

**SPECIAL EQUIPMENT CHECKLIST**

Staff Name: \_\_\_\_\_ Job Title \_\_\_\_\_

Patient Name: \_\_\_\_\_

| SPECIAL EQUIPMENT – CHECKLIST       |                              |                                  |                 |        |  |
|-------------------------------------|------------------------------|----------------------------------|-----------------|--------|--|
| SPECIAL EQUIPMENT & MECHANICAL AIDS |                              |                                  |                 |        |  |
| ITEM                                | Competency<br>Met<br>Not Met | Supervisor<br>Initials &<br>Date | Not in<br>place | Obtain |  |
| Cane                                |                              |                                  |                 |        |  |
| Walker                              |                              |                                  |                 |        |  |
| Crutches                            |                              |                                  |                 |        |  |
| Manual Wheel Chair                  |                              |                                  |                 |        |  |
| Electric Wheel Chair                |                              |                                  |                 |        |  |
| Grab--Bars                          |                              |                                  |                 |        |  |
| Bath Bench                          |                              |                                  |                 |        |  |
| Raised Toilet Seat                  |                              |                                  |                 |        |  |
| Commode                             |                              |                                  |                 |        |  |
| Bed Pan                             |                              |                                  |                 |        |  |
| Urinal                              |                              |                                  |                 |        |  |

**SPECIAL EQUIPMENT – CHECKLIST**

**SPECIAL EQUIPMENT & MECHANICAL AIDS**

|                        |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| Over-bed Table         |  |  |  |  |  |
| <b>ITEM</b>            |  |  |  |  |  |
| Easy Lift Chair        |  |  |  |  |  |
| Hydro Lift             |  |  |  |  |  |
| Scooter                |  |  |  |  |  |
| Life Line              |  |  |  |  |  |
| Manual Hospital Bed    |  |  |  |  |  |
| Electric Hospital Bed  |  |  |  |  |  |
| Safety Belt            |  |  |  |  |  |
| Floatation Mattress    |  |  |  |  |  |
| Bath Lift              |  |  |  |  |  |
| Roho Cushion           |  |  |  |  |  |
| Thermometer            |  |  |  |  |  |
| Blood Pressure Monitor |  |  |  |  |  |