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| **SAFE HANDLING & MOBILITY SUPERVISOR AUDIT TALLY** |

This form is to be used with the ‘SAFE HANDLING & MOBILITY AUDIT’ form (Expectation: 1 form per staff member per year). Record the total number of supervisor audits done each month. Across from each letter (E) Environment, (C) Communication, (A) Aggression/Agitation, and (P) Physical tally up the total number of forms where there was at least one ✓ in the **Partial** or **No** column. This would note a deficiency in this area. If you have several ✓ in one section in the **Partia**l or **No** column record that as 1 on this form. **For example:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **(E) ENVIRONMENT** |  |  |  | | **YES** | **PART** | **NO** | | Clutter/Obstacles removed from workspace | ✓ |  |  | | Lighting levels are appropriate for the task(s) at hand |  | ✓ |  | | Bed is properly positioned (i.e. bed moved away from wall for access to both sides; bed height raised or lowered to staff’s/resident’s ideal position) | ✓ |  |  | | All appropriate equipment (for the task at hand) is assembled prior to starting activity |  |  | ✓ | | All equipment is properly secured. (I.e. bedrails are lowered, wheelchair locked activated, etc.) |  |  | ✓ | | \*Would warrant just 1 tally in the ‘E’ Section |

★% of Staff Completed 1st Quarter \_\_\_\_

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| 20\_\_ /January | 20\_\_ /February | 20\_\_ /March |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ |

★% of Staff Completed 2nd Quarter \_\_\_\_

|  |  |  |
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| 20\_\_ /April | 20\_\_ /May | 20\_\_ /June |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ |

★% of Staff Completed 3rd Quarter\_\_\_\_

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| 20\_\_ /July | 20\_\_ /August | 20\_\_ /September |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ |

★% of Staff Completed 4th Quarter\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 20\_\_ /October | 20\_\_ /November | 20\_\_ /December |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ |