

Foam mattress audit

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

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

Audit number				
Mattress type				
Room number				
Cover inspection				
Manufacturing date				
Stains etc.				
Exterior damage				
Zipper				
Comments				
Foam inspection				
Manufacturing date				
Visible impressions				
Stains etc.				
Exterior damage				
Comments				
Foam check				
Head				
Centre				
Foot				
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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