ITEM COMPETENCY

ITEM: Manual Wheelchair

| Employee: | |
|-----------|--|
| | |

Date:

| | Yes | No | N/A | Notes |
|---|-----|----|-----|-------|
| | | | | |
| Prior to Set-up | | | | |
| Technician verifies patient information | | | | |
| Technician arranges for delivery/contacts patient/caregiver | | | | |
| Technician selects item- checks to ensure it is ready for service | | | | |
| Technician gathers patient educational materials | | | | |
| Technician gathers patient paperwork | | | | |
| | | | | |
| Delivery and Set-up | | | | |
| Technician observes clean/dirty in vehicle | | | | |
| Technician unloads all necessary items appropriately | | | | |
| Technician introduces self to patient/caregiver | | | | |
| Technician performs handwashing pre and post set-up | | | | |
| Technician performs adequate home safety assessment and verifies | | | | |
| wheelchair is able to go through doorways if appropriate | | | | |
| Technician sets-up hospital bed in an area that does not obstruct traffic | | | | |
| Technician instructs use of leg and foot rest and arm removal as appropriate. | | | | |
| Technician explains hand brake | | | | |
| Technician explains troubleshooting, safety measures | | | | |
| Technician explains maintenance and cleaning wheelchair | | | | |
| Technician solicits and answers questions correctly | | | | |
| Technician observes a return demonstration | | | | |
| | | | | |
| Paperwork | | | | |
| Technician explains all items and gets required signatures | | | | |
| Technician leaves patient with all necessary copies | | | | |
| Technician ensures patient/caregiver know how to reach office and any | | | | |
| relevant emergency or after-hours procedures | | | | |
| Paperwork is reviewed for accuracy | | | | |
| Further supervision or review needed? No Yes: | | | | |

 Evaluator's Signature:

Date: ______

Technician's Signature:

| Date: | |
|-----------|--|
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