



CHAIR SAFETY & SERVICE AUDIT

DATE:

Home Name:

Home Manager:

Group:

Email:

Other Staff Involved:

Address:

Your Mobility Staff:

CHAIR DETAILS (as Delivered)

Model:

Accessories:

Serial No:

Original User:

Current User:

CHAIR FUNCTIONALITY

	Yes	No
Tilt-In-Space:	<input type="checkbox"/>	<input type="checkbox"/>
Leg Rest:	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Movement:	<input type="checkbox"/>	<input type="checkbox"/>
Brakes Efficiency:	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Surfaces:	<input type="checkbox"/>	<input type="checkbox"/>

DAMAGE ASSESSMENT

	1	2	3	4	5
Chair Sides / Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back / Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Rest/Footplate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chassis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KEY

- 1 - None / Negligible
- 2 - Slight
- 3 - Moderate
- 4 - Significant - Monitor
- 5 - Severe Requires action

MISSING PARTS

STAFF AWARENESS / TRAINING

	Yes	No
Are Care Staff aware of the functions and correct operation of the chair?	<input type="checkbox"/>	<input type="checkbox"/>
Is further FREE staff training on posture & good seating practice required?	<input type="checkbox"/>	<input type="checkbox"/>

ACTION TAKEN ON-SITE / NOTES

FURTHER RECOMMENDED ACTIONS