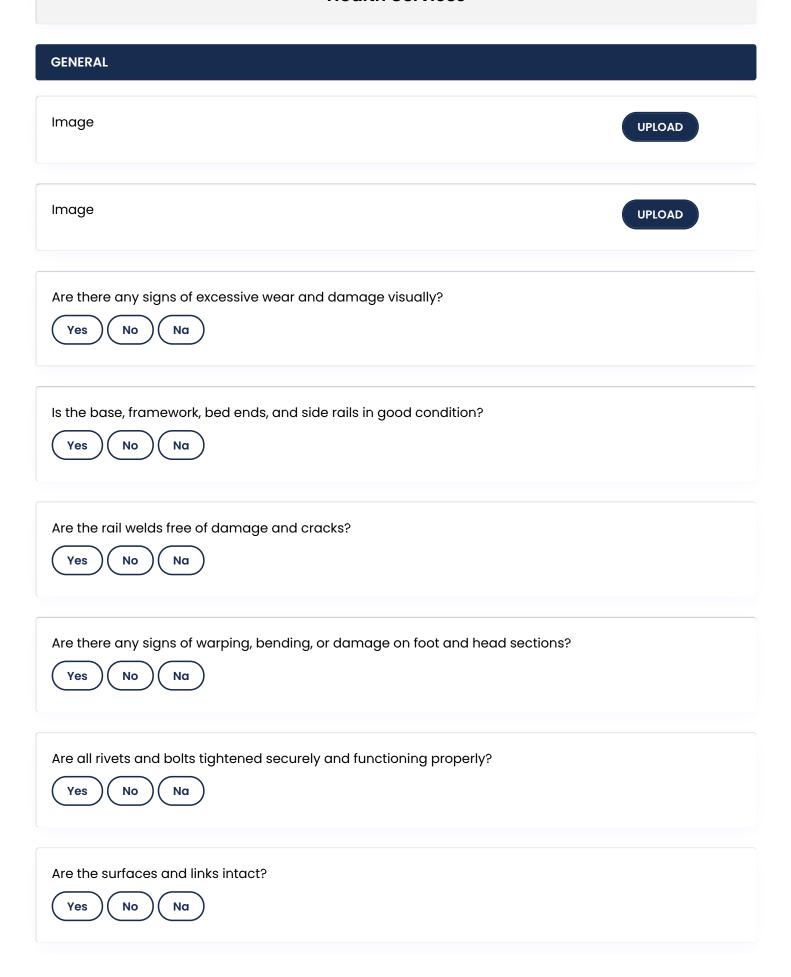
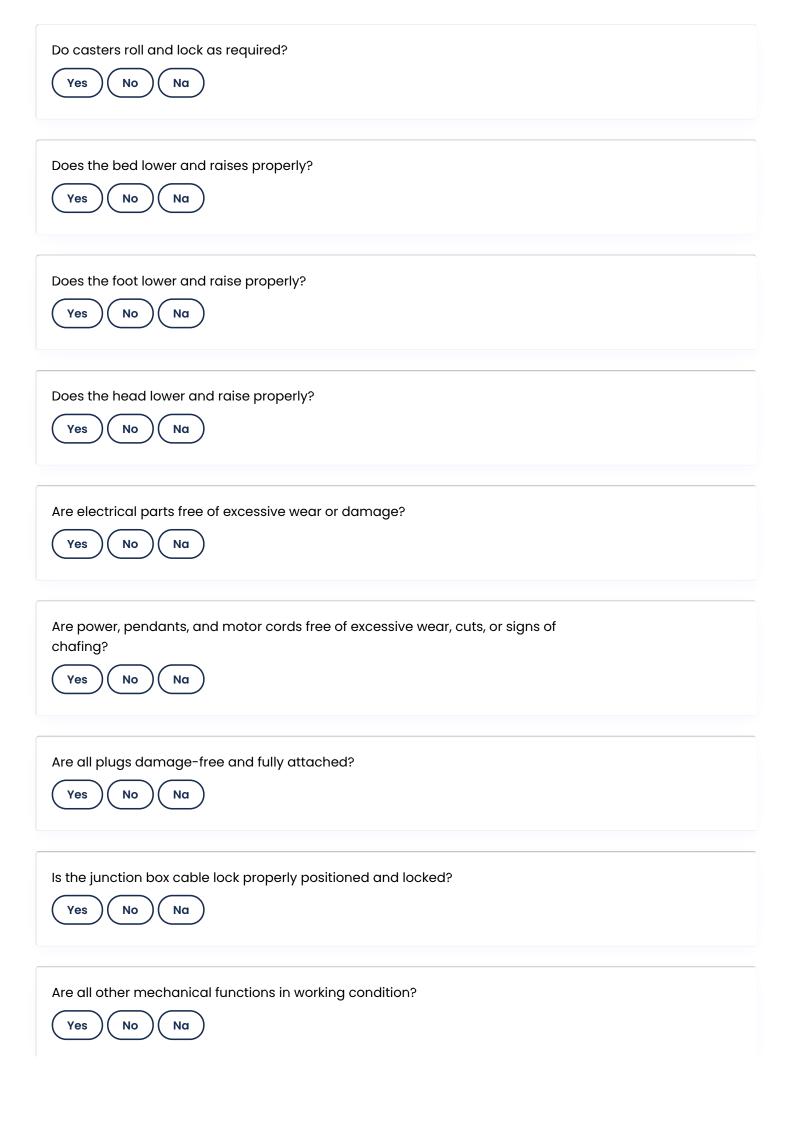
## **Patient Medical History Checklist**

## **Health Services**





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

Inspectors Name/signature:

Inspection Date:

DATE

2017-01-01