

Foam mattress audit

Date:..... Healthcare institution:.....

Inventoried by:..... Phone no.:.....

Audit number				
Mattress type				
Mattress age				
Room number				
Cover inspection				
Stains etc.				
Exterior damage				
Zipper				
Comments				
Cell inspection				
Visible damage				
Press studs				
Obligatory hand check				
Comments				
Air pipe and coupling inspection				
Visible damage				
T-couplings/connections				
Comments				
Inspection pump				
Visible damage				
Noise/vibration				
Bed bracket				
Comments				

Assessment result:

- 0 - Approved
- 1 - Minor error, approved by note
- 2 - Major error, must be repaired (see comment)
- 3 - Rejected and unusable

Comments:.....

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