

# Equipment checklist

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Please indicate the appropriate response. A "No" answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.

**Date of inspection:**

**Address of premises:**

Item	Is the item suitable and in good order for the task?	Is the equipment easy to use?	Is the item easily accessible?	Is the item easily transported?	Comments/hazard report completed
Vacuum cleaner					
Bucket/Mop					
Broom					
Washing machine					
Laundry trolley					
Clothes dryer					
Iron/ Ironing board					
Step ladder					
Food preparation facilities					
Hot water system					
Changing facilities/area					

# Personal equipment checklist

	Date of last service	Are there any defects, signs of wear or other problems?	Is the item being used correctly?
Bed			
Manual wheelchair			
Power wheelchair			
Shower chair/trolley			
Transfer devices: <ul style="list-style-type: none"> <li>• slide sheet</li> <li>• grab rail/foot stool</li> </ul>			
Hoist: <ul style="list-style-type: none"> <li>• standing</li> <li>• ceiling</li> <li>• hydraulic floor</li> <li>• electrical floor</li> <li>• other</li> </ul>			

Electrical safety of equipment	Yes/No	Comments/hazard report completed
1. Is there regular testing and tagging of the electrical equipment that is supplied by the organisation?		
2. Is there an organisational procedure when faulty items are identified?		
3. Have workers received training in electrical safety?		
4. Is the safety switch tested and recorded every three months?		
<b>General notes</b>		