

Staff Member Name: _____
 Date Completed: _____
 Observed by: _____

Patient Lift Pre-Operation Check		YES	NO	Comments
A	Understands why patients need this lift			
B	Understands how to charge lift / charge batteries			
C	Locate and read battery charge indicator			
D	Demonstrates ability to lower resident should lift experience any non-performance			
E	Locate emergency stop button			
F	Ensure the sling is in good working condition with no tears or ripped areas, etc.			

Lift Operation Check		YES	NO	Comments
A	Turns lift "ON" by rotating the red button until it pops up. Presses button on pendant to make battery lift indicator appear on the screen.			
B	Understands that it is recommended to use the lift when battery is fully charged			
C	Adjusts bed to height that promotes good body mechanics.			
D	Positions the base of the lift under the bed.			
E	Spread base legs apart to widen the base.			
F	Verbally prepares resident for transfer.			
G	Ensures sling is not visually damaged in any way.			
H	Positions patient on the appropriate sling size and style as per their Care Plan. Ensures the back strap on the sling is facing downward on the bed (on the outside of the patient).			
I	Position lift spreader bar perpendicular with patient's shoulders and hovering over the chest.			
J	Attach the sling straps without pulling to the desired setting. Consider elevating the head of the bed to facilitate ease in completion.			
K	Instructs patient to remain relaxed in the sling			
L	Gently raise patient minimumly from the surface by pressing "Up" on the hand pendant. Perform safety check.			
M	Turn patient's legs towards the perpendicular support bar of the lift during the move.			
N	Closes the base and pulls the lift away from the bed.			
O	Gently lower or position patient in chair/commode in the proper position.			
P	Turns the lift "OFF" by pressing down the red button.			
Q	Ensure the sling is in good working condition with no tears or ripped areas, etc.			

Evaluation Method:

☐ Verbal

☐ Demonstration / Observation

☐ Interactive Classroom

Performance Level

☐ 1 Needs Assistance

☐ 2 Minimal Assistance Required

☐ 3 Performs Independently

Evaluation Period

☐ 1 At Orientation

☐ 2 Annually

☐ 3 Other _____