

Medical Devices Competency Statement
Weighing Scales – Wheelchair

SELF ASSESSMENT

Surname	Forenames (s)
Job Title/Designation	Line Manager
Department/Ward	Telephone number

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

- Responsibility for use remains with the user, so if you are in any doubt regarding your competence to use the device, you should seek further training.
- 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, inform your Line Manager for further training and repeat self-verification.
- Once this training has been completed, you will be required to complete a new form.

Questions to ask yourself	Initial assessment date:	Final assessment date:
Do you know:		
1. The scales have been calibrated in the last year	Yes/No	Yes/No
2. You can competently set up the scales without causing damage to the connections (e.g. align pins carefully, press release button when disconnecting pins, do not twist connections when removing or inserting)	Yes/No	Yes/No
3. You can safely manoeuvre the scales whilst following correct moving and handling procedures	Yes/No	Yes/No
4. There is access to an electric socket for the display unit	Yes/No	Yes/No
5. The scales are on a flat, hard surface	Yes/No	Yes/No
6. There is sufficient room for the scales and to manoeuvre a wheelchair on and off	Yes/No	Yes/No
7. The patient is able to get onto the scales in their wheelchair with the assistance of a carer (not yourself)	Yes/No	Yes/No
8. The scales are class 3 (200g or less between each interval)	Yes/No	Yes/No
9. The scales are likely to weigh the patient and the wheelchair (sufficient maximum weight)	Yes/No	Yes/No
10. You are using the most appropriate scales. Can the patient stand unsupported? (are other scales available if required e.g. sitting scales, standing scales)	Yes/No	Yes/No

11. Wheelchair footplates are used where appropriate to avoid risking damage to feet when the patient is wheeled on and off the plates	Yes/No	Yes/No
12. There is consistent approach used e.g. weigh the wheelchair without any unnecessary attachments but with the usual cushions, foot plates. When weighing the patient and wheelchair, check for no extra attachments e.g. bag hanging off the back, blankets	Yes/No	Yes/No

Statement: Having answered “yes” to all the questions above and 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