

**Tool 8: Falls prevention monitoring form (walking aids/footwear/wheelchairs/commodes/chairs)**

Week commencing:

Issue	Y/N	Comments	Any action required	To whom reported	Initials	Date
Have all walking aids been checked for wear and tear?						
Have all resident's shoes been checked for safety and suitability?						
Have all wheelchairs been checked for safety?						
Have all chairs been checked for wear, tear and safety?						
Have all commodes been checked for wear, tear and safety?						

Action taken	Date	Name/initials