Pressure relieving foam mattress audit

Ward							Date of audit	
Ward staff name						Signature		
Notes								
Room	oom Condi Stain Dama		Mount Vernon Test or 'Fist test' (See guidance) Pass ✓ or Fail x	Foam Co Level of s or No	ondition stain (+) stain	Outcome of Audit Pass ✓ or Fail ×	Comments	

