

Site Name								
Date					Room No.			
Mattress type	Static	<input type="checkbox"/>	Foam and air	<input type="checkbox"/>	Air	<input type="checkbox"/>	Pump?	Yes / No
Mattress Name				Serial Number				

Criteria for mattress cover	Yes	No	N/A
1. Is there a breach in the integrity of the mattress cover: Worn? Damaged?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the mattress cover seal compromised, eg are the zip fasteners or any other cover fastening devices broken?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the mattress cover have any soiling that cleaning cannot remove?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there any visible soiling on the inner aspect of the cover?	<input type="checkbox"/>	<input type="checkbox"/>	
If the answers to any of the above questions are yes, the mattress cover has failed and must be replaced.	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	<input type="checkbox"/>

Criteria for mattress	Yes	No	N/A
5. Is the mattress soiled or stained?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the mattress have an obviously offensive odour?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Did the mattress fail the 'Hand Compression Assessment'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the answers to any of the above questions are yes, the mattress has failed and must be replaced.	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	

Mattress and mattress cover labelling			
Date on the mattress cover label:	Not dated		<input type="checkbox"/>
Date on the mattress:	Not dated		<input type="checkbox"/>
Document current (today's) audit date on mattress	<input type="checkbox"/>	and cover	<input type="checkbox"/>

Hand Compression Assessment (Bottom-ing out test)

1. Adjust the height of the bed so that it is at the same level as the tester's head of trochanter (hip).
2. Link hands to form a fist and place them on the mattress.
3. Keep elbows straight and lean forward, applying the full body weight to the mattress.
4. Repeat the hand compression along the entire length of the mattress.
5. Note any variation in the density of the foam including whether the base of the bed can be felt through the foam.
6. The mattress should be condemned if it is found to 'bottom out'. (Dunford C, 1994, Choosing a Mattress: Research Findings Nursing Standard 8:20, 58-61)

Form completed by	
-------------------	--