



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		

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?	Is it in Working Order?	If it is Rarely Used, Why?	Other Comments