

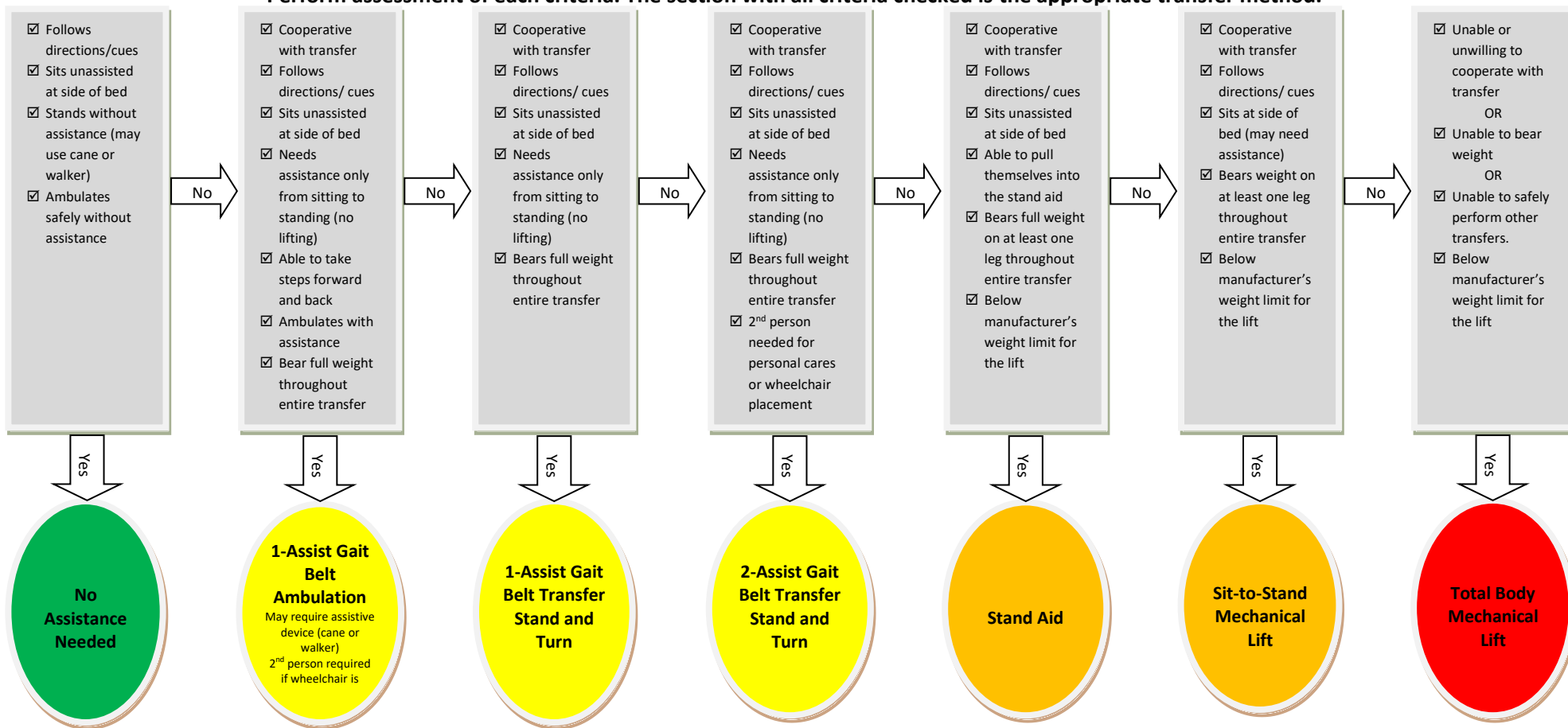
## Transfer & Mobility Assessment

Name: \_\_\_\_\_

Room #: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

**Perform assessment of each criteria. The section with all criteria checked is the appropriate transfer method.**



**\*\* Slide/Repositioning Sheet** – A friction-reducing device should be used with any resident needing assistance with boosting and/or repositioning in bed.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.