

Safe Water Temperature Training Checklist

I, _____, have received training on safe water temperatures the following areas:

	Date	Employee	Designate
Basic Guidelines	_____	_____	_____
General Assistance Guidelines	_____	_____	_____
Client Specific Bathing Care Plans	_____	_____	_____
Bath Water Temperature Check Procedure	_____	_____	_____
Shower Water Temperature Check	_____	_____	_____
Safe Water Temperature Ranges	_____	_____	_____
Safe Bathing/Showering Practices on Extended Outings/Vacations	_____	_____	_____
Response to Hot Water Burn While Bathing/Showering	_____	_____	_____
Thermometer Use and Replacement	_____	_____	_____
Filing and Retention of Temperature Charts	_____	_____	_____
Monthly Flowing Water Temperature Check Procedure	_____	_____	_____
Daily Therapeutic Tub Temperature Check	_____	_____	_____
Coaching/Training/Information for Clients that Bath/Shower Unassisted	_____	_____	_____
Observed the Procedure for Testing Water Temperatures	_____	_____	_____
Demonstrated the Correct Procedure for Testing Water Temperatures	_____	_____	_____

I understand that I am now responsible to carry out the procedures as outlined.

Employee Signature: _____

Date: _____

Designate Signature: _____

Date: _____

Binder(s):	Adult Services						Page:	1 of 1
Section(s):	Health & Safety	A	Mar 7/12	R/R	Mar /14	R	Mar 3/15	
Program Area(s):	Adult Disability	R	Oct 1/18					