**M9 Manual Handling Equipment Request Form Appendix 8**

*Please complete one form for each piece of equipment*

# This should be requested via the manual handling keyworker up to the value of £1000 with consent from the Service Manager.

Establishment:

Name of Client:

*Equipment Details*:

Type of equipment:

Make / Model *OR*

For use with make/model

Material (if request is for a sling):

Size (if applicable):

Supplier:

Catalogue Reference Number:

*Reason for Request*:

Two clips are damaged & require repair

Manager:

Name of Keyworker undertaking assessment:

Date of assessment:

Date of request:

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***FOR OFFICE USE ONLY***

Order Number:

Date Ordered:

Invoice Number:

Serial Number :

Amount: £

Insurance Company: Registered with Zurich Municipal Insurance: [ ]

N.B *To ensure compliance with LOLER a thorough examination of lifting equipment must be completed every six months. If the item you have purchased is lifting equipment and or lifting accessories including slings, harnesses etc. Please advise Health and Safety business support* healthandsafety@cumbria.gov.uk *or contact Zurich directly to schedule a statutory examination.*