Safe Environments.
Healthy Workers.

Visit **pshsa.ca**

Departmental Summary of Client Handling Needs

Unit/Department		Date	
Assessment completed by:			
Client Mobility Summary			
Client	**Days**	**Evenings**	**Nights**
Transfers			
Lifts (mechanical)			
Lateral side/transfer			
Repositioning			
Independent			
Other barriers			

Client Handling Equipment and Devices	
Mechanical Lifts	**Assistive Devices**

Identified Equipment Needs	
Mechanical Lifts	**Assistive Devices**

Identified Environmental Barriers	
Environmental Barriers	**Recommended Action**

Identified Organizational Barriers	
Organizational Barriers	**Recommended Action**

© Public Services Health and Safety Association