

Minimal-Manual Lift Environment - Coaches' Monthly Audit

Directions: Conduct the audit no later than the **last Tuesday** of every month. Fax the completed form (with Nurse Manger's signature) to Ergonomics Division 286-6763 by the end of the month. Check the appropriate answer for each statement.

Unit: _____ **For Month of:** _____ **Date Completed:** _____

Completed by: _____

1	All items used in the MMLE are accessible (include lifts, blue plastic liners, slings, spare batteries, & wipes).	Y	N	N/A
2	The area is free of items that are not supposed to be stored there.	Y	N	N/A
3	Battery on the OPERA is green.	Y	N	N/A
4	Battery on the ENCORE is green.	Y	N	N/A
5	Spare batteries are being charged.	Y	N	N/A
6	OPERA is operational and clean for use. Meter Reading: _____	Y	N	N/A
7	ENCORE is operational and clean for use. Meter Reading: _____	Y	N	N/A
8	STEDY is operational and clean for use.	Y	N	N/A
9	At least 3 disposable OPERA slings of each size are available.	Y	N	N/A
10	All 3 sizes of the belt-like ENCORE slings are available and clean for use.	Y	N	N/A
11	Germicidal disinfecting wipes are available and in view for use.	Y	N	N/A
12	Blue plastic liners are stocked in the designated area for use.	Y	N	N/A
13	All ceiling lifts (MAXISKY/BRAVO) are docked in the charging station. (Verify that the yellow light is either solid or flashing and the green light is solid.)	Y	N	N/A
14	All ceiling lifts are operational and clean.	Y	N	N/A
Totals of "Y" & "N"				

Comments: (i.e. lifts/supplies conditions, concerns or success stories from staff/patients or training issues/status, etc)

Signature of Nurse Manager: _____

Date: _____