eZ Effort® Lift Competency Checklist

Staff Name:_____ Position: _____
Unit/Area:_____ Date: _____

Purpose: To assist in verifying competency for proper and safe operation of the EZ Effort lift.	**Comments (if necessary)**

1. Pre-Operation Check: EZ Way Effort Lift

Yes	No		
❑	❑	a) Demonstrate how to power on the lift using the hand control.	
❑	❑	b) Demonstrate how and when to change batteries.	
❑	❑	c) Demonstrate the different methods to raise/lower the person.	
❑	❑	d) State the maximum weight capacity of the EZ Effort model used.	
❑	❑	e) Perform a visual inspection of the unit for damage and sling safety.	

2. Operation: EZ Effort Lift

Yes	No		
❑	❑	a) Do you lock the wheels when lifting to transfer a person?	
❑	❑	b) Demonstrate proper fitting of sling to the person.	
❑	❑	c) Explain the different loops and their usage for positioning.	
❑	❑	d) Demonstrate proper attachment of the sling to the lift. (Confirm loop length/color matching and balanced attachment for even lift.)	
❑	❑	e) What are the 3 straps on the back of the sling used for?	
❑	❑	f) Demonstrate positioning of lift base for approach to chair, bed, or wheelchair.	
❑	❑	g) Demonstrate safe raising and lowering of a person or simulated weight.	
❑	❑	h) Demonstrate removing the sling from behind the person.	
❑	❑	i) (Scale Model Only) Demonstrate how to read the person's weight.	

3. Emergency & Safety Procedures

Yes	No		
❑	❑	a) Locate and explain the purpose of the Emergency Stop Button.	
❑	❑	b) Locate and demonstrate the emergency lowering feature.	
❑	❑	c) Demonstrate awareness of environmental safety (trip hazards, clutter, floor conditions).	

COMPLETED BY THE EMPLOYEE

- Upon completion of this performance checklist, I (the employee) am accountable and responsible to perform these skills and have demonstrated the ability to completely and efficiently perform these skills.
- I am knowledgeable of and will use skills listed above when caring for patients, or residents.
- I am aware of the resources available to me.

EMPLOYEE SIGNATURE _____DATE _____

COMPLETED BY THE EVALUATOR

The employee has demonstrated and/or verbalized the ability to completely and efficiently perform the above criteria

EVALUATOR SIGNATURE _____DATE _____