

## Slips, Trips, and Falls

Slips, trips and falls are one of the most common causes of injury in the workplace. There are many situations that may cause slips, trips, and falls, such as ice, wet spots, grease, polished floors, improper footwear, loose flooring or carpeting, uneven walking surfaces, clutter, electrical cords, open desk drawers and filing cabinets, and damaged ladder steps.

The controls needed to prevent these hazards are usually obvious, but too often ignored, such as keeping walkways and stairs clear of scrap and debris; coiling up extension cords, lines, and hoses when not in use; keeping electrical and other wires out of the way; wearing lug soles in icy weather; clearing parking lots, stairs, and walkways in snowy weather; and using salt/sand as needed. Below is an example checklist that can be used to find and correct slip, trip and fall hazards.

- Do you have an anti-slip soled shoe program in place and is it working?
- Are there times established during the day for clean-up? (Prior to breaks is a Best Practice)
- Are aisles and passageways kept clear?
- Are stairs and wet surfaces covered with non-slip materials?
- Are holes in the floor, sidewalk, or other walking surfaces repaired properly, covered, or otherwise made safe?
- Is there a walkthrough inspection process, and preventive maintenance program in place?
- Are materials or equipment stored in such a way that prevents hazards?
- Are spilled materials cleaned up immediately?
- Are all staff focused and rewarded for proper housekeeping and work area set-up?
- Are changes of direction or elevations readily identifiable?
- Are all fall hazards protected with a standard guardrail or other acceptable safeguard?
- Are bridges or other safe means provided over conveyors and similar hazards?
- Are designated pathways established for people where hazards are controlled?
- Are stairs having four or more risers equipped with standard stair railings?

## Slips, Trips, and Falls

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

### **Class Participants:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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