



Mattress Audit Tool

Date of Audit _____ Facility _____ Unit _____ Room _____ or Storage _____

Mattress: Manufacturer: _____ Name _____ Model # _____

Mattress Material: ☐ Foam ☐ Gel ☐ Foam/Gel ☐ Foam/Air ☐ ROHO ☐ ROHO Inserts (if ROHO, see below)

Mattress Cover Assessment				Comments
Mattress cover dated when put into use (date is _____)? YYYY MM	Y	N	--	
Mattress cover is past its 'best before date'?	Y	N	NA	
Are there any issues with the zipper (e.g., missing teeth, wear and tear)?	Y	N	NA	
Are there any frays or tears?	Y	N	NA	
Does the cover have noticeable odor?	Y	N	NA	
Are there any signs of staining that cannot be removed by cleaning?	Y	N	NA	
Does it fail the fluid impermeability test (see pg. 2)?	Y	N	NA	
For mattresses that require rotation: are the corners marked to facilitate a rotation schedule?	Y	N*	NA	
For mattresses that need to be flipped over: are the sides marked to facilitate a flipping schedule?	Y	N**	NA	
Totals	___Y	___N	___N/A	

Mattress Assessment (cover removed)				Comments
Mattress labeled with manufacturer & the date when put into use (date _____)? YYYY MM	Y	N***	--	
Is the mattress past its 'best before date'?	Y	N	NA	
Does mattress have noticeable odor?	Y	N	NA	
Does mattress have noticeable indentation/sway of 5-7.5cm?	Y	N	NA	
Is the fire-retardant cover bunching?	Y	N	NA	
Does the fire-retardant cover have any staining that matches the cover?	Y	N	NA	
Is the mattress foam stained?	Y	N	NA	
If foam: Does the mattress fail the hand compression test (see pg.2)?	Y	N	NA	
If gel: has the columns/sections of the gel broken down?	Y	N	NA	
If gel-foam: Does the mattress fail the hand compression test (see pg. 2)?	Y	N	NA	
Totals	___Y	___N	___N/A	

* If no, then mark the corners to facilitate rotation.

** If no, then mark the top and bottom to facilitate flipping.

***If no, then label the mattress with manufacturer and the date when put into use (if available).

1. **For ROHO inserts:** indicate where the inserts are placed on the bed by using ✓ on the line below the section



2. **Fluid Impermeability Test:**

- Make a fist and press down on the mattress cover to form a shallow well in the centre of the mattress where it would have high usage or any areas of concern.
- Pour on a small volume of tap water (approximately 75 ml) in the well and agitate the area for about one minute.
- Visually inspect for loss of water which indicate water penetration and a failure of the test.
- Wipe up the water.

3. **Hand Compression Test for Foam Mattress:**

- Wear appropriate Personal Protective Equipment.
- Adjust the height of the bed to be at same level as hips (if possible).
- Link hands to form a fist and place them on the mattress.
- Keep elbows straight and lean forward, applying the full body weight to the mattress.
- Repeat the hand compression along the entire length of the mattress.
- The mattress has failed if the base of the bed, at any point along the mattress, can be felt 'bottoming out'
- The failed mattress should be removed from use and disposed of as per policy.

4. **Compression Test for Gel Mattress:**

- Check the surface of the mattress for areas of compressed gel.
- Attempt to massage out any areas of compression, if unable then mattress failed.
- The failed mattress should be removed from use and disposed of as per policy.