**RESIDENT:**

**Number of Caregivers:**



**<name>**

**SIDE RAILS: Up / Down Full** /**Partial**

**BED EXIT ALARM:** **No /Yes**

**FALL PROTECTION: Mat:** **No / Yes  
Hip Protector: No / Yes**

**Assessed Date:**

**Signature:**

**Reassessed Date:**

**Signature:**

**SLING TYPE:**

**SLING SIZE:**

