

	ASSET NO.: <i>(refer to Bed Register for details)</i>	
	LOCATION:	
	BED INSPECTION ITEM	SATISFACTORY (Y/N)?
	1 Inspect bed for cleanliness	
	2 Inspect bed frame for damage	
	3 Check all fittings for security	
	4 Ensure all protective coverings and caps are fitted	
	5 Ensure the bed operates on all handset functions	
	6 Check castors for any damage or wear	
	7 Check the castor brakes are secure and operate correctly	
	8 Check the handset control and cable for damage	
	9 Check all actuators for damage and ensure smooth, quiet operation	
	10 Check all cables for damage and ensure there is no risk of entanglement	
	11 Examine headboard and footboard for damage or sharp edges	
	12 Examine bedrails for security and any damage	
	13 Examine any bed extensions or other accessories for issues	
	14 Is the bed correctly labelled? <i>(refer to Bed Register for details)</i>	
	15 Are there any other issues that need reporting?	
	16 Please rate the condition of the bed (A: GOOD, B: FAIR or C: POOR)	
	INSPECTED BY:	
	DATE:	
	SIGNED:	