

Sanipull Retrofit Needs Assessment Tally Form



Date: _____
 Inventory start time: _____
 Inventory finish time: _____
 Lead hand: _____ Assistant: _____
 Facility: _____
 Retrofit Coordinator: _____
 Phone # _____ Ext: _____

Floor: _____ North East South West
 Ward (department): _____
 * Use a separate sheet for each section
 Charge Nurse or Unit Manager: _____
 Phone # _____ Ext. _____
 Anti-ligature modification option requested? **Y N**
 Over bed light pull colour: Standard - Blue or Green?
 Custom - Black or White?

Codes for nurse call pull types: string →**SP**, cord →**CP**, plastic bead cord →**PBC**, metal ball chain →**MBC**, toggle →**TP**

NPR = No pull required, **WC** = Washroom, **CA** = Common Area, **TR** = Tub Room, **SHWR** = Shower, **OTH** = Other, **BF** = Broken Fixture

Over Bed Light Pull

Nurse Call Pull with clip

Nurse Call Pull with grasp loop

	Room #	Qty SLT	L e n g t h 4' 5' 6'	Codes Notes		Pull Type	Qty SNC	L e n g t h 4' 5' 6' 7' 8'	Codes Notes		Pull Type	Qty SWC	L e n g t h 2' 3' 4' 5' 6' 7'	Codes Notes
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