

Competency Training Record for Raizer M Lifting Chair and HelpFall

Trainers Name	Date:		
Equipment:	Staff Name		
Care Home:			
<u>HelpFall</u>	Demonstrated	Practice	User Comments
HelpFall <ul style="list-style-type: none"> User able to describe when to use HelpFall. 			
HelpFall Operation <ul style="list-style-type: none"> User demonstrated they are able to access, and complete Post Falls Assessment using HelpFall in accordance with the terms of use, on their own device or a device provided to them. 			
Scenarios <ul style="list-style-type: none"> User has had the opportunity to see and then work through a hypothetical scenario independently of a fallen patient. 			
<u>Instructor Comments</u>			

<u>Raizer M Lifting Chair</u>	Demonstrated	Practice	User Comments
Raizer M Lifting Chair <ul style="list-style-type: none"> User understands what the lifting chair is and what its intended use is. 			
Controls <ul style="list-style-type: none"> User can demonstrate how to safely operate the Raizer M using the crank handle. 			
Operation <ul style="list-style-type: none"> User can demonstrate the assembly, and order of assembly, of the Raizer M, including how to troubleshoot during assembly. 			
Disassembly <ul style="list-style-type: none"> User can demonstrate how to disassemble and store the Raizer M. 			
Cleaning <ul style="list-style-type: none"> User understands how to clean the Raizer M. 			
<u>Instructor Comments</u>			

STAFF DETAILS

Are you competent to use the Raizer M Lifting chair? YES / NO	
<ul style="list-style-type: none">I accept that I have received a satisfactory level of training on the above equipment, and I am competent to use the Raizer M lifting chair without further training.	
Name (Print) _____ (Signature) _____	
Position _____ Date _____	
If you have selected No, please state what further training you would like support with?	
I confirm that the above person has attended and completed this training according to the lesson plan.	
Name and Signature of Trainer	