**WALKING AID SAFETY INSPECTION RECORD** Resident’s name: ..............................................................................................

Key:  - Pass, F - Fail

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas to inspect:** | | **Jan** | | **Feb** | **Mar** | **Apr** | | **May** | **Jun** | **Jul** | **Aug** | **Sep** | | **Oct** | **Nov** | **Dec** |
| **Date of inspection:** | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Initials of person completing inspection:** | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Overall condition** - clean; in good state of repair | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Label -** is the batch code and max user weight still attached? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Frame** - the metal free from dents, bends and cracks? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Wheels -** correctly fitted, secure, aligned and able to freely rotate? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Handles -** secure and free from wear and tear? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Height –** aid at an appropriate height for person? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Clips –** adjustable mechanisms locking securely and functioning freely? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Holes -** are the adjustment holes free from elongation and not stretched? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Screws –** secured? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Does the walking frame sit evenly on a flat surface?** | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| **Ferrules -** good condition? Not smooth, worn or split? | |  | |  |  |  | |  |  |  |  |  | |  |  |  |
| Month of inspection | Initials | | Print Name | | | | Signature | | | | | |
| January |  | |  | | | |  | | | | | |
| February |  | |  | | | |  | | | | | |
| March |  | |  | | | |  | | | | | |
| April |  | |  | | | |  | | | | | |
| May |  | |  | | | |  | | | | | |
| June |  | |  | | | |  | | | | | |
| July |  | |  | | | |  | | | | | |
| August |  | |  | | | |  | | | | | |
| September |  | |  | | | |  | | | | | |
| October |  | |  | | | |  | | | | | |
| November |  | |  | | | |  | | | | | |
| December |  | |  | | | |  | | | | | |

* **If “Ferrules” have FAILED and all other aspects have PASSED, proceed to replace ferrules after cleaning the walking aid.**
* **If any aspects have FAILED then please condemn the walking aid as it is not fit for re-use.**
* **If the walking aid is discoloured in anyway and cannot be satisfactorily cleaned then please condemn.**
* **For replacement aids please call Single Point of Referral or complete referral form.**