

**Minimal-Manual Lift Environment - Coaches' Monthly Audit - Williams Ward**

**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
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. <b>Meter Reading:</b> _____	Y	N
6	At least 2 disposable slings of each size are available.	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:** \_\_\_\_\_