## **Environmental Survey**

## Patient Transfer Lift Requirements Worksheet



Cust	omer Name		Today's Date			
Site	Address	City	State	Zip		
Identify Areas Customer Needs to Access:		Ideal Location of Patient Transfer Lift:				
		Middle of Room (360-degree rotation) Against Wall (180-degree rotation)				
	Ceiling Height of Room:		Customer	Weight:		
S	tanchion Height Needed: 7'-9' 8'-12'	(include motor, spr	Equipmen eader bar, sl		+ .	
Sufficient Arm Clearance: Yes (5' in all directions) No		(Patient Transfer Lift has a 4-	Total Weight: has a 440 lb. weight capacity)			
Mounting: Floor and Ceiling  (Verify sufficient cleared space for mounting plates: 8" x 4") Floor, Ceiling, and Wall		Material being mounted into (wood, concre	ete, metal, et	c.):		
Arm Height Position: Top Upper Mid Middle Lower Mid Bottom						
С	ustomer 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)						
B)	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.				<b>-</b> .	
D)					<u>-</u> .	
E) Total (the distance between the bottom of the sling and the floor).					= .	



**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

