**M9 Manual Handling Equipment Inventory List Appendix 9**

To: Establishments Keyworker/s

As a Keyworker it will be part of your responsibilities to ensure that this form is completed to keep track of all the lifting equipment (primarily hoists and slings) within your establishment. This list needs to be maintained so that new equipment is added to it as it is purchased.

It is important that this list is maintained, as it is needed to be given to the Engineer so they are aware of all the equipment they need to inspect. If an item of equipment does not have an up to date inspection certificate it should not be used. It must be removed from service, stored securely and labelled do not use until a thorough examination has been completed by a engineer.

Hoists, bath hoists and stand aids should all have serial numbers on them somewhere, usually on a metal plate welded onto the side of the frame. Slings and harnesses on the other hand do not usually have serial numbers on them, but there is a need to be able to identify them individually. Where no serial number can be seen, one should be marked on the sling with a serial number in permanent marker. An example of a suitable serial number would be PoB/001 for Pow Beck House.

If you have any equipment surplus to requirements please advertise the product to all establishments.

It is important that the Zurich or healthandsafety@cumbria.gov.uk are informed if any equipment is disposed off, moved or loaned to another establishment to enable the statutory inspection schedule to be kept up to date.

**ESTABLISHMENT:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2024** | **2025** | **2026** | **2027** | **2028** | **2029** | **2030** | **2031** |
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**REVIEW DATES:**

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| --- | --- | --- | --- | --- | --- |
| **Equipment description (e.g. make, model etc)**  | **Serial No and/or Zurich ID No** | **Location within establishment**  | ***If person specific* record name of person using the service and/or room No** | **Date of removal and reason i.e.** * **disposed off**
* **name of establishment relocated to**

 ***(Please complete next column)*** | **Date Zurich or** **Healthandsafety@cumbria.gov.uk** **informed to update the statutory inspection schedule.**  |
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