



Safe Mobility and Repositioning Techniques

Patient Handling Accident Investigation Checklist

This form is to be completed by the department Manager after meeting with the employee and reviewing the circumstances of the injury. This form is to be returned to Employee Health after completion, within one week of injury. **When completed, scan this form and email it to Employee Health at employeehealth@osumc.edu and retain a copy for your department employee files.**

SECTION 1: EMPLOYEE INFORMATION

First Name	Last Name	M.I.	Employee Cost Center
Accident Date		Employee Accident Form Filed On	
Manager Name			

SECTION 2: CHECKLIST

1. Patient transfer mobility task being performed at time of injury: (mark all that apply)

- Repositioning a patient
- Transferring a patient
- Lifting a patient
- Other _____
- Assisting patient to walk/stand
- Preventing a patient fall
- Unexpected patient movement or behavior

2. Was the patient assessed to need lifting equipment? Yes No
 a. If yes, date of patient assessment _____

3. Equipment recommended:

- Stedy
- Sara/Sara Plus
- Maxi Move
- Hoover Mat
- Other _____
- Hoover Jack
- Maxi Slide/Blue Tube
- Maxisky

4. Was equipment used to move/position the patient? Yes No
 a. If no, was the correct equipment readily available for the assessed need? Yes No
 b. If yes, name of equipment that was used:

- Stedy
- Sara/Sara Plus
- Maxi Move
- Hoover Mat
- Other _____
- Hoover Jack
- Maxi Slide/Blue Tube
- Maxisky

5. If equipment was not used, why?

- Equipment not accessible
- Appropriate sling size not available
- Patient weight exceeded equipment capacity
- Other _____
- Patient too small for equipment
- Change in patient condition from assessment

6. Did the equipment malfunction? Yes No
 7. If yes, serial number: _____



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SECTION 2: CHECKLIST (Continued)

8. What caused the accident to happen?

9. What could have prevented this injury?

10. Can the employee demonstrate correct transfer/lifting procedure? Yes No

Other:

- The employee completed equipment training
- The employee did not complete equipment training

If employee did not complete the equipment training, please explain:

SECTION 3: MANAGER SIGNATURE

Manager signature

Date