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**Urgent Field Safety Notice**

**Permobil powered wheelchair C300, C350, C400, and C500 with seats Corpus II, Corpus II LR, Corpus KB and Base Only**

**FSCA-identifier (e.g. date): 6.6.4-2017-56763**

**Dealer Identification Number:** *See cover letter.*

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Date: July 26, 2017

**Attention to Users and Distributors of Permobil powered wheelchairs**

The purpose of this letter is to inform you that Permobil has voluntarily initiated a field action of certain Permobil powered wheelchairs with fixed seat and elevator inner tubes.

**Details on affected devices:**

At this time the following models distributed from June 2011 to Feb 2017 are affected by this recall:

C300 Corpus II  
C300 Base Only  
C350 Corpus II  
C350 Base Only  
C400 Corpus II  
C400 Base Only  
C400 Corpus II LR  
C400 Corpus KB  
C500 Corpus II  
C500 Corpus II LR  
C500 Base Only  
C500 Corpus KB  
Corpus II Seat Only

**Description of the problem:**

Permobil AB has voluntarily initiated a correction of certain Permobil powered wheelchairs with fixed seat and elevator inner tubes. This correction decision has been made because a potential failure of the top plate in which the seating system separates from its base. The top plate is a component that connects the seating system of the wheelchair to the base by a series of welds.



**Description of solution:**

Corrective Action will consist of replacing the affected part with an improved design.

**Advise on action to be taken by the distributors/dealers:**

Please log into [www.permobilfsa.com](http://www.permobilfsa.com) with the unique Dealer Identification Number provided in the header of this Field Safety Notice.

By logging in you will get a list of affected serial numbers that you have distributed. Please identify customers/users with affected serial numbers that are eligible for correction and coordinate and perform correction as soon as possible.

The website includes instructions to explain how to perform the correction. You will also be provided with an order form to submit to Permobil to order a correction kit and a form to submit to confirm contact effectiveness and completion of correction.

**Advise on action to be taken by the user:**

Because of the low incident rate customers may continue to use the product in accordance with owner's manual until they have been contacted for correction. However, if the seat appears to be unstable, customers should immediately be advised to cease use of the product.

**Transmission of this Field Safety Notice:**

This notice needs to be passed on to all those who need to be aware within your organization or to any organization or customer where the potentially affected devices have been transferred. (If appropriate.)

Please transfer this notice to other organizations on which this action has an impact. (If appropriate.)

Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action. (If appropriate.)

**Contact reference person:**

Please contact your Permobil sales representative if you have any questions regarding this corrective action, or would like assistance with the correction.

Name and phone number to local Permobil sales representative: *see cover letter.*



The undersign confirms that this notice has been notified to the appropriate Regulatory Agency.

Thank you for your support. We regret any inconvenience that this action may cause, but we appreciate your understanding as we take action to ensure customer satisfaction.

Sincerely

