

Queensland Code of Practice: Vehicle Modifications (QCOP)

Code LC4: Vehicle Controls for Persons with a Disability (Modification)

September 2021

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CODE LC4

Vehicle controls for persons with a disability (Modification)

1.0 Scope

Code LC4 outlines the minimum installation and testing requirements for the following light vehicle modifications involving controls for persons with a disability.

1.1 Modifications permitted under Code LC4

The following is a summary of modifications that may be performed under Code LC4:

- Installation of driver controls for persons with a disability.

1.2 Modifications not permitted under Code LC4

The following is a summary of modifications that may not be performed under Code LC4:

- Vehicle controls conversion/modification for other than for a person with a disability;
- Installation of a wheelchair lifter.

2.0 General requirements

All work must also comply with the requirements contained in sub-section 2.0 General Requirements of the *Queensland Code of Practice (QCOP) – Section LC Vehicle Controls*. Specific requirements in this code take precedence over any general instructions in QCOP.

Extensive modifications to a vehicle may affect the warranty provided by the OVM. It is the responsibility of the certifying AP to consider such effect on warranty. Consideration of the effect this modification may have on product warranty is outside the scope of this code. The certifying AP must clarify this point to the modifier and the vehicle operator.

For audit purposes, sufficient documentary and photographic evidence of the modification must be retained by the certifying AP.

2.1 Compliance with applicable vehicle standards

- 2.1.1** The modified vehicle must continue to comply with the applicable Australian Design Rules (ADRs).
- 2.1.2** If different or additional ADRs apply to the modified vehicle due to the modifications, the vehicle must comply with those ADRs that apply to it after modification.

- 2.1.3** A modified vehicle must also comply with the applicable in-service requirements of the *Transport Operations (Road Use Management – Vehicle Standards and Safety) Regulation 2021* (the VSS regulation).
- 2.1.4** A pre-ADR modified vehicle must continue to comply with the VSS regulation.
- 2.1.5** Specific requirements, if listed in Section 3.0 of this code, take precedence over the general requirements in Section 2.0.
- 2.1.6** Outlined in Table LC4-1 are areas of the vehicle that may be affected by the modifications and may require re-certification, testing and/or data to show compliance of the modified vehicle.

Table LC4-1 Summary of items that if modified, may detrimentally affect compliance with applicable ADRs

| DETAIL | REQUIREMENTS |
|---------------------------------|--|
| Brake Lights | ADR 13/00 ADR 60/00 |
| Brake Hoses | ADR 42/.. |
| Hydraulic Brake Systems | ADR 31/.. ADR 33/.. ADR 35/.. |
| Supplementary Restraint Systems | ADR 69/00 ADR 72/00 ADR 73/00 |
| Brake Performance | <i>Transport Operations (Road Use Management—Vehicle Standards and Safety) Regulation 2021</i> |

Note: This is not an exhaustive list and compliance to other ADRs may also be affected.

The ADR applicability is according to the vehicle's category and date of manufacture. It is the responsibility of the certifying AP to verify compliance to the applicable ADRs. The certification must include the vehicle date of manufacture in addition to the date of modification.

3.0 Specific Requirements

The following are specific requirements to enable certification to be issued for vehicle driver controls conversions under Code LC4.

All work must also comply with the general guidelines contained in sub-section 2.0 General Requirements of QCOP – Section LC.

3.1 Installation of Vehicle Controls for persons with a disability.

3.1.1 Hand Controls

The fitment of hand controls is restricted to automatic transmission vehicles.

3.1.2 Accelerator to Left of Foot Brake

The fitment of a left of foot brake accelerator pedal is restricted to automatic transmission vehicles.

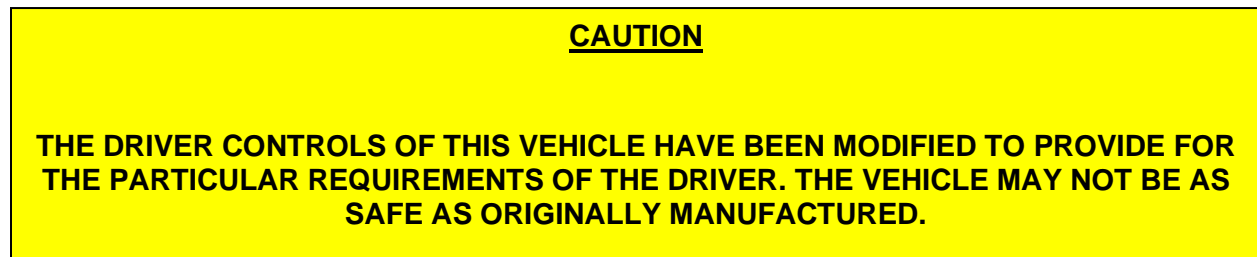
While there are no requirements which specifically cover the location of a left foot brake or accelerator pedal, attention should be paid to the operator's needs. Due care should also be taken to ensure there is sufficient clearance from the brake pedal, to reduce the risk of the driver accidentally depressing the incorrect pedal.

Where a vehicle is fitted with an additional accelerator pedal, the accelerator pedal not in use must be able to be:

- fitted with a cover; or
- folded away; or
- disconnected/rendered inoperative.

3.1.3 Signage

A permanent, securely attached label shall be provided in a position in the vehicle, which is conspicuous to the driver, stating the following:



This sign must be printed in bold black letters, 5 mm high, on a yellow background.

3.2 After Installation

The following points must be observed:

- The car should be fully test driven to establish that all controls operate correctly.
- The user shall be taken for a test drive and any necessary adjustments made.
- The user should be made familiar with the driving controls and their functions. A recommendation that the user seeks ongoing instruction where necessary should be made.
- The user should only accept the vehicle once they are satisfied with all aspects of the vehicle's controls.
- The user shall receive all manufacturers' operating instructions for the driving control.
- The user shall be made aware of any maintenance schedules required for the controls.
- It is important the user ensures all driving controls are returned to their operating position after servicing.

Checklist LC4

CODE LC4: Vehicle controls for persons with a disability (Modification)

Form No: LC4

Provide an answer to each of the following (Y=Yes, N=No)

| | | |
|---|---|--|
| Modification Certificate Number: | _____ | |
| 1 | Modification | |
| 1.1 | Has the vehicle been modified in accordance with the plans and specifications issued under: Design Approval No _____ OR do the controls meet the General and Product Requirements outlined in Australian Standard AS 3954 <i>Motor vehicle driver controls – Adaptive systems for people with disabilities</i> ? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2 | Signage | |
| 2.1 | Has a label been permanently and securely attached to the dashboard in a position conspicuous to the driver? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3 | Installation | |
| 3.1 | Has the installation been carried out in accordance with instructions and plans supplied? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4 | ADR Compliance | |
| 4.1 | Does the modified vehicle continue to comply with the ADRs that applied to it at its first supply to market in Australia? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5 | Workmanship | |
| 5.1 | Does the installation and fabrication comply with the requirements specified in the design? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6 | Road-Test | |
| 6.1 | Has a road test been carried out and the user been made familiar with the driver controls and their function? | <input type="checkbox"/> Y <input type="checkbox"/> N |

[Continued on the following page]

| | | |
|----------|--|--|
| 7 | Records | |
| 7.1 | Have complete records of the modification been retained in a manner suitable for auditing? | <input type="checkbox"/> Y <input type="checkbox"/> N |

Note: If the answer to any question is **N (No)** the conversion cannot be certified under modification Code LC4.

| CERTIFICATION DETAILS | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--------------|--|--|--|--|-------------|----------------------------|--|--|--|--|
| Make | | | | | | Model | | | | | | Year of Manufacture | | | | |
| VIN | | | | | | | | | | | | | | | | |
| Chassis Number (If applicable) | | | | | | | | | | | | | | | | |
| Brief Description of Modification/s | | | | | | | | | | | | | | | | |
| Vehicle Modified By | | | | | | | | | | | | | | | | |
| Certificate Number (If applicable) | | | | | | | | | | | | | | | | |
| Vehicle Certified By (<i>Print</i>) | | | | | | | | | | | | | | | | |
| Signatory's Employer (If applicable) | | | | | | | | | | | | | | | | |
| Signatory's Signature | | | | | | | | | | | Date | | | | | |