

Driver Competency Checklist

Driver Name _____

Date _____

Pre Delivery

Driver looked through all available paperwork to determine patient condition, height, weight, insurance type and coverage and actual orders for the equipment. Verified standing physicians orders when required..	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver scheduled / called patient to arrange time or let them know he was coming	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Del to facility ← Deficiencies noted
Driver picked appropriate equipment based on orders and verified proper function, cleanliness, and appropriateness for the patient's condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver properly loaded equipment into the delivery vehicle and secured it as required by policy; Equipment was bagged for infection control cross contamination purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver loaded accessory items and support equipment such as different sizes of walkers, wheelchairs, cylinders etc. in case the size taken was not appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ← Deficiencies noted
Driver verified that written equipment instructions, equipment tags, company flyers, and other support information were available and in the vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver made sure vehicle was highway ready, including fuel, maps, supplies, PPE kits, and forms library.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver chooses a plan of service/home assessment form appropriately, fills in required information	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver filled out his name and departure time on the delivery schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted

On The Road

Driver used proper driving techniques and did not speed.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver used maps and/or written directions to assist in finding locations (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ← Deficiencies noted
Driver completed all required logs such as the oxygen contents log.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Driver used blankets or equipment covers to keep equipment from being damaged during transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted
Equipment was loaded and transported in equipment bags or containers.	<input type="checkbox"/> Yes <input type="checkbox"/> No ← Deficiencies noted

Deliveries

Driver arrived on time as scheduled or called if running late	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	← Deficiencies noted
Driver used all proper and required gloves and other PPE for the setup.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver used hand sanitizer prior to entering the patients home	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver was careful to unload and bring equipment into the home in such a way as not to damage either the equipment or the residence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver identified himself to the patient or caregiver with a name badge.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver met all aspects of the required dress code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver interviewed the patient/caregiver and assessed the best use & instruction location for the equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver discussed insurance coverage / non-coverage of equipment and provided contact information for additional questions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Patient financial responsibility was discussed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver performed home safety assessment. N/A if deliver to a facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver demonstrated proper safe use of the equipment to the patient/caregiver. Use N/A if a repeat supply items such as oxy tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver asked for a return demonstration of the equipment. Use N/A if a repeat supply items such as oxy tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Drive adequately answered all questions the patient may have had regarding the equipments safe use and operation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver scheduled follow up with the patient (as required by policy for certain type of equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver recorded all required information onto the delivery ticket including lot #, serial #, model name or #, manufacturer name, detailed description of the item, dates, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver recorded notes about the setup and any patient concerns on the appropriate form(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver made adaptations to or was able to recommend changes, or alternate uses for the equipment delivered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver went over each section of the delivery ticket and explained what the patient was expected to sign. The patient was shown where all items described in the ticket could be found such as the <i>notice of privacy practices, Medicare supplier standards and patient rights and responsibilities</i> . N/A for Hospice or commercial accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

	← Deficiencies noted
Patient/Caregiver was given verbal and written/video instructions for the equipment delivered in the correct language.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Patient/Caregiver given applicable capped rental information for Medicare rented equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Patient/Caregiver given instruction on procedure for reorder or order of additional supplies/equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Patient/Caregiver given emergency contact information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Patient/Caregiver on life sustaining equipment such as oxygen told what to do in the event of a disaster.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Patient/Caregiver given information about the company and scope of services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Employee washed hands / used sanitizer upon leaving	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver reviews Plan of Service Plan with patient/caregiver, completes it and ensures all goals covered/met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted

Pickups

Driver arrived on time as scheduled or called if running late	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver used all proper and required gloves and other PPE for the setup.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver used hand sanitizer prior to entering the patients home	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver either disinfected equipment in place or bagged equipment and tagged soiled prior to placing in pickup vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver verified all equipment present matched the equipment pickup ticket and called the main office to verify if a discrepancy was found.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver looked around or asked the caregiver/patient if there is anything else, or other accessory items which may have been placed in a closet for storage, such as a back up oxygen tank or footrests for a wheelchair.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
If equipment was curbside cleaned, driver affixed the proper tag to the equipment to indicate its status.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver secured equipment in the delivery vehicle with straps.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver utilized appropriate furniture blankets or equipment covers while equipment was being transported.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver notated any reported malfunctions on the proper tag on each piece of equipment and in the	<input type="checkbox"/> Yes <input type="checkbox"/> No

equipment log for that piece of equipment.	← Deficiencies noted
Driver disposed of PPE equipment and used hand sanitizing gel upon re-entering vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted

Back at The Store

Driver removed the item from the delivery schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Any follow up work or undone deliveries was placed on the schedule for the appropriate time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Paperwork was double checked for accuracy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	← Deficiencies noted
Driver unloaded equipment into the proper location once back at the store and finished cleaning, testing, repair and refitting for next use, tagged and put back on shelf in proper location. N/A if this responsibility was delegated to another employee by management.	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
	← Deficiencies noted
Complete paperwork and tickets were turned in to the appropriate person	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Did employee clean and disinfect the delivery vehicle after completion of the route	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted
Driver Route sheets were completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	← Deficiencies noted

Recommendations for Additional Training

Other Required Actions

Date:	Grade (<i>A- Keep Driving Good Work, B-Refresh employee on some procedures; C-needs additional training; D-reassign duties/counseling</i>)
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Examiner Signature	Employee Signature
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