PARTNERS FOR INCLUSION/JUST CONNECTIONS

Hoist/Sling/Equipment – Pre Use Inspection Record (Refer to Daily Checklist)

Service ___________________

HOIST TYPE & SERIAL NUMBER/S		**LOLER INSPECTION DATE**	
RAISER BED TYPE & SERIAL NUMBER/S		**PUWER INSPECTION DATE**	
SLING TYPE & SERIAL NUMBER/S		**PUWER INSPECTION DATE**	
WHEELCHAIR TYPE & SERIAL NUMBER/S		**PUWER INSPECTION DATE**	

DATE	BATTERY CHARGED	REMOTE UP DOWN	BRAKES	BASE LEGS	SPREADER BAR	SLING HOOK RETAINERS	SLINGS FABRIC & HOOKS	BED REMOTE UP DOWN	WHEEL CHAIR	KIRKTON/ LOUNGE CHAIR	FAULT& ACTION	SIGNED