

Wheelchair Securement and Occupant Restraint Training

Company Name: _____

Name: _____

Please PRINT clearly

SSN (last 4 digits only): _____

Check One: Driver Attendant

This employee has attended a ____-hour (minimum 2 hours) refresher training course covering Wheelchair Securement and Occupant Restraint. The following topics were reviewed:

- | | |
|--|---|
| <input type="checkbox"/> Loading the Passenger Safely | <input type="checkbox"/> Securing the Occupant |
| <input type="checkbox"/> Securing the Wheelchair | <input type="checkbox"/> Combination Lap/Shoulder Belt |
| <input type="checkbox"/> Placement of Securement Equipment | <input type="checkbox"/> Lift Operation (Electric and Manual) |
| | <input type="checkbox"/> Other _____ |

Training was completed using classroom and hands-on components

This course was completed on (date): ____ / ____ / _____, from (time) _____ to _____.

Employee Signature

Training Completed at (check one):

Training Site (name): _____

In-house Training (vendor name): _____

Company Logo or stamp

Instructor Name

SBDI or MI number

Instructor Signature

Accessibility Report

Filename: 2020-quick-reference-guide-for-survey-coordinators_ADA.pdf

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Summary

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