

Quarterly Safety Training

1. Follow instructions. Don't take chances. If you don't know, ask.
2. Correct or report unsafe conditions.
3. Help keep everything clean and orderly.
4. Report all injuries. Get first aid promptly.
5. Use and adjust equipment when needed. (Back Brace, Hospital Beds, Wheelchairs, Etc.)
6. Use prescribed protective equipment and keep them in good condition. (Latex Gloves, Back Braces, Etc.)
7. When lifting, bend your knees. Get help for heavy loads. (Hoyer Lift, Family Member)
8. Comply with all safety rules and signs.
9. Never lift beyond your strength. Get help.
10. Always crouch down to what you are going to lift. Don't bend down to the patient.
11. Keep your arms straight and your back as nearly straight up and down as possible.
12. Lift gradually. Don't jerk upward.
13. Avoid twisting motions by shifting the position of your feet.
14. Lift by standing up or pushing up with your leg muscles. This takes strain off your back muscles.
15. If you've completed these steps and find you cannot lift the patient. GET HELP!!
16. If you don't follow these rules, you may severely injury yourself.

KEEP FOR YOUR RECORDS

Quarterly Safety Training

RETURN TO APC

Employee Printed Name: _____

Please print/sign this form and return it to the office before the end of the month

Failure to return this form can result in unsatisfactory evaluations and possible termination. Thank you for your prompt response. Please call if you have any questions.

I acknowledge that I have read and understand the Advanced Personal Care's Safety Training. I have received a copy of the Safety Training.

Employee Signature

Date

RETURN TO APC

Office Use: January April July October APC Representative: _____