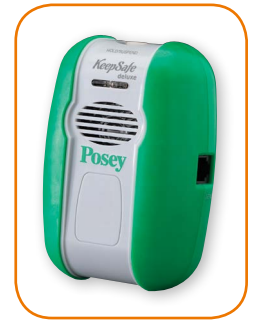


Posey® KeepSafe® Deluxe Alarm

Skills Competency Checklist



| | |
|----------------|---------------|
| Date: | |
| Facility Name: | Staff Member: |
| Department: | Trainer: |

| The staff member has demonstrated the following skills: | N/A | Satisfactory | Unsatisfactory |
|---|------------------------------|--------------------------|-----------------------------|
| Inserting batteries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Turning the alarm on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecting a sensor to the alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the volume setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the delay setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the tone selection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing the mode setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecting the alarm to the facility nurse call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attaching the alarm to a bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positioning and attaching a sensor to a bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecting a sensor to the alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attaching the alarm to a chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positioning a sensor on a chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responding to the alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Putting the alarm on HOLD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking the alarm off HOLD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Putting the alarm in SUSPEND mode | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking the alarm off SUSPEND mode | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resetting facility nurse call after an alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Testing the alarm and sensor before leaving patient unattended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand my facility's policy/protocol regarding the use of fall alarms | <input type="checkbox"/> YES | | <input type="checkbox"/> NO |

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Before use, make sure to read the instructions accompanying the product. A copy of the instruction sheet is included with the product and can also be downloaded at www.posey.com.

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