

PRE-PURCHASE ASSESSMENT

Proposed purchase Item: _____

Date of Assessment / Trial: _____

Design	Yes/No
Does it meet relevant Australian Standards?	
Is it durable and reliable?	
Is it easily cleaned and maintained?	
Is it compatible with existing environment/equipment? (e.g. hoists fit under beds and through doorways etc.)	
Is it easily manoeuvrable and adjustable? (if applicable)	
Are the controls and displays visible, legible, easily operable?	
Does it facilitate good postures and /or safe use in handling?	
Is it a Safe design? (e.g. no "pinch points")	
Performance	Yes/No
Does it perform the required functions?	
Is training required for correct use?	
Is training provided by the supplier?	
Does the item suit the residents? (e.g. weight, height, fragile skin etc)	
Does it provide enough support?	
Usability	Response
What accessories are available?	
Can it be operated by one person (if applicable)?	
Is there adequate storage space?	
Is an Emergency Repair & Maintenance Service Agreement available?	
Is a trial period available?	
Brakes fitted (where necessary)?	
Risk Assessment	Response
What safety information has been obtained?	Equipment manual <input type="checkbox"/> Australian Standards <input type="checkbox"/> MSDS <input type="checkbox"/> Other safety info <input type="checkbox"/>
What are the health and safety risks relevant to the purchase (if any)?	
How will the purchase help manage these risks?	
Which employees and work practices/ processes are affected by the purchase and have the employees been consulted? When?	
What change will need to be made to Safe Work Procedures?	
All associated risks with equipment and parts are identified and assessed?	
What training will be required before the use of the purchase item?	
Would any alternative product be better?	
Checked by Maintenance Manager (signature):	/ /
Signature (Department Manager):	/ /
Signature (Employee Representative OHS Committee):	/ /
Signature (OHS Coordinator):	/ /