

Gait Belt Compliance Form

NAME _____

DEPARTMENT _____

TITLE _____

DATE OF HIRE _____

I have been trained on the proper use of a gait belt and understand the necessary safety measures to employ when transferring a resident.

I understand that a gait belt is considered part of my uniform to be worn at all times while providing resident care.

I understand that failure to wear a gait belt and use it when it is appropriate to do so will result in my being subject to appropriate disciplinary action, up to and including termination.

Orientee's Signature

Date

Instructor's Signature

Date