

START THE TASK

BEFORE THE TASK	<input type="checkbox"/> Had up-to-date moving and handling training, including hoist training? <input type="checkbox"/> Feel confident to use hoist?	NO ►	DO NOT USE Check with supervisor
	▼ YES		
	<input type="checkbox"/> Current and relevant person-specific handling plan for using hoist?	NO ►	
	▼ YES		
	<input type="checkbox"/> Person's condition/ability same as when they were assessed for this equipment? <input type="checkbox"/> Do you have consent?	NO ►	
	▼ YES		
	<input type="checkbox"/> Number of handlers available as per handling plan?	NO ►	
	▼ YES		
	<input type="checkbox"/> Familiar with this specific hoist & sling?	NO ►	
	▼ YES		
ENVIRONMENT Area safe for hoisting, ie			
<input type="checkbox"/> sufficient space? <input type="checkbox"/> clear of obstacles? <input type="checkbox"/> access around/under furniture? <input type="checkbox"/> clean/dry?	NO ►		
▼ YES			
HOIST <input type="checkbox"/> Familiar with emergency stop and lowering systems?		NO ►	
▼ YES			
SLING <input type="checkbox"/> Sling compatible for use with this hoist?		NO ►	
▼ YES			
<input type="checkbox"/> Sling is one identified in handling plan and is still appropriate (ie right size and type, cross reference with care plan)?		NO ►	
▼ YES			
Visual check made of sling, ie			
<input type="checkbox"/> clean and undamaged? <input type="checkbox"/> label legible – SWL clearly displayed? <input type="checkbox"/> unique identifier? <input type="checkbox"/> LOLER examination/service up to date (6 monthly)?	NO ►		
▼ YES			
Visual check made of hoist, ie			
<input type="checkbox"/> battery charged? <input type="checkbox"/> LOLER examination/service up to date (6 monthly)? <input type="checkbox"/> no obvious signs of damage? <input type="checkbox"/> hoist moves freely on castors backwards and forwards? <input type="checkbox"/> base adjustment and lifting/lowering mechanisms move freely? <input type="checkbox"/> emergency button set in correct position? <input type="checkbox"/> SWL clearly displayed and not exceeded?	NO ►		
DO NOT USE Check with supervisor			
DURING TASK	<input type="checkbox"/> Hoist brakes OFF (unless otherwise specified in manufacturer's instructions)?	NO ►	<input type="checkbox"/> Unlock hoist brakes (unless otherwise assessed)
	▼ YES		
	<input type="checkbox"/> Sling loops/clips attached securely and correctly to hoist?	NO ►	<input type="checkbox"/> Re-attach and re-check
	▼ YES		
	<input type="checkbox"/> Sling safety harness/belt secured if there is one?	NO ►	<input type="checkbox"/> Fit as per handling plan
	▼ YES		
<input type="checkbox"/> Person looks safe and comfortable? <input type="checkbox"/> Sling smooth under person? <input type="checkbox"/> Sling leg configuration correct?	NO ►	<input type="checkbox"/> Re-fit sling	
▼ YES			
<input type="checkbox"/> Person's legs safe distance from mast?	NO ►	<input type="checkbox"/> Turn spreader bar, giving person more leg room	
▼ YES			
<input type="checkbox"/> Hoist with hoist legs widened (unless handling plan states otherwise) until straps tight <input type="checkbox"/> Recheck person is safe, comfortable and correctly positioned <input type="checkbox"/> Start full hoist			
AFTER TASK	<input type="checkbox"/> Person's position correct? <input type="checkbox"/> Are they comfortable?	NO ►	<input type="checkbox"/> Hoist again, then reposition
	▼ YES		
	<input type="checkbox"/> Detach sling from hoist <input type="checkbox"/> Remove sling (if applicable) ensuring person left in safe position		
	▼ YES		
<input type="checkbox"/> Hoist & sling suitable for next use, ie clean, undamaged?	NO ►	<input type="checkbox"/> Clean hoist and/or report damage and/or launder sling – following organisational procedures	
▼ YES			
<input type="checkbox"/> Store hoist in suitable, safe place <input type="checkbox"/> Recharge hoist (if applicable)			

Figure 1 Checklist – using a mobile hoist