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| List the Moving and Handling Equipment used or available in your ward or area. Also list items which are regularly borrowed. If possible state the brand name of the aid. | | | | **Examples of handling equipment:**  Hoists / Standing aids / Transport or Transfer device / Slings / Sliding sheets / Patslide | | | |
| Name of handling aid (include serial no) | No. | Where is it based? | Is aid in good working condition? | | Date of last safety check | Suitable? (if not, why not) | How many more are required? |
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