

Patient Medical History Checklist

Health Services

GENERAL

Image

UPLOAD

Image

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Are there any signs of excessive wear and damage visually?

Yes

No

Na

Is the base, framework, bed ends, and side rails in good condition?

Yes

No

Na

Are the rail welds free of damage and cracks?

Yes

No

Na

Are there any signs of warping, bending, or damage on foot and head sections?

Yes

No

Na

Are all rivets and bolts tightened securely and functioning properly?

Yes

No

Na

Are the surfaces and links intact?

Yes

No

Na

Do casters roll and lock as required?

Yes

No

Na

Does the bed lower and raises properly?

Yes

No

Na

Does the foot lower and raise properly?

Yes

No

Na

Does the head lower and raise properly?

Yes

No

Na

Are electrical parts free of excessive wear or damage?

Yes

No

Na

Are power, pendants, and motor cords free of excessive wear, cuts, or signs of chafing?

Yes

No

Na

Are all plugs damage-free and fully attached?

Yes

No

Na

Is the junction box cable lock properly positioned and locked?

Yes

No

Na

Are all other mechanical functions in working condition?

Yes

No

Na

Is the mattress cover free from rips or cracks?

Yes

No

Na

Does the emergency hand crank work properly?

Yes

No

Na

Are any harsh cleaning agents used to clean the beds?

Yes

No

Na

Is greasing done periodically to actuators, tubes, pins, etc?

Yes

No

Na

Are there any signs of impedance or leakage?

Yes

No

Na

Are damaged parts replaced/repaired as required?

Yes

No

Na

Are records maintained for cleaning and maintenance?

Yes

No

Na

Comments

Image

UPLOAD

Inspectors Name/signature:

SIGNATURE

Inspection Date:

DATE

2017-01-01