

RECORD OF HOISTING COMPETENCY FORM

Delegate Name Assessor name and Job Title:	DATE: Task Assessed
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Competency Achieved		Y E S	N O
Knowledge Base required			
1	<i>The person must have received instruction, have practical experience and demonstrate safe use of the hoist and be able to state the risks and precautions of the procedure.</i>		
2	Preparing the environment and equipment visual checks. This includes stating the name and size of the sling used.		
3	Delegate has read the risk assessment and care plan. The delegate knows key constraints and expected behaviour of the service user		
4	Delegate states their knowledge of charging equipment/ emergency stop and emergency lower procedure		
5	The sling is positioned appropriately and connected to the hoist as per risk assessment instructions		
6	Positioning of motor and spreader bar is carefully achieved		
7	Knowledge of the effect of different loops configuration on positioning and compatibility.		
8	The delegate used head and chest supports and plastic supports in the sling as appropriate		
9	The delegate communicated with and reassured all parties and carried out regular checks throughout the procedure.		
10	Pushing and pulling the hoist was done with care		
11	The delegate used features to alter the bed height and chair tilts and brakes appropriately.		
12	The delegate hoisted the service user safely and securing to their destination and evaluated their procedure		
13	The delegate adopted a good posture and followed hygiene procedures throughout the task		
14	The delegate worked well in a team and followed allocated roles		
15	The delegate could list general risks of hoisting e.g. sling failure, slipping through an aperture, the front or side of the sling, poor positioning of sling and loops, detachment, spreader bar and body contact with hoist, skin damage, loss of power, panic and fear and tissue damage.		

The service user was safely moved and was comfortable throughout the process and was content with the procedure	Yes	No
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Full Competency Achieved Assessor Signature and Date:

Delegate signs and dates they are confident to lead a hoisting task:

Additional Comments: