

SAFETY **PRINCIPLES**

EMPLOYER GUIDE

EQUIPMENT USE INVENTORY

Directions: Complete the following inventory regarding equipment handling/transport in your department and other departments. **Employee Name:** Shift: Day Night Swing Department: Is it in Working If it is Rarely Safe Patient Handling Number Equipment How Often is it **Brand Name** Other Comments Weight Limit Used, Why? Device of Units Used? Order?

Department:			Employee Name:			Shift: Day Night Swing	
Other Safe Patient Handling Device	Brand Name	Number of Units	Equipment Weight Limit	How Often is it Used?	ls it in Working Order?	If it is Rarely Used, Why?	Other Comments