

Minimal-Manual Lift Environment - Coaches' Monthly Audit - Eye Center OR

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: _____

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|---|---|---|---|
| 1 | All items used in the MMLE are accessible (include lifts, blue plastic liners, slings, spare batteries, & wipes). | Y | N |
| 2 | The area is free of items that are not supposed to be stored there. | Y | N |
| 3 | Battery on the Maximove is green. | Y | N |
| 4 | Spare batteries are being charged. | Y | N |
| 5 | Maximove is operational and clean for use. Meter Reading: _____ | Y | N |
| 6 | At least 3 disposable Maximove slings of L and XL sizes are available Eye Center OR | Y | N |
| 7 | Germicidal disinfecting wipes are available and in view for use. | Y | N |

Totals of "Y" & "N"

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

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Signature of Nurse Manager: _____ **Date:** _____

Revised: 02/2008