

## Competency Training Record for Raizer M Lifting Chair

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

## STAFF DETAILS

<b>Are you competent to use the Raizer M Lifting chair?</b> YES / NO	
<ul style="list-style-type: none"><li>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.</li></ul>	
Name (Print) _____ (Signature) _____	
Position _____ Date _____	
<b>If you have selected No, please state what further training you would like support with?</b>	
<b>I confirm that the above person has attended and completed this training according to the lesson plan.</b>	
<b>Name and Signature of Trainer</b>	