**BEFORE THE TASK**

**START THE TASK**

 Had moving and handling training, including hoist training?  Feel confident to use hoist?

**NO**

**DO NOT USE**

**Check with supervisor**

**YES**

 Current and relevant person-specific handling plan for using hoist?

**YES**

 Person’s condition / ability same as when they were assessed for this equipment? Do you have consent?

**YES**

Two handlers available to perform task together (unless otherwise risk assessed)?

**YES**

**NO**

**NO**

**NO**

**NO**

**YES**

**ENVIRONMENT Area safe for hoisting, ie**

 sufficient space? clear of obstacles?  access around/under furniture?  clean/dry?

**NO**

**YES**

**HOIST** familiar with emergency stop and lowering systems?

**YES**

**SLING**  Cling compatible for use with this hoist?

 Sling is one identified in handling plan **and** is still appropriate

(ie right size and type, cross reference with care plan?

0.

**YES**

**YES**

**Visual check made of sling, ie**

 clean and undamaged?  label legible—SWL clearly displayed?  unique identifier?

 LOLER examination / service up to date (6monthly)?

**YES**

**Visual check made of hoist, ie**

 battery charged?  LOLER examination / service up to date (6 monthly)?

 no obvious signs of damage?  hoist moves freely on castors backwards and forwards?

Base adjustment and lifting / lowering mechanisms move freely?

Emergency button set in correct position?  SWL clearly displayed and not exceeded?

**NO**

**NO**

**NO**

**NO**

**NO**

Familiar with this specific hoist and sling?

Hoist brakes **OFF?**

**YES**

 Person’s chair lap strap, harness, safety belt etc undone?

**YES**

 Sling loops / clips attached securely and correctly to hoist?

**YES**

Person looks safe and comfortable? Sling smooth under person? Sling leg configuration correct ?

**YES**

Person’s legs safe distance from mast?

**YES**

**Hoist with hoist legs widened** (unless handling plan states otherwise) **until straps tight**

**Recheck person is safe, comfortable and correctly positioned** **Start full hoist**

Person’s position correct? Are they comfortable?

**YES**

Detach sling from hoist  Remove sling (if applicable) ensuring person left in safe position

Hoist and sling suitable for next use, ie clean, undamaged?



**YES**

**YES**

Store hoist in suitable, safe place Recharge hoist (if applicable)

**DURING TASK**

**AFTER TASK**

**NO**

**NO**

**NO**

**NO**

**NO**

**NO**

**NO**

Unlock hoist brakes

(unless otherwise assessed)

 Undo any lap straps, harnesses, safety belts etc

 Re-attach and re-check

 Re-fit sling

 Turn spreader bar, giving person more leg room

 Hoist again, then reposition

 Clean hoist and/or report damage and / or launder sling— following organisational procedures