

# PATIENT HANDLING RISK ASSESSMENT

Patient Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Risk Assessing Team: \_\_\_\_\_ Date: \_\_\_\_\_

Task: \_\_\_\_\_

Mobility of Patient: \_\_\_\_\_

Assess Environment	Assess Patient Cooperation	Assess Equipment Compatibility
Assess Caregiver Compatibility	Determine New Controls to Prevent Hazards	Create Action Plan

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