|  |  |
| --- | --- |
| List the Moving and Handling Equipment used or available in your ward or area. Also list items which are regularly borrowed. If possible state the brand name of the aid. | **Examples of handling equipment:**Hoists / Standing aids / Transport or Transfer device / Slings / Sliding sheets / Patslide  |
| Name of handling aid (include serial no) | No. | Where is it based? | Is aid in good working condition? | Date of last safety check | Suitable? (if not, why not) | How many more are required? |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |