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| List the Moving and Handling Equipment which is kept in your ward or department. State the manufacturer and model of all hoists  e.g. Arjo Maximove | | **Examples of handling equipment:**  Hoists / Standing aids / Stedy / Slings / Sliding sheets / Lateral Transfer Board | | |
| Name of handling equipment  (include serial number if applicable) | Where is it based? | | Is aid clean and stored correctly?  Including being charged if applicable | Date of last LOLER/Servicing/Currently in full working order? |
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