

Equipment Preventative Maintenance Monthly Inspection Checklist (complete 2 pages)

| Consumer Name | Date | Program | | |
|---|--------------------------|--------------------------|--------------------------------|--|
| COMPONENT | CHECKED | NOT APPLICABLE | DEFECT NOTED / REMEDIAL ACTION | TIME FRAME / WHO'S RESPONSIBILITY (CHESHIRE OR CONSUMER OWNED) |
| Mechanical "Hoyer" Lift | | | | |
| Bolts on lift: Are they fastened tightly? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Weld Sites: Are there any cracks? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Castors, front & rear: Are they spinning? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Brakes: Are they working if applicable? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Hydraulic cylinder: Does it lift as high as intended? Is consumer dropping when supposed to be stationary. Explain. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Are handles/grips secure? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Leg spreader: Do they lock and stay in place? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Electric "Hoyer" Lift | | | | |
| Does it turn on/off? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is there any abnormal noise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does it go up and down? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Emergency release: Does it work? (Look for red tab) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Hand control: Do all the buttons work? Are the electrical wires frayed? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Bolts on lift: Are they fastened tightly? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Weld sites: Are there any cracks? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Castors, front & rear: Are they spinning? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Brakes: Are they working? (If applicable) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Are handles/grips secure? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Leg spreader: Do they lock and stay in place? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Chargers: Are there any loose or exposed wires? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| TRACK LIFT | | | | |
| Track: Is it pulling away from the ceiling? Can you physically see it move? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Straps: Are they worn through? | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | |
|--|--------------------------|--------------------------|------|--|
| IS THERE ANY ABNORMAL NOISE? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Emergency release: Does it work? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Hand control: Do all the buttons work? Have the electrical wires frayed? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Chargers: Are there any loose or exposed wires? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Slide Boards | | | | |
| Are there any cracks? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Commodes | | | | |
| Is it stable? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Check the welds | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Check seat – connected, worn or broken. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Check arm pads – cracks, tears, holes | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Check any attachments – brackets, pails | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Check castors – are the wheels turning easily? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Slings | | | | |
| Is it missing any vital straps? (Straps that are used daily) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Are any straps or fabric frayed? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Bath Chair / Bath Bench | | | | |
| Check that all screws are tight | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Visual check of legs, frame and structure to ensure it isn't broken prior to use | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensure height adjustable snaps are secure | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Check to make sure rubber stopper on feet is still intact | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Bed – Electric | | | | |
| Check: controls, brakes, cords, rails, wheels/casters | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Chargers: Are there any loose or exposed wires? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Inspected by (Personal Attendant) | | | Date | |
| Reviewed by (Program Manager) | | | Date | |