

Lift Vendor Evaluation Form

Facility Name: _____

Name: _____ Date: _____

Department: _____ Phone: _____ Email: _____

Evaluation Criteria:	Please mark the preferred vendor for each category. <i>(Leave box blank if you don't know the answer)</i>		
Mobile Floor Lifts	Vendor 1	Vendor 2	Vendor 3
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The lift is lightweight, compact and easy to maneuver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift appears to be clinically versatile (lifting, turning, repositioning, limb lifting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient security, safety and comfort are evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the needed slings are conveniently available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The controls are easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift provides clear instructions for use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift is quick and easy to set up for use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The battery charging process is easy, safe and efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift is ergonomically designed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift adapts easily for use with patients from small to large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lifting capacities are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift can be used for rehab, ambulation, and gait training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accessories provide a sense of comfort and security to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift is compliant with UL and ISO 10535 guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical and application documentation are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and In-servicing are available on lift techniques and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The price of the lift is in line with competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Overhead Ceiling Lifts</u>			
The lift is quick and easy to move into position and set up for use with a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift is easy to maneuver – very little exertion required to move patient along rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift track can be designed to fit any room or clinical requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple lift track mounting options are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift track mounting system appears safe and stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lift motor's safety systems appear adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting capacities appear to meet the needs of our heavy patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repositioning solutions for heavy patients appear adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery charging options appear safe and unobtrusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional motors can easily be moved to other rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and engineering support appear adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please indicate the vendor you believe is the best long-term partner for our institution. My choice in order of preference is:</p> <p style="text-align: center;">Lift Vendor #1 ____ Lift Vendor #2 ____ Lift Vendor #3 ____</p>			