

Risk Assessment -Turntable Transfer/Mobility Aids

| A: DETAILS OF SERVICE USER | | | |
|---|--------------------------|--------------------------|------|
| Surname: | First Name(s): | Title: | |
| Age last birthday: | Date of Birth: | Date Service Started: | |
| B: PERSON UNDERTAKING THE RISK ASSESSMENT | | | |
| Name (PRINT): | Signature: | Date of Risk | |
| C: RISK ASSESSMENT CHECKS | | | |
| Address where hoist is used: | | | |
| Type of turntable: | | | |
| | YES | NO | |
| Was the turntable allocated specifically to this service user? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the turntable stable, and does it function correctly at all times? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the wheels level and undamaged? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the tyres in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Can the wheel brakes be engaged and disengaged easily and safely? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Can the turntable brakes be engaged and disengaged easily and safely? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Height adjustment to knee bars satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Height adjustment to full height satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the turntable clearly marked with date of the last maintenance inspection, and when the next one is due? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has this date been exceeded? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the turntable plus occupant heavy or difficult to mobilise, making transfer of service user difficult? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Turntable easily clear of ground during moving / transferring activity? | <input type="checkbox"/> | <input type="checkbox"/> | |
| D: DETAILS OF ANY ACTION NEEDED TO REDUCE RISKS TO LOWEST POSSIBLE LEVEL | | | |
| Action required | Completed by | Verified by | Date |
| | | | |