

Aged Care Equipment Assessment Checklist

Date of assessment _____ Facility _____

Equipment

Item _____

Supplier / Manufacturer _____ Model _____

Manual Battery / electric SWL _____

Purpose of assessment

Pre-purchase Review / follow-up As part of incident investigation Other

Supplier information

includes operating procedures Warranty expires _____
 availability of spare parts / accessories AS/NZS compliant _____
 on-site maintenance provided TGA compliant _____
 replacement available for off-site maintenance Other _____
 supplier can provide training for staff

Equipment controls

instructions for use attached to equipment and visible
 comply with conventions and operate as intended
 accessible and conveniently placed
 protected from breakage and unintentional operation
 can be operated by either hand
 require minimal force to operate
 do not require repetitive actions

Movement and braking (mobile equipment only)

steering is easy, including under load
 easy to position and park
 brakes prevent movement when activated
 brakes easy to operate, accessible and conveniently placed
 cargo is secure during equipment movement

Refill, cleaning and maintenance

refill compartments are accessible
 all parts requiring cleaning are accessible
 all parts requiring maintenance are accessible

Adjustability

components are easily accessed
 adjustments are secure / reliable

Aged Care Equipment Assessment Checklist

Equipment safety

- moving parts are guarded to prevent injury
- free of trap hazards for fingers, hair and clothing
- noise dampening fitted
- vibration dampening fitted
- emergency stop fitted and easily accessed
- 'fail safe' i.e. device will compensate automatically so as not to cause injury or entrapment, and/or permit manual over-ride

Compatibility with other equipment

- can be used with other equipment - please specify

Other factors assessed

_____	_____
_____	_____
_____	_____

Comments

Recommendations

Pre-purchase

- the equipment **meets** OHS criteria for purchase
- the equipment **does not meet** OHS criteria for purchase

Existing equipment

- satisfactory** - continue using for current purpose
- requires **modification** for safe usage
- remove from use - equipment is unsafe
- SWP (procedure) requires updating
- other _____

Review

Next review date _____

Assessors

Name _____

Position/role _____