

Risk Assessment - Hoists

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 hoist used:			
Type of slings used:			
Size of slings used:			
	YES	NO	
Has the service user been assessed for this hoist by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	
The appropriate number of staff are involved in hoisting the service user, ref. previous Risk Assessments:	<input type="checkbox"/>	<input type="checkbox"/>	
Are there instructions with the hoist?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the hoist 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 hoist secure and stable?	<input type="checkbox"/>	<input type="checkbox"/>	
Have the correct slings been provided for the task / manoeuvre?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there problems associated with putting on / taking off the sling?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there problems associated with moving the hoist into position?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there problems associated with securing the hoist?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there problems associated with moving to another surface once the service user is hoisted?	<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