

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 (model #8373)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecting the magnet to the face plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing the SUSPEND feature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting the alarm mode; 3 modes: TONE / VOICE & TONE / VOICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding how to choose the desired tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting the alarm tone; 5 tone selections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding how to locate and identify the tone designated for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting the alarm volume; high or low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the alarm while the patient is in bed; adjusting the cord to the appropriate length and clipping it to the patient's clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mounting the alarm with the bed-mount bracket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the alarm while the patient is in a chair; adjusting the cord to the appropriate length and clipping it to the patient's clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mounting the alarm with chair-mount bracket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If desired, mounting the alarm on the wall and adjusting the cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing the magnet cord for power (model #8373NP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying an alarm with a low-battery warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If desired, connecting the AC power (optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of the storage requirements for the alarm after use is discontinued	<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:
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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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