Area Checklist

DukeMOVES
Move Often. Very Early. and Safely

Date: **Completed by:** **Unit/Dept/Clinic:**

Storage Area/Room		Notes:
Parking signs posted above device?	Y N	
All devices present with all parts?	Y N	
All parked in designated location?	Y N	
Free of clutter?	Y N	
Equipment		
All devices with battery charged?	Y N	
All lifts working?	Y N	
Battery charger working?	Y N	
Spare batteries charging?	Y N	
If MaxiSky on unit, working?	Y N N/A	
If HoverMatt on unit, inflator present?	Y N N/A	
Supplies		
Blue liners stocked near all pt/exam rooms?	Y N	
3 sizes of slings available at par level?	Y N	
Slings organized/labeled for easy access?	Y N	
Posey chair and bed pads available at par level?	Y N N/A	
If MaxiSky, all loop slings available?	Y N N/A	
If HoverMatt on unit, mat available?	Y N N/A	
3 sizes SaraPlus belts available?	Y N N/A	
SaraPlus belts stored neatly (on hooks, shelf)?	Y N N/A	
Training		
All new orientees trained by Champion or Coach?	Y N	
Staff requiring remedial training completed by Champion/Coach?	Y N	
Broken Equipment		
If broken, work order complete?	Y N N/A	
Inpatient Only: Patient Rooms		
All rooms have working Posey alarm with charged batteries?	Y N	
All rooms have Posey alarm cord plugged into call system?	Y N	
Other: List		
	Y N N/A	
	Y N N/A	
	Y N N/A	
	Y N N/A	

NOTES: