

Bed System Safety Measurement Test Form

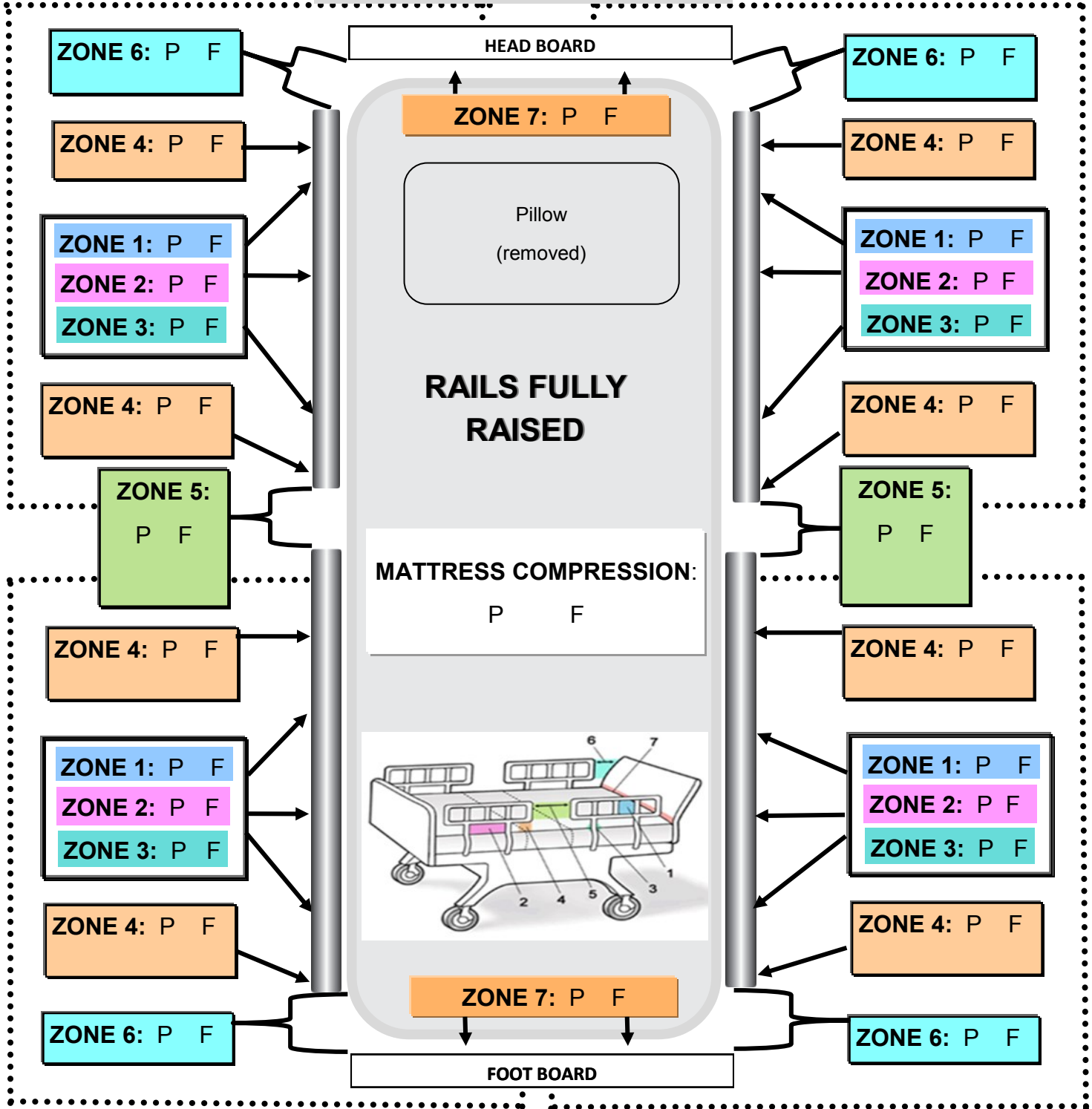
ROOM NUMBER: _____ DATE TESTED _____ TESTED BY: _____

BED FRAME MAKE/MODEL: _____ FRAME SERIAL #: _____

MATTRESS MAKE/MODEL: _____ MATTRESS SERIAL #: _____

RAIL MAKE/MODEL: _____ RAIL SERIAL #: _____

Result of bed test P=PASS F=FAIL



Ensure to follow Routine Practices when testing beds. Remove sheets and pillow from bed before testing. Ensure head/foot board are oriented correctly. Leave sections blank that do not apply (e.g., use only the upper sections if the bed only has 2 upper rails).

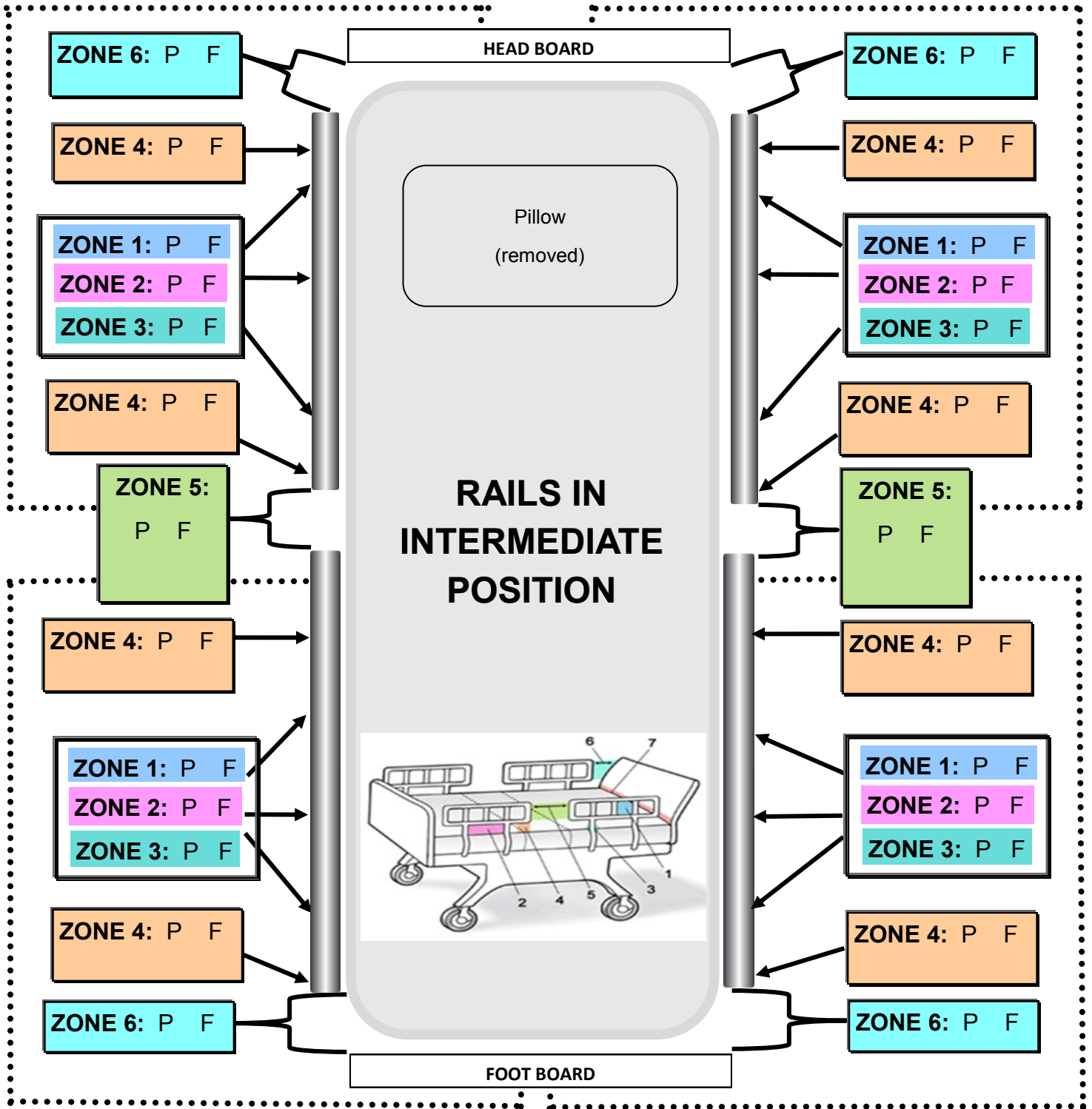


Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

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Repeat testing on Zones 1—6 with rails in intermediate position and record results below:



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ROOM #: _____ DATE TESTED: _____ TESTED BY: _____

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Use this test form for beds with side rails at the headboard end only

Result of Bed Test: P=PASS F=FAIL

The diagram shows a hospital bed with various safety zones marked for testing. At the top is the HEAD BOARD. Below it is ZONE 7 (orange box). A central area contains a Pillow (removed). Below that is the text RAILS FULLY RAISED. Underneath is the MATTRESS COMPRESSION section with P and F options. At the bottom is the FOOT BOARD. On the left side, there are zones 6, 4, 1, 2, 3, and 4 from top to bottom. On the right side, there are zones 6, 4, 1, 2, 3, and 4 from top to bottom. An inset diagram at the bottom shows a bed with numbered callouts 1 through 7 corresponding to the zones.

RAILS FULLY RAISED

MATTRESS COMPRESSION:
P F

ZONE 7: P F

FOOT BOARD

Ensure to follow Routine Practices when testing beds. Remove sheets and pillow from bed before testing. Ensure head/foot board are oriented correctly.

