

# SLIPS AND TRIPS ASSISTANT FOR .....AREA/DEPARTMENT

**PRIORITY** Slips and Trips Team Names: \_\_\_\_\_ Date of Workplace Check: \_\_\_\_\_ Re-check Date: \_\_\_\_\_

←←←←←←←←←←YOU SHOULD TRY TO CHOOSE A SOLUTION THAT IS AS CLOSE TO THE LEFT HAND SIDE OF THE PAGE AS POSSIBLE

		YES	NO	REMOVE/REDUCE	YES	NO	CONTAIN	YES	NO	WARN, INFORM and PROTECT	YES	NO
<b>FLOORS &amp; STAIRWAYS</b>												
1	Even and level			Re-level/partially re-level			Barrier area off			Signs/safety footwear		
2	In good repair			Repair/cover cracks			Barrier area off			Signs/safety footwear		
3	Good slip resistance			Re-coat with anti-slip paint/grit floor			Barrier area off			Signs/safety footwear		
4	Clean environment			Stop contamination			Clean up			Signs		
5	Safe handrails			Fit handrails a.s.a.p.			Restrict use of stairs			Signs		
<b>THE ENVIRONMENT</b>												
6	Adequate lighting			Extra lights/temporary lights			Barrier area off			Signs		
7	Dry – Not wet/muddy/icy			Keep area dry/use slip mats			Barrier area off			Signs		
<b>THE WORKPLACE</b>												
8	Spillage risk free			Engineer no spills/bund(dam) off			Barrier area off			Signs		
9	Leak risk free			Fix leaks/bund area off			Barrier off			Signs		
10	Trailing cables and pipes free			Re-route cables/lift off floor			Place ramps over cables			Signs		
11	Obstruction free			Remove/reduce			Barrier area off			Signs		
<b>THE PEOPLE</b>												
12	Adequate footwear			Issue non-slip footwear			Prevent access to area			Mandatory signs		
13	Good behaviour									Discipline offenders		
14	Should be experienced						Experienced personnel only			Sign authorised personnel only		
15	Train and inform			Training			Experienced personnel only			Sign authorised personnel only		
<b>OTHERS</b>												
16												

Write in here, using the number from the Hazards column, what needs to be fixed, when and by who and who did it.

Line Number	What must be done?	Fix date required:	Who does it?	Date complete:	Signed:

