### Body Mechanics

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Client and Employee Relationships

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Driving Safety

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Fire

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Latex Allergy

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Patient Risk Assessment: Abuse (Emotional, Financial, Sexual and Physical)

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Patient Risk Assessment: Falls

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Patient Risk Assessment: Suicide

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Physician Reporting Guidelines

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Safe Patient Handling

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________

### Visit Safety

**Reviewed By:** ____________________________  
**Date:** ____________________________  
**Addendums (if any):** ____________________________  
**Date:** ____________________________