

Risk Assessment - Wheelchairs

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 wheelchair:			
	YES	NO	
Was the wheelchair prescribed specifically for this service user?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair stable 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 brakes be engaged and disengaged easily and safely?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the footplates in place and correctly adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the service user able to maintain a safe position in the wheelchair at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair 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 wheelchair plus occupant heavy or difficult to push?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the wheelchair need to be folded to lift it up and down steps, or into a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the route being negotiated involve ramp sections, or uphill / downhill?			
D: DETAILS OF ANY ACTION NEEDED TO REDUCE RISKS TO LOWEST POSSIBLE LEVEL			
Action required	Completed by	Verified by	Date