

**Medical Devices Competency Statement
Weighing Scales – standing – adults, children and young people**

SELF ASSESSMENT

Surname:	Forename(s):
Job Title/Designation:	Line Manager:
Department/Ward:	Extension Number:

Self-verification of competence is undertaken by assessment against the following statements:

- Responsibility for use remains with the user. Seek further training if you are in any doubt regarding your competence to use device
- Carry out an initial assessment. You must be able to answer 'yes' to all the questions before considering yourself to be competent.
- If you are not competent, further training and repeat self-verification is required.
- Competency is maintained through regular use of scales.

Questions to ask yourself? Do you know?	Initial assessment date:	Final assessment date:
1. The scales have been calibrated in the last year	Yes/No	Yes/No
2. Scales must be on a flat, hard surface	Yes/No	Yes/No
3. The patient is able to get onto the scales and can stand unsupported.	Yes/No	Yes/No
4. The patient is able to position their feet far enough away from the outer edge of the platform to avoid danger of the scales 'tipping'	Yes/No	Yes/No
5. The scales are class 3 (200g or less between each interval)	Yes/No	Yes/No
6. The scales are likely to weigh the patient (Sufficient maximum weight)	Yes/No	Yes/No
7. You are using the most appropriate scales. Other scales are available if required e.g. sitting scales, wheelchair scales, higher maximum weight, and larger platform area	Yes/No	Yes/No
8. There is a consistent approach used e.g. no shoes, no coat, catheter and/or stoma bags are empty, and this is documented on record	Yes/No	Yes/No
9. I understand that scales must be disinfected between patients and at the end of use.	Yes/No	Yes/No

Statement: Having answered “yes” to all the questions above & taken into account my personal assessment of my competence with the device, I declare that:

I am competent to use this device without further training:

Signature:

Date:

I require further training before I can use this device in a competent manner:

Signature:

Date:

**PASS THIS FORM ON TO YOUR LINE MANAGER TO ACTIVATE – KEEP THIS COPY
TO BE ADDED TO YOUR PERSONAL FILE**