

# PORTABLE RAMPS: RISK ASSESSMENT FORM

Name of Client: Name

of assessor / OT:

Date of Assessment:

	Client	Comment
	Does client have dynamic sitting balance?	
	If not, will client use harness / lap belt?	
	Is combined weight of client, wh/ch & carer within SWL of ramp?	
	Other (please specify)	

√	How does client currently get up/down steps?	Comment
	Walks down steps	
	'Bumped' in wheelchair	
	Lifted by carers	
	Unable (housebound)	
	Other (please specify)	

√	Who is at risk?	Comment
	Client	
	Carer	
	Nobody	
	Other (please specify)	

	Steps	Comment
	No. of steps	
	Overall height	
	Overall length (if more than 1 step)	
	Where are steps located?	
	Other (please specify)	

	Threshold Step (if applicable)	Comment
	Material (timber, concrete, brick, uPVC etc):	
	Height (outside)	
	Height (inside)	
	Other (please specify)	

√	Ramp chosen	Comment
	Channel	
	Suitcase	
	One-piece	
	Threshold	
	Other (specify)	

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	<b>Ramp details</b>	<b>Comment</b>
	Length of ramp (in mm)	
	Weight of ramp (in kg / stone)	
	SWL of ramp	
	Manufacturer maximum gradient permitted	
	Actual gradient (when ramp is in position)	1: __

√	<b>Ramp to be used with:</b>	
	Self-propelling wheelchair	
	Attendant-propelled wheelchair	
	Powered wheelchair (independently)	
	Powered wheelchair (with supervision)	
	Scooter	

	<b>Use of ramp</b>	<b>Comment</b>
	Does ramp stay in position when being used?	
	Where will ramp be stored when not in use?	
	Who else will use ramp e.g. visitors, carers..?	
	If it is a threshold ramp, can door close when in use?	
	Can wheelchair user travel safely along ramp?	
	Is wheelchair at risk of falling off ramp?	
	Is ramp a trip hazard when in position?	
	Is ramp a trip hazard when stored?	

√	<b>Carer</b>	<b>Comment</b>
	Lifts ramp up & down safely & independently	
	Positions ramp on steps safely & independently	
	Pushes client up/down ramp safely & independently	
	Carries ramp to storage safely & independently	
	Is aware of risk of finger entrapment (if applicable)	
	Does not have any health restrictions or other contra-indications	
	Walks between channels (if channel ramp)?	
	Walks along ramp (if suitcase or one-piece ramp) forwards?	
	Walks along ramp (if suitcase or one-piece ramp) backwards?	

√	<b>Ramp to be reviewed</b>	<b>Comment</b>
	<i>(to check in good working order &amp; being used safely)</i>	
	Every 6 months	
	Every 12 months	
	Every 2 years	
	Never	

√	<b>RISK – portable ramp will:</b>	<b>Comment</b>
	Reduce risk to client	
	Reduce risk to carer	
	Eliminate risk to client	
	Eliminate risk to carer	