

## Nananom Assisted Living Quarterly Equipment Safety Checklist

Month: \_\_\_\_\_

Today's date:	
<b>Wheelchairs:</b>	N/A
Brakes	Secures chair when applied.
Arm rest	Detaches easily for transfers.
Leg rest	Adjusts easily.
Foot pedals	Folds easily so the resident may stand.
Wheels	Are not bent or warped.
Anti-tip devices	Installed and placed in proper position.
<b>Electric Wheelchairs/Scooters:</b>	N/A
Speed	Set at the lowest setting.
Horn	Works properly.
Electrical	Wires are not exposed .
<b>Beds:</b>	
Wheels	Roll/turn easily and do not stick.
Brakes	Secures the bed firmly when applied.
Mechanics	Height adjusts easily (if applicable) .
Transfer bars	Sturdy and attached properly.
Over-bed table	Wheels firmly locked and positioned on the wall-side of bed.
<b>IV Poles/stands:</b>	N/A
Pole	Raises/lowers easily
Wheels	Rolls easily and turns freely, do not stick
Stand	Stable, does not tip easily (should be five-point base)
<b>Footstools:</b>	N/A
Legs	Rubber skid protectors on all feet. Steady and does not rock.
Top	Non-skid surface.
<b>Call Bells/lights:</b>	
Operational	Outside door light.
	Sounds at caregiver location.
	Location appears on the monitor.
	Intercom.
	Room panel signals.
Accessible	Accessible in bathroom.
	Within reach while the resident is in bed.
<b>Walkers/canes:</b>	N/A
Secure	Rubber tips in good condition.
	Unit is stable.
<b>Commodes:</b>	N/A
Wheels	Roll/turn easily and do not stick.
	Are weighted and not top heavy when in use.
Brakes	Secure commode when applied.
<b>Geri/Broda Chairs:</b>	N/A
Chair	Located on level surface to minimize risk of tipping.
Wheels	Roll/turn easily and do not stick.
Breaks	Applied when chair is stationary.
	Secure chair firmly when applied.
Footplate	Removed when chair is placed in a non-tilt or non-reclined position.
Footplate	Removed during transfers.

Positioning	Chair is positioned with proper amount of tilt to prevent sliding or falling forward.
Tray	Secure.
<b>Flooring:</b>	
Tile/laminate	Dry
	Non-Skid
	Clutter-free
	Free of trip hazards
<b>Grab Bars/Handrails:</b>	
Kitchen	Secure
Hallway	Unobstructed
<b>Other Areas:</b>	
<b>Notes:</b>	

Person Completing Checklist: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_