



Training Completion Tracking Form: INPATIENT

EdTrack # _____

Champion/Coach Name _____

Unit/Clinic/Dept _____

* Indicate in each box below the **date** each staff member was trained for each item/equipment. Use appropriate competency forms for each.

Staff Name	Staff Unique ID	 BMAT	 Blue Liner	 Sara Stedy/ Stedy/Best Care	 RoWalker	 SaraPlus/ Encore	 MaxiMove/ Opera/ Tenor	 Maxisky (600/1000)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								



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* Please indicate below the **date** each staff member was trained for each item/equipment. Use appropriate competency forms for each.

Staff Name	Staff Unique ID	 Ultramove	 HoverMatt	 HoverJack	 Hover Wedge	 Wheelchair Mover	 Bed Mover	 Car Lift
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								