

**Medical Devices Competency Statement
Sit-on weighing scales (Generic)**

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.

Question 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 unsupported.	Yes/No	Yes/No
4. The patient's feet must be placed properly on the foot rest.	Yes/No	Yes/No
5. The scales are likely to weigh the patient (Sufficient maximum weight)	Yes/No	Yes/No
6. You are using the most appropriate scales. Can the patient sit unsupported? (other scales are available if required e.g. hoist, higher maximum weight)	Yes/No	Yes/No
7. There is a consistent approach used e.g. clothing worn, time of day and this is recorded on the weight chart	Yes/No	Yes/No
8. 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**