

PORTABLE RAMPS: RISK ASSESSMENT FORM



Name of Client:

Name of 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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	Ramp details	Comment
	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: _

✓	Ramp to be used with:	
	Self-propelling wheelchair	
	Attendant-propelled wheelchair	
	Powered wheelchair (independently)	
	Powered wheelchair (with supervision)	
	Scooter	

	Location and use of ramp	Comment
	Which entrance will ramp be placed at?	
	Have you taken photo of the entrance with ramp in place?	
	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?	

✓	Carer	Comment
	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?	

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

✓	RISK – portable ramp will:	Comment
	Reduce risk to client	
	Reduce risk to carer	
	Eliminate risk to client	
	Eliminate risk to carer	