**<COMPANY NAME>**

**Slip, Trip, and Fall Prevention Program**

# **Purpose of the Program:**

The purpose of the <Company Name> Slip, Trip, and Fall Prevention Program is to identify slip, trip, and fall hazards and reduce exposures on walking/working surfaces which are maintained by the company.

This program proposes a proactive approach using SAFE (Surface, Awareness, Footwear, and Environment as a backbone:

1. Identification and abatement of existing walking/working surface hazards
2. Systematic approach of identifying and managing new hazards
3. Finally identifying and addressing contributing employee behavior

Procedures and practices outlined in this program must be followed by all employees and deviations must be brought to the attention of your supervisor or the Program Administrator immediately upon discovery.

# **Program Scope:**

<Company Name> strives to provide all employees with walking and working surfaces that are designed for the work conducted and safe for the employee to conduct work on. This program is supplemental to the company safety program and will supersede policies and practices that address slip, trip, and fall exposures outlined in the company safety program. The Program Administrator, <Administrator Name> is responsible for the Program’s implementation, management, training and recordkeeping requirements.

# **Program Responsibilities:**

## Management:

<Company Name’s> management team is committed to slip, trip, and fall prevention in all company-controlled facilities. Management supports the efforts of the Slip, Trip, and Fall Prevention Program Administrator by:

1. Financial support
2. Leadership involvement
3. Prompt response to the hazard reporting system
4. Regular communications about the program to employee
5. <Other>

Slip and Fall Prevention Program Administrator:

The Program Administrator will:

1. Be responsible for the implementation of this program including:
	1. Report directly to upper management.
	2. Coordinate all evaluations, controls, and training.
	3. Monitor program results
	4. Re-establish program goals and expectations based on program performance and facility changes
	5. Training of site evaluators
	6. Timely implementation of control measures
	7. Create and Maintain a system for employees to report walking/working surface hazards
	8. Maintenance of accurate records
	9. Provide documentation upon request
	10. Schedule manager, supervisor and employee training and maintain training records
	11. Follow up with any slip, trip, and fall strategies and/or solutions
	12. Monitor the Program on a quarterly basis and provide an annual review

## Managers and Supervisors.

Managers and supervisors of <Company Name> will:

1. Actively support the Slip, Trip, and Fall Prevention Program
2. Attend slip and fall prevention training
3. Be able to recognize walking/working surface hazards
4. Be familiar with slip and fall hazard controls recommended by the company
5. Ensure their employees have been trained on
	1. Identification of behavioral contributors
	2. Slip, trip, and fall prevention practices and principles
6. Ensure that recommendations for slip, trip, and fall prevention in their area of control are implemented
7. Provide employees with and ensure the use of the appropriate tools, equipment and materials
8. Maintain clear communication with managers and employees
9. Report slip and trip near misses to program manager.

## Employees.

* <Company Name’s> employees will:
* Use the appropriate tools, equipment, materials, procedures and designated footwear provided by <Company Name>
* Provide feedback to managers and supervisors regarding the effectiveness of the provided tools, materials, and procedures
* Attend training as required and apply to their work activities
* Report walking/working surface hazards to the safety manager, supervisors or the Program Administrator
* Report all injuries within 24 hours of their occurrence

Employee involvement is an essential element to the success of this program. Employees that identify slip, trip, and fall or other safety hazards will immediately notify their supervisor. If a supervisor is not available, they are to contact the <\*\*\*\*\*\*\*\*\*\*Safety Manager> or Administrator of this Program

# **Safety Program Detail:**

Surface Selection.

All walking/working surfaces, when modified or replaced, will be sourced to meet "high traction" as defined by ANSI B101.5. New or modified surfaces that cannot meet "high traction" status when installed or modified must be reviewed and approved by the Program Administrator. These surfaces are to be evaluated for slip hazards through a Job Hazard Analysis (JHA) process and efforts to reduce exposure to slip, trip, and fall hazards are to be implemented.

All efforts will be made to place new or repositioned permanent equipment, utilities, and other connections outside of established walking surfaces. In areas where this is not possible during construction, remodeling, or other changes to the facility efforts consistent with this program will be made to control the exposure to the worker.

Surface Audits.

All walking and working surfaces will be formally audited <Insert frequency here> (recommendations are at a frequency at intervals no longer than quarterly) using proper audit forms (insert title of or link to the form used here). In addition to scheduled surface audits, managers, supervisors and employees should observe their work area for slip, trip and fall hazards at all times. Observed hazards should be reported immediately.

## Surface Cleaning/Maintenance.

All floors will be maintained following the procedures and cleaning methods/products recommended by the manufacturer to maintain the slip resistant qualities of the surfaces and reduce slip and fall exposures. Any surface maintenance must meet the requirements of ANSI B101.0 and B101.1 or be prescribed by the surface manufacture to maintain or enhance the friction coefficient of the surface.

* Only manufacturer or cleaning product supplier approved cleaning materials will be used on walking and working surfaces.
	+ Any substitute to manufacturer recommended products must be approved by the Program Administrator.
* The manufacturer's directions for approved cleaning materials will be followed at all times.

### Spill Identification and Clean Up

* All spills (liquid or other materials that would reduce traction) must be cleaned up immediately.
	+ If cleanup cannot be achieved immediately, the spill where the spill is located:
		- Will be barricaded to keep employees from being exposed to the slip, trip, and fall hazard.
		- Will be marked with a wet floor sign.
			* Any barricade and wet floor sign will be removed when cleanup is complete and surfaces have dried completely.

## Walking/Working Surface Maintenance.

All walking/working surfaces will be maintained free of:

1. Substantial cracks – defined as cracks that can reasonably be expected to expose workers to increase risk of trip and fall hazards,
2. Changes in elevation greater than 1/4 inch,
3. Holes, protrusions or unmarked changes in elevation (curbs, stairs, etc.).
	1. Any existing holes, protrusions, or unmarked changes in elevation will be:
		1. Marked to create a greater awareness of the hazard
		2. Placed on the list of areas for abatement until such time that a functional solution can be implemented.

## Snow and Ice Management.

The removal of snow and ice from all walking/working surfaces, not specific to a particular department, will be the responsibility of <name of responsible department>. All sidewalks, entrances, loading docks and other areas of heavy foot traffic will:

1. Be cleared of snow upon accumulation of <Insert amount here but not to exceed one inch). These areas will be continually cleared as long as snow continues to fall.
2. Parking lots will be cleared upon accumulation of <\*\*add snow depth here 2 inches or less is recommended> of snow or more.
3. Application of <include type of approved Ice melt here>:
	1. Upon clearing of snow, ice melt will be applied to all sidewalks, entrances, loading docks and other areas of heavy foot traffic.
	2. Will be applied to parking lots where ice build-up is present.
	3. When thaw/freeze events are predicted, the following plan will be implemented to address parking lots and walkways to:
	4. <Include plan here>
	5. The surface maintenance plan will take into consideration the comings and goings of all shifts and entrances and exits used.
4. The following map shows where snow removed from the parking areas will be piled.

<Insert Map Here>

## General Housekeeping practices

* Work areas are to be kept clean throughout each shift.
* Prior to completing shift, work areas are to be cleaned and all slip, trip, and fall exposures controlled or eliminated.
* Walkways will be kept clear of potential slip, trip, and fall hazards such as, electric cords and hoses.
	+ Uncontrolled hazards must be blocked off until the task is completed.
* Spill areas must be secured until the spill is removed.
* Stock or finished goods must not be stored on stairs, in walkways or in such a manner that create a slip, trip, and fall hazard.

## Mats.

Entrance areas that have been identified as areas where contaminants will be introduced to walking working surfaces (through the surface audit process) will have runner or mats installed at the point of entry and in such a way that they capture outside contaminants.

* All entrance mats will be a minimum of <Enter distance here\* ft> (10-12 is recommended) in length.
* Mats will be checked (enter interval here – recommendation is hourly during weather events or 3x a shift) to ensure they are still adequately capturing contaminants from employee footwear.
* If a mat becomes saturated, it will be replaced immediately or will be excess contaminants will be removed until the mat is again adequately capturing contaminants from employee footwear

## Footwear.

Employees are to wear, at a minimum, footwear that is compatible for the environment they are working or footwear specific for the hazards exposed to as determined by the JHA for each position. When working in areas with limited traction they will be required to wear slip-resistant footwear or special traction enhancing equipment.

|  |  |  |
| --- | --- | --- |
| **Task/Job** | **Hazard** | **Footwear Required to Control Hazard** |
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## Footwear Stipend:

<Company name> shall provide <Enter amount here - $100 is recommended> per year, per employee, on a rolling calendar basis, for appropriate footwear. Employee shall be responsible for damage or replacement of footwear within the twelve months if needed. Footwear shall meet the requirements as deemed by <Company Name>. Employee shall purchase footwear and will be reimbursed (insert method here) once receipt is presented to Program Administrator.

## Unexpected Changes in Elevation.

All unexpected changes in elevation, such as raised sidewalk sections, potholes, raised doorway thresholds or unmarked curb edges will be repaired as soon as possible. Seasonal temperature and weather may affect timing of repairs. When this occurs, interim control, such as suggested below must be applied:

1. Warning signs or safety cones will be installed to clearly identify hazardous areas until repairs can be made.
2. Potholes and large gaps between sidewalk sections will be temporarily patched.
3. Doorway threshold transition plates will be installed where necessary.
4. Raised edges, including curbs, will be painted with high-visibility, slip-resistant yellow paint.

## Wet or Slippery Process Surfaces.

Surfaces that become and remain wet due to work processes or other reasons will be modified, to the extent they can with abrasive coating, grit, or other approved slip limiting material approved by the Program Administrator.

* Abrasive coatings will be applied according to manufacturers' instructions.
* Grit strips will be applied to stair treads, ramps, vehicle running boards and areas around equipment as deemed necessary.
	+ The following grit/anti slip strips have been approved by the program administrator:
		- <Include product name or number or manufacture here>

# Training:

All employees will be trained on the:

1. Recognition and control of walking/working surface hazards
2. Safe work practices
3. Abatement procedures
4. Reporting
5. Contributing behaviors to avoid:

## Training frequency:

1. All new employees during orientation or within 30 days of job assignment
2. Refresher training for all employees annually

The minimum training for all employees will include the following elements:

* An explanation of the <Company Name> Slip, Trip, and Fall Prevention Program and their role in the Program
* A description of walking/working surface hazards
* Unsafe work practices and behaviors that may contribute to slip, trip, and fall accidents
* Reporting walking/working surface hazards
* How to use the forms and process for reporting and investigating slip and fall hazards
* The methods used by <Company Name> to minimize slip, trip, and fall risk factors (including engineering controls, administrative controls and any appropriate personal protective equipment or footwear)

All training will be recorded and kept in the <Add training record keeping process here>.

Training will include the following topics:

* Review of the Slip, Trip, and Fall Prevention Program
* Slip, trip and fall frequency and severity data
* Hazard identification:
	+ Surface:
		- Surface requirements
		- Unmarked elevation changes
		- Contamination prevention
		- Condition and repair
	+ Awareness and behavior
	+ Footwear requirements for the company and department/task
	+ Environment
		- Lighting
		- Surface maintenance and spill cleanup requirements
* Possible solutions
* Proper use of wet floor signage
* Reporting procedures - inclusive of how to use the slip, trip, and fall report and who and when to report
* Methods used by <Company Name> to eliminate or reduce slip and fall risk factors

# Accident Investigation:

All slip, trip, trip fall or near miss incidents/injuries reported to management or the program administrator will be investigated to determine root cause using the included forms <insert or link forms here>. All hazards identified in the accident investigation must have an interim control in place which prevents further exposure until a permanent control/abatement can be implemented.

Each investigation’s data and recommended permanent control/abatement will be analyzed by the program administrator or company safety committee to determine the best course of action to follow. Results of the analysis and selected abatement will be provided to the department responsible for implementing the abatement. The program administrator will be responsible for following up on the implementation of the abatement and will report back to management on a monthly basis its status until completed.

# Program Review Frequency:

No less than annually, the Program Administrator will:

1. Conduct a program review to assess the progress and success of the program consisting of a review of:
* All training programs and records
* Retraining of managers, supervisors and employees
* Jobs, processes or areas that have produced a high incidence rate of slip and fall accidents
* Correction of reported slip and fall hazards
1. The program’s success will be determined and reported to senior management based upon comparison to previous years, using the following criteria:
* Cost and frequency of workers’ compensation and liability slip and fall cases
* Employee feedback through direct interviews, walking/working surface audits and questionnaires

An Annual Review Report will be presented to the <Company Name> management team.

# Record Retention

All records will be retained for <## (recommended 7 years)> years.

# Revision History

Include revision dates and who approved here.

**Sample Slip, Trip, and Fall Accident Investigation Form**

**Date of accident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did the accident occur?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time of accident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **** a.m.p.m. **** on-site **** off-site

**Weather Conditions at the time of the Accident (if outdoors):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) of injured:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation of employee(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness to accident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description surface conditions, footwear, and unique feature of the workspace:**

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**Description of Events, actions, behavior leading up to:**

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**Root Cause of Accident** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Immediate/interim actions taken to prevent re-exposure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permanent/Abatement Action(s) taken (to prevent reoccurrence) & Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Developed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Slip, Trip, and Fall Accident Report**

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| **Section 1:** Injured/Involved Employee |
| **Employee Full name:** | **Gender:**Male Female | **Date of Birth** |
| **Contact Phone:**(Work)(Home) (Mobile) | **Address:** |
| **Job Title:** |  **Status:** 🞎 Full-time 🞎 Part-time 🞎 Other 🞎 Contract 🞎 Temp |
| **Work Area/Dept.:** | **Shift Hours**: am/pm to am/pm |
| **Employed Since:** | (insert date) | **Time in Position:** |
| **Details of Training:** When, by whom, in what, refreshers, frequency |

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| **Section 2: Incident Details** |
| **Type: 🞎** Incident 🞎 Injury🞎 Illness 🞎 Near miss | **Time of incident (24hr):** | **Shift start time:** |
| **Date of Incident:** | **Day of week:** | **1st Reported to: Position:** |
| **Specific location of incident:**  |
| **Describe what happened:** (Where, what equipment or tools were being used, who else was present– the sequence of events leading up to and after the incident) |

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| **Section 3:** Nature of Injury / Illness |
| **Describe Injury or Illness:** |
| **Location of Injury:** (Body parts affected) |
| **If near miss, what was the potential of injury from the event?**  |
| **Treatment: 🞎** None Necessary 🞎 First Aid 🞎 Walk-in Clinic 🞎 Taken to Hospital 🞎 Admitted to Hospital |
| **Facility Name:** |
| **Details:** |

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| **Section 3:** Nature of Injury / Illness (Cont.) |
| **Nature of Injury** | **Part of Body** | **Body Side** |
| Sprain/ strain |   | Head |   | Upper back |   | Front |   |
| Fracture/ dislocation |   | Face |   | Stomach |   | Back |   |
| Muscle/ joint unknown |   | Neck |   | Lower back |   | Left |   |
| Nerve damage |   | Shoulder |   | Groin |   | Right |   |
| Cut/ Abrasion |   | Upper arm |   | Hips |   | **Dominance:** |
| Bruise |   | Elbow |   | Upper leg |   | LEFT |   |
| Scald/ burn |   | Lower Arm |   | Knees |   | RIGHT |   |
| Superficial (scratch/ chaff) |   | Wrist |   | Lower leg |   |            |
| Other: |   | Hand |   | Ankle |   |
|        | Fingers |   | Foot |   |
| Chest |   | Toes |   |
|    | Other |   |

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| **Section 4:** Event Description/Mechanism |
|  **Description of Incident** (i.e., How did they fall – slip, trip or fall):**y or Illness:** |

**Slips, Trips, and Falls Contributing Factors**

[Select all items contributing to the event.]

|  |  |  |  |
| --- | --- | --- | --- |
| **SURFACE - Composition** | **Yes** | **No** | **N/A** |
| Material incompatible with anticipated foot traffic |   |   |   |
| Incorrect matting for area |   |   |   |
| Other: |    |    |    |
| **SURFACE - Condition** | **Yes** | **No** | **N/A** |
| Surface in poor repair - broken or heavily worn areas |   |   |   |
| Gaps between surfaces |   |   |   |
| Loose or unstable areas in surface |   |   |   |
| Long/ short term exposure to chemicals causing build-up/ deterioration of surface |   |   |   |
| Other: |    |    |    |
| **SURFACE - CONTAMINATION** | **Yes** | **No** | **N/A** |
| Process waste |   |   |   |
| Growth on floor - Mold, weeds, etc. |   |   |   |
| Oil (needs separate cleaning procedure) |   |   |   |
| Standing Water (consider drainage, water pathways) |   |   |   |
| Leaves or grass |   |   |   |
| Paper or other paper products |   |   |   |
| Ice from inside source (e.g. freezer/ cool rooms) |   |   |   |
| Sticky substances (e.g. chemicals, grease, food products) |   |   |   |
| Ice or snow from outside |   |   |   |
| Sand or gravel |   |   |   |
| Dirt or mud |   |   |   |
| No drainage or inappropriate location of drainage |   |   |   |
| Other: |    |    |    |
| **SURFACE - Changes** | **Yes** | **No** | **N/A** |
| Change in floor type or friction level (e.g., wet -> dry, carpet – tiles) |   |   |   |
| Variation in height levels |   |   |   |
| Inappropriate floor covering (mats, etc.) |   |   |   |
| Incline surfaces (ramps, slope |   |   |   |
| Other: |   |   |   |
|   |   |   |

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| --- | --- | --- | --- |
| **AWARENESS**  | **Yes** | **No** | **N/A** |
| Changing directions when walking |   |   |   |
| Potential leaks/ floor contaminants from work tasks |   |   |   |
| Equipment maintenance |   |   |   |
| Manual handling requirements of tasks |   |   |   |
| Work pressures, workload and required pace of work |   |   |   |
| Use of PPE |   |   |   |
| Potential muscle fatigue |   |   |   |
| Competing physical & cognitive tasks at the same time |   |   |   |
| Postures or body position that will compromised balance |   |   |   |
| Safety climate of organization |   |   |   |
| Physical limitations |   |   |   |
| Influence of substances e.g. recreational drugs and alcohol |   |   |   |
| Influence of medications |   |   |   |
| Carrying material in hands |   |   |   |
| No training of staff in cleaning procedures/ spill management |   |   |   |
| Signs not available/ used or used inappropriately (left out for long periods) |   |   |   |
| Inappropriate, inadequate, or no containment for spills process or practices  |   |   |   |
| Other: |  |  |  |
| **FOOTWEAR** | **Yes** | **No** | **N/A** |
| High/ Low friction soles not appropriate for the surface |   |   |   |
| Poor foot support  |   |   |   |
| Inappropriate for work tasks |   |   |   |
| Clothing catches (pants/skirt/dress beneath shoe) |   |   |   |
| Restricted clothing (hampers movement) |   |   |   |
| Other: |  |  |  |
| **ENVIRONMENT** | **Yes** | **No** | **N/A** |
| Unsecured carpets or mats |   |   |   |
| Cords & cables in walkway |   |   |   |
| Boxes and other walk way obstructions |   |   |   |
| Insufficient space for tasks being completed (potential obstructions in walkways) |   |   |   |
| Inappropriate positioning of tasks (e.g. wet tasks completed in walkways) |   |   |   |
| Poor design of buildings/ floor surfaces  |   |   |   |
| Small or missing landings |   |   |   |
| Stepladder and safety step design inappropriate for type of work/ work tasks |   |   |   |
| Difficult steps associated with work (e.g. trucks) |   |   |   |
| Noise/ acoustic stimuli from work processes (distraction) |   |   |   |
| Step design issues – risings & goings height, depth, consistency, handrails, nosing/ treads |   |   |   |
| Other: |   |   |   |

**CORRECTIVE ACTION PLAN**

For all items marked “Yes” list the item, person responsible, and expected completion date.

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| --- | --- | --- | --- | --- |
| **ACTION ITEM** | **PERSON RESPONSIBLE** | **DATE DUE** | **DATE VERIFIED\*** | **Verified by\*\*** |
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**OTHER OBSERVATIONS NOT RECORDED ABOVE**

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| --- | --- | --- | --- | --- | --- |
| **OBSERVABLE ITEM** | **REF.** | **PERSON RESPONSIBLE** | **DATE DUE** | **DATE VERIFIED\*** | **Verified by\*\*** |
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**\* Date Observation/Corrective Action was verified as completed.**

**\*\* Initials of the individual verifying the Observation/Corrective Action was verified as completed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator: Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager (any report with unsatisfactory items) Date

Copy of inspection sheets to:

* Safety/HR Manager (All reports)
* Safety Coordinator (All reports)
* Project Manager (reports which contain any unsatisfactory item)
* Owner #1 (reports which contain any unsatisfactory item)
* Owner #2 (reports which contain any unsatisfactory item)

|  |  |
| --- | --- |
| Facility Name or Description: |  |

|  |  |
| --- | --- |
| Facility Address if applicable: |  |

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| --- | --- | --- | --- | --- |
| **Surveyed By:** |  |  | **Date Surveyed:** |  |

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| --- | --- | --- |
| Scoring contributing factor in each column:* 4 = Significant Potential
* 3 = Moderate Potential
* 2 = Limited Potential
* 1 = Very Low Potential

(If factor not applicable, leave blank.) | **Calculate OVERALL SCORE by totaling area scores, and then dividing by number of areas surveyed.** | * To determine which areas need to be addressed first, rank the area scores in DESCENDERING order.
* Focus improvement efforts on areas with the HIGHEST scores first.
* Areas with scores above one should be prioritized and assigned a review and abatement date.
* Make changes to your spaces to bring all factors down to a lower score than at the initial evaluation.
* The overall goal is for all contributing factors under each section to be evaluated as a 1.
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area Name or Description** | **FACTORS** | **Surface** | **Awareness** | **Footwear** | **Environment** | **Injury History** | **Area Totals** |
| Com-position | Contam-ination | Condition | Changes | Elevation | Human Factors | Unique Features | Footwear | Obstr. | Visibility | StairsEtc. |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Total Score:

* Evaluate your area using the factors from SAFE (Surface, Awareness, Footwear, Environment).
* Determine whether that particular factor contributes to a very low (1), limited (2), moderate (3) or significant (4) potential for a slip, trip, and fall.
* The descriptions listed in the columns are just common examples. You should incorporate your own observations and knowledge of your facility.
* If one of the factors below is not present or does not apply to the area you are evaluating, then it can be omitted from the final score calculation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Factor** | **Significant Potential** (Score = 4) | **Moderate Potential** (Score = 3) | **Limited Potential** (Score = 2) | **Very Low Potential** (Score = 1) |
| **Surface: Composition** | Limited traction - greatly reduced when we highly polished and smooth surface - e.g., polished marble, VC Tile, Terrazzo | Moderate traction, but reduced when wet (e.g., smooth concrete, pressure treated wood) | Adequate traction, slightly reduced when wet (e.g., Treated Ceramic or Porcelain Tiles) | Adequate traction conditions(e.g., carpet, rubber flooring) |
| **Surface: Contamination Present or Potential** | Surface contaminants are likely or present (e.g., water, snow, ice, sand, dirt, leaves) | Surface contaminants are sometimes present (e.g., spills, drips, leaks) | Surface contaminants are rare(e.g., beverage spills) | Surfaces have no potential for contaminants |
| **Surface: Condition** | High amount of wear and tear or damage - Worn mats, holes, traffic areas worn smooth, heaving or uneven pavers | Moderate wear or damage to surface such as broken tiles, torn carpet, cracked, heaved or loose sections | Worn carpeting, cracked tile, warped flooring | No deficiencies |
| **Surface: Changes** | Carpet to marble, VC Tile, polished wood | Carpet to tile | Pavement to gravel | Consistent surface material throughout traveled area |
| **Surface: Elevation** | Change greater than 12" in one step, steep ramp, (1.5:1), multiple uneven changes such as cobbles or natural trail | Single step up or step down <12" | Bumps or subtle unmarked level changes | Level surfaces throughout traveled area |
| **Awareness: Human Factors** | High traffic or congestion area, many distractions, vehicles mixed with foot traffic, loud environment/ no hearing protection required, phone use not prohibited | Moderate congestion or traffic, material or goods hand carried in area, hearing protection required, phone use prohibited | Low congestion or traffic, materials or goods moved with carts or dollies, | No high-risk traffic expected |
| **Awareness: Unique Features** | Day care or play area, recreation space, mixed natural surface, vehicle crossing, employee travel area open to public | Temporary displays/ signage, seasonal decorations placed in or around travel area | Permanent signage in or near walkway | No distracting features |

*(Continued from Pg. 15)*

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| --- | --- | --- | --- | --- |
| **Factor** | **Significant Potential** (Score = 4) | **Moderate Potential** (Score = 3) | **Limited Potential** (Score = 2) | **Very Low Potential** (Score = 1) |
| **Footwear** | No control over employee footwear in area. | Improper footwear worn by employees. | Proper footwear worn by employees. | No high-risk traffic expected. |
| **Environment: Obstructions** | Obstruction placed or permanently located and unguarded in walkway (e.g., step around or over objects), poor housekeeping or walkway layout. | Obstructions in walkway, temporarily guarded or marked (e.g., extension cords, wires, piping with loose low contrast matting or protectors. | Obstructions in walkway guarded with secured high contrast matting or protectors. | No obstacles directly in walkway(e.g., planters) |
| **Environment: Visibility** | No or low contrast elevation changes, poor/low light. | Contrasting colors used to demark elevation changes in low light areas. | Contrasting colors used to demark elevation changes with adequate lighting. | No exposure |
| **Environment: Stairs/Elevators/Escalators/ Moving Carpets** | Frequently used stairs, step ladders, uneven treads, spiral stairs, moving carpets, escalators. Ladders can be used in any area. | Stairs, ladders, stools used by a few personnel in limited areas. Stairs or ladders not well maintained. | Stairs seldom used and well maintained. | No stairs or stairs used for emergency exit only. |
| **Injury History** | STF injuries or Incidents have occurred in this area 10 or more times in the last 12 months. | STF injuries or Incidents have occurred in this area 5 or more times in the last 12 months. | STF injuries or Incidents have occurred in this area 4 or fewer times in the last 12 months. | Area has no known STF injury or incident history. |

The following documents are available in MEMIC’s [Safety Director](https://www.memicsafety.com/digital_library/) to download and customize:

* Slip, Trip, and Fall Accident Investigation Form (Page 8)
* Slip, Trip, and Fall Accident Report (Pages 9-13)
* Slips, Trips, and Falls Scoring Your Flooring Worksheet (Pages 14 & 15)