

Environmental Survey

Patient Transfer Lift Requirements Worksheet



Customer Name		Today's Date	
Site Address	City	State	Zip

Identify Areas Customer Needs to Access: _____ _____ _____	Ideal Location of Patient Transfer Lift: _____ _____ <input type="checkbox"/> Middle of Room (360-degree rotation) <input type="checkbox"/> Against Wall (180-degree rotation)
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Ceiling Height of Room: _____	Customer Weight: _____
Stanchion Height Needed: <input type="checkbox"/> 7'-9' <input type="checkbox"/> 8'-12'	Equipment Weight (include motor, sling, etc.): _____ If using EZ-ACCESS provided motor and sling, use 15 lbs. + _____
Sufficient Arm Clearance: <input type="checkbox"/> Yes (5' in all directions) <input type="checkbox"/> No	Total Weight: _____ (Patient Transfer Lift has a 440 lb. weight capacity) = _____
Mounting: <input type="checkbox"/> Floor and Ceiling (Verify sufficient cleared space for mounting plates: 8" x 4") <input type="checkbox"/> Floor and Wall <input type="checkbox"/> Floor, Ceiling, and Wall	Material being mounted into (wood, concrete, metal, etc.): _____

Arm Height Position: Top Upper Mid Middle Lower Mid Bottom

Customer needs to be transferred through a doorway Doorway Height: _____
(To ensure that the arm joint clears the doorway, see heights below in row A)

If only the lower arm needs to go through the doorway, use the following heights to determine clearance:
 7'-9' stanchion: Top: **73.4"** | Upper Mid: **71.0"** | Middle: **68.7"** | Lower Mid: **66.3"** | Bottom: **63.9"**
 8'-12' stanchion: Top: **87.4"** | Upper Mid: **85.0"** | Middle: **82.7"** | Lower Mid: **80.3"** | Bottom: **77.9"**

Determine proper clearance between the bottom of the sling and the floor.

A)	The distance between the top of the arm joint and the floor. Use the proper value based on arm height position: 7'-9' stanchion: Top: 78.3" Upper Mid: 75.9" Middle: 73.6" Lower Mid: 71.2" Bottom: 68.8" 8'-12' stanchion: Top: 92.3" Upper Mid: 89.9" Middle: 87.6" Lower Mid: 85.2" Bottom: 82.8"	_____
B)	The distance between the top of the arm joint and the bottom of the hook tab is 10".	- 10"
C)	The distance between the bottom of the hook tab and the top of the sling.	- _____
D)	The distance between the top of the sling and the bottom of the sling.	- _____
E)	Total (the distance between the bottom of the sling and the floor).	= _____

Optional Equipment

Motor (includes the motor to hook tab connector, hand control, and hand control charging station)

Swivel Hook (keeps motor tape from twisting when performing patient transfers)

<input type="checkbox"/> 2-point Spreader Bar	<input type="checkbox"/> Universal Basic Sling <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
<input type="checkbox"/> 4-point Spreader Bar	<input type="checkbox"/> Universal Comfort Sling <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
	<input type="checkbox"/> Toilet Sling <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large



Directions: Please sketch an aerial (bird's-eye) view of the patient transfer lift location. Be sure to consider obstacles such as lamps, ceiling fans, bed, bed posts, etc.



Scale: 1 square = 1 foot

