________________

Address ______________________________________________________________

City: ________________________________ Zip Code __________________________

Telephone: ____________________________

Comments: ______________________________________________________________
Service Record History

Date __________________________  Time __________________________
Inspection Service Type:
   __ Periodic     __ Monthly     __ 6 Month     __ Repair    __ Yearly    __ Other

Completed by: (Print) ____________________________ Sign __________________________
Company: ___________________________________________________________________
Remarks & Action Taken: _______________________________________________________

Date __________________________  Time __________________________
Inspection Service Type:
   __ Periodic     __ Monthly     __ 6 Month     __ Repair    __ Yearly    __ Other

Completed by: (Print) ____________________________ Sign __________________________
Company: ___________________________________________________________________
Remarks & Action Taken: _______________________________________________________

Date __________________________  Time __________________________
Inspection Service Type:
   __ Periodic     __ Monthly     __ 6 Month     __ Repair    __ Yearly    __ Other

Completed by: (Print) ____________________________ Sign __________________________
Company: ___________________________________________________________________
Remarks & Action Taken: _______________________________________________________

Date __________________________  Time __________________________
Inspection Service Type:
   __ Periodic     __ Monthly     __ 6 Month     __ Repair    __ Yearly    __ Other

Completed by: (Print) ____________________________ Sign __________________________
Company: ___________________________________________________________________
Remarks & Action Taken: _______________________________________________________