

Date of observation: _____ Room number: _____

Type of Transfer: Gait belt Total lift Sit-to-stand lift Lateral transfer Boosting in bed
 Repositioning in bed FRD used Other _____

Staff Observed: _____

	Yes	No	Comments
Was the proper equipment used for the safest transfer possible?			
Was the equipment inspected prior to the transfer?			
Was the caregiver adequately trained for the observed transfer technique?			
Did the caregiver greet the resident and assess any changes in communication ability?			
If there was a change in cognition, alertness, or physical ability, did the caregiver perform the safest transfer possible?			
Did the caregiver ensure the room was free of trip/fall hazards?			
Was the care plan followed?			
Did the caregiver inform the resident of the transfer task to be conducted?			
Did the caregiver encourage the resident to participate in the transfer?			
If two caregivers were needed, did only one caregiver speak and give directions? Was only one set of hands on the gait belt?			
Was(Were) the caregiver(s) observed using a staggered/power stance and proper body mechanics?			
Was the safest method of transfer used for the resident at the time of observation?			
Did the method of transfer appear safe for the caregiver?			
Was the transfer conducted according to your policy?			

What type of transfer was required in the care plan and was the resident capable of performing the transfer?

Did you observe any safety concerns not already documented above?

Is further training required? ☐ Yes ☐ No If yes, please specify.

Additional Comments: _____

Review observation results with the staff member performing the transfer.

Signature of person observing transfer: _____

Signature of person performing transfer: _____