

Slip, trip and fall prevention

ADMINISTRATIVE CONTROLS	YES	NO	NA
1. Has a hazard identification/self-inspection program been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have employees been trained in hazard identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are written procedures in place to control and remedy hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are responsible persons assigned to follow up on hazard removal/control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is floor cleaning completed in times of low or no activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLIP HAZARDS	YES	NO	NA
1. Are the floors, platforms and walkways maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the floors free of oil, grease and/or water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are mats, grates or other methods used on floors where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are slip-resistant floor coverings used in areas likely to get wet or subject to frequent spills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are warning signs, such as "wet floor," provided and used when a slip hazard is present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRIP HAZARDS	YES	NO	NA
1. Are walkways free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are walkways free of projections (drawers, shelving, material storage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you checked that cables and cords do not extend across walkways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the floors, parking areas, walks and stairs (both interior and exterior) maintained in level condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any holes in or on the walking surfaces repaired and made level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is proper lighting provided and maintained in all interior and exterior walking and working areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR MATS	YES	NO	NA
1. Are floor mats provided in areas of higher risk, such as areas that are subject to wet or slippery conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do mats have slip resistant surfaces on the top and bottom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do mats have beveled, flat or similar edges to reduce trip hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do mats have slots or other design to promote drainage and prevent accumulation of water and/or grease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is an antibacterial treatment provided to prevent growth of mold and mildew?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are mats on a regular replacement schedule by either an outside service or maintenance personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DRAINAGE	YES	NO	NA
1. Have drains been provided in wet areas to divert water and prevent accumulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are drains provided with covers where needed and are covers maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLIP RESISTANT FOOTWEAR	YES	NO	NA
1. Has slip resistant footwear been evaluated and provided where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do supervisory personnel have authority to enforce the wearing of proper footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR MAINTENANCE PROCEDURES	YES	NO	NA
1. Are floor maintenance procedures scheduled at intervals recommended by manufacturers of products used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are maintenance employees trained in proper application of floor products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are proper warning systems used during floor maintenance operations to warn of potential slip, trip or fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is documentation maintained regarding the products used and Safety Data Sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a review of the floor maintenance procedures completed after a "near miss" slip, trip or fall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER HAZARDS	YES	NO	NA
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION COMPLETED BY: _____ DATE: _____

MAINTENANCE FOLLOW UP BY: _____ DATE: _____

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