

Sit-Stand Lift Training Checklist

Facility: _____ Instructor Name: _____

Employee/Learner Name: _____

Date: _____

NOTE: Please place an 'X' beside each component in the column provided to indicate this information has been delivered and understood by you.

Preventative Checks:	X	Use of Lift:	X
Charging Procedure		Proper Client assessment for lift	
Charge Indicator		Sling assessment for client	
Battery Indicator		Sizing slings correctly	
Use of Brakes		Proper sling application using ergonomics	
Emergency Stop (as applicable)		Position of lift relative to client	
Emergency Lowering – Manual (as applicable)		Proper application of the sling to the lift carry bar	
Emergency Lowering – Electric (as applicable)		Proper ergonomic position when maneuvering the lift	
Wheel condition		Bed to chair	
Hand control function		Chair to bed	
On-board control (as applicable)		Chair to commode/toilet	
Sling condition		Reposition in chair	
No visible signs of disrepair		Trouble-shooting	

I have attended the training session for operating the sit-stand lift and understand the above skills presented to me.

EMPLOYEE/LEARNER SIGNATURE: _____