## SAFETY PRINCIPLES

## EMPLOYER GUIDE

## EQUIPMENT USE INVENTORY

Directions: Complete the following inventory regarding equipment handling/transport in your department and other departments.

| Department: |  |  | Employee Name: |  |  | Shift: Day | Night Swing |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Safe Patient Handling Device | Brand Name | Number of Units | Equipment Weight Limit | How Often is it Used? | Is it in Working Order? | If it is Rarely Used, Why? | Other Comments |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |
| Select Equipment |  |  |  | Select Usage | Select Yes/No |  |  |


| Department: |  |  | Employee Name: |  |  | Shift: Day <br> If it is Rarely Used, Why? | Night Swing |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Other Safe Patient Handling Device | Brand Name | Number of Units | Equipment Weight Limit | How Often is it Used? | Is it in Working Order? |  | Other Comments |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |
|  |  |  |  | Select Usage | Select Yes/No |  |  |

