

LAP TRAY

Assembly, Installation, and Operating Instructions



NOTE: Check all parts for shipping damages before using. In case of damage, do NOT use the equipment. Contact the Carrier/ Dealer for further instructions.

SAFETY SUMMARY

WARNING

DO NOT install this equipment without first reading and understanding this instruction sheet. If you are unable to understand these instructions, contact a healthcare professional, dealer or technical personnel if applicable before attempting to install this equipment - otherwise, injury or damage may occur.

INTRODUCTION

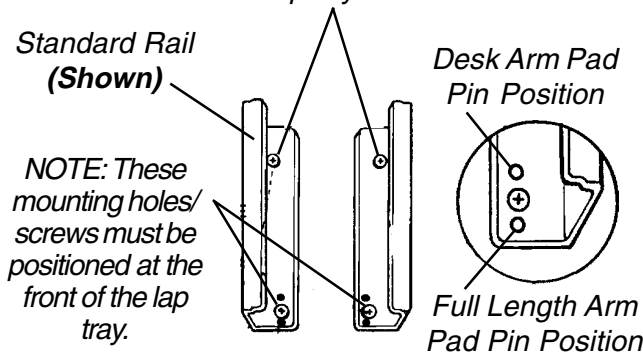
The Lap Trays are fully molded and designed to fit most wheelchairs. They feature a continuous lip along three (3) sides to prevent items from sliding off and is designed without corners or crevices which helps prevent the collection of food and dirt.

The Lap Trays are available in two (2) styles - **Clear** and **Black**. The clear trays are composed of a Thermal Polyester composition that allows surface scratches to be removed with a heat gun or hair dryer. The Black trays are made of ABS Plastic. Both styles are extremely durable.

The trays are available with or without a torso cutout.

The tray mounts firmly to the wheelchair by sliding onto the arm rests. The tray will mount on flat padded (**SR - mounting hardware**) or tubular (**TR - mounting hardware**) arm rests.

NOTE: These mounting holes/ screws must be positioned at the rear of the lap tray.



INSTALLATION (FIGURE 1)

1. Remove Lap Tray/tray rails from packaged container.
2. Measure the distance (**outside to outside**) at the front and rear of armrest pads.
3. Subtract this measurement from the width of the Lap Tray. Refer to the example.

Example:

Width of Lap Tray	24-inches
Armrest Measurement	- <u>20-inches</u> (minus)
	- 4-inches

4. Take the difference between the two (2) measurements and divide by 2.

Example: $\frac{4\text{-inches}}{2} = 2$

5. Measure the distance from the outside edge of the Lap Tray toward the inside of the tray rail using the distance measurement obtained in **STEP 4**. Perform this procedure for both sides of the Lap Tray.
6. Position tray rails with the mounting holes that are closest to the outside of the tray rails at the rear of the tray.
7. Loosely secure the tray rails to the Lap Tray with the screws provided.

Difference between the width of the lap tray and the outside of the armrests divided by two.

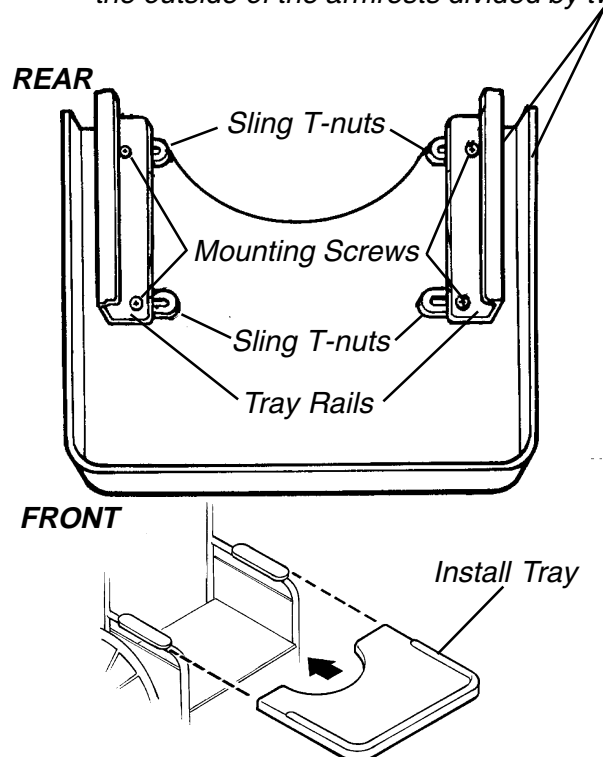


FIGURE 1 - INSTALLATION

8. Tighten the screws in place and re-check measurement.
9. Open wheelchair and slide the Lap Tray over the armrests.
10. Position stop pins in tray rails according to type of arm pads on wheelchair (**FIGURE 1**).

MAINTENANCE

To maintain the appearance and extend the life of your Lap Tray:

1. Clean surface weekly with a mild non-abrasive cleanser and a soft cloth or brush.
2. Visually inspect all parts weekly for deformation, breakage, compression, corrosion and wear.

WARNING

DO NOT continue to use this product if any deformation, breakage or other problems should be discovered. Corrective maintenance can be performed at or arranged through your local Invacare Dealer.

The Lap Tray is designed for use with a wheelchair **ONLY**. The Lap Tray is **NOT** designed, however, for use while the wheelchair is being propelled. Wheel locks on the chair **MUST** be engaged when the tray is in use or bodily injury could result. Remove Lap Tray from the chair before allowing the chair to be propelled. **DO NOT** use in conjunction with any other tray or other attachments except those noted.

LIMITED WARRANTY

PLEASE NOTE: THE WARRANTY BELOW HAS BEEN DRAFTED TO COMPLY WITH FEDERAL LAW APPLICABLE TO PRODUCTS MANUFACTURED AFTER JULY 4, 1975.

This warranty is extended only to the original purchaser/user of our products.

This warranty gives you specific legal rights and you may also have other legal rights which vary from state to state.

Invacare warrants its product to be free from defects in materials and workmanship for a period of two (2) years from date of purchase. If within such warranty period any such product shall be proven to be defective, such product shall be repaired or replaced, at Invacare's option. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any such product. Invacare's sole obligation and your exclusive remedy under this warranty shall be limited to such repair and/or replacement.

For warranty service, please contact the dealer from whom you purchased your Invacare product. In the event you do not receive satisfactory warranty service, please write directly to Invacare at the address on the back cover, provide dealer's name, address, and the date of purchase, indicate nature of the defect and, if the product is serialized, indicate the serial number. Do not return products to our factory without our prior consent.

LIMITATIONS AND EXCLUSIONS: THE FOREGOING WARRANTY SHALL NOT APPLY TO SERIAL NUMBERED PRODUCTS IF THE SERIAL NUMBER HAS BEEN REMOVED OR DEFACED, PRODUCTS SUBJECTED TO NEGLIGENCE, ACCIDENT, IMPROPER OPERATION, MAINTENANCE OR STORAGE, COMMERCIAL OR INSTITUTIONAL USE, PRODUCTS MODIFIED WITHOUT INVACARE'S EXPRESS WRITTEN CONSENT (INCLUDING, BUT NOT LIMITED TO, MODIFICATION THROUGH THE USE UNAUTHORIZED PARTS OR ATTACHMENTS; PRODUCTS DAMAGED BY REASON OF REPAIRS MADE TO ANY COMPONENT WITHOUT THE SPECIFIC CONSENT OF INVACARE, OR TO A PRODUCT DAMAGED BY CIRCUMSTANCES BEYOND INVACARE'S CONTROL, AND SUCH EVALUATION WILL BE SOLELY DETERMINED BY INVACARE. THE WARRANTY SHALL NOT APPLY TO PROBLEMS ARISING FROM NORMAL WEAR OR FAILURE TO ADHERE TO THE FOLLOWING INSTRUCTIONS.

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