

Slip, Trip and Fall Prevention Inspection Checklist

(Hazard Identification and Assessment)

Indicate if the following Slips, Trips and Falls (STF) program elements are in place for employees, public and clients. Determine action priority:

High: High priority – Implement or correct immediately

Med: Medium priority – Implement or correct within a specified period of time

Low: Low priority – Implement or correct if it is practical

Description of Potential Hazard	Y/N	Priority High/Med/Low	Recommended Corrective Action
Administrative			
All STF incidents and injuries, including near misses, are reported and recorded for employees, public and clients	<input type="checkbox"/> Yes <input type="checkbox"/> No		
There is a written footwear policy that is reviewed annually	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employees wear appropriate footwear in all circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policies and procedures are in place for cleaning spills, etc. and employees are required to follow the recommended practice	<input type="checkbox"/> Yes <input type="checkbox"/> No		
There are written procedures for cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Correct floor washing procedures are being followed	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Wet Floor hazard signs are used when needed, then removed when the floor is dry	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Procedures are in place for alerting employees and visitors to wet, slippery floor surfaces and appropriate measures are in place to reduce or eliminate STF hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spills, etc. are cleaned up immediately	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Everyone in the organization works together to keep floors clean, dry, and free of STF hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employees receive positive feedback on how well they are participating in preventing STF injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Written job tasks are available, understood and followed by all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employees are trained in STF hazard prevention for each task	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Standards such as “Clean as you go” and “Pick up/wipe up spills immediately” are communicated to all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STF accident investigations are completed, and appropriate action plans are initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No		
JHSC members identify STF hazards on their inspection checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Risk analyses have been completed for all job tasks with high risk of for STF injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Policies and procedures are in place for client fall prevention and controls	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment			
Buckets, mops, and cleaning equipment are clean, in good repair and are replaced when worn or ineffective	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A mop and bucket station are set up close to areas where spills are likely to occur	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fall protection equipment is available and worn when working at heights	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PPE is available, hygienic, in good repair, appropriate for the task and worn by employees when necessary (e.g., rubber boots for shower areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grab bars are appropriately positioned	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Floor Surfaces			
Floor surfaces are free of STF hazards (fluids, clutter, grease, paper, debris etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Floor surfaces have appropriate slip-resistant properties	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fluid-absorbent mats are used at each entrance door during winter and rainy weather	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All carpeted areas are free of trip hazards (curled, buckled, frayed areas and uneven surfaces)	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Mats, where required, are secure and are not creating a trip hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drains and grates are properly situated and level with floor surface	<input type="checkbox"/> Yes <input type="checkbox"/> No		
The use of loose rugs is discouraged in areas where they could pose a trip hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Changes in travel direction or floor elevation are clearly marked and identified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drains and grates are free-flowing and positioned downhill to collect water	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hard-surface floor areas are free of cracks, uneven elevations or STF hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Processes/Design			
Employees do not carry or move equipment that can obstruct their view	<input type="checkbox"/> Yes <input type="checkbox"/> No		
High traffic areas are free of obstructions, clutter and STF hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office furniture, rooms and working areas are arranged to eliminate interference with walkways or pedestrian traffic	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tasks are performed at a safe speed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loading dock edges are marked with yellow lines	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Changes in floor slope (e.g. ramps), changes in travel direction or changes in floor elevation are clearly marked and identified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardrails are used where necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lighting is adequate and appropriate for the task	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All equipment is positioned appropriately to eliminate pooling water	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workstations are set up to eliminate water dripping from the transport of utensils, products, and materials	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All hand appliances and utensils are stored to reduce or eliminate the need for a stepstool	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employees use stepstools and ladders as appropriate and as needed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All handrails and steps are secure and in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Extensions, power cords, cables, etc. are secure and do not create a STF hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All ladders and stepstools are in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Exterior/Roof Areas			



All holes or uneven surfaces are barricaded or identified to alert passersby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sand and salt are readily available and used in all high-traffic areas and entrances	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All high-traffic areas and entrances are free of snow and ice	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parking lots, high traffic areas, and entrances are well lit at night	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas where water is accumulating are identified and corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Downspouts and run-offs are working properly and located away from walking areas	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Walkways, curbs, and pedestrian areas are in good repair and free of obstacles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All elevated surfaces (more than 75 cm above ground or floor height) are provided with guardrails	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All wheelchair ramps are in good repair and free of ice and snow	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All wheelchair access areas are free of obstruction and designed for smooth transition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Access panels to roof areas have pulleys for lifting materials	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Access to roof areas is controlled, restricted and signs are posted	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Scaffolds are used if work cannot be performed safely on a ladder	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client Care			
Rooms free from clutter and excessive furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client mobility equipment is returned to its proper storage area	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spills, urine, and other agents are cleaned up promptly	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Locks are secure on both beds and chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A clear path from the bed to the washroom	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bathroom light on in the client room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keep the bed in the lowest position	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client room/bathroom doors are well marked with signs/pictures to assist confused clients	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Regular client mobility assessments are conducted prior to client handling	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Client mobility devices to transfer, lift or move a client are used appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Call bell or other communication devices are positioned within easy reach of the client	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work in the Community or Client-site			
Check weather forecasts for any adverse conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ensure there is a clear pathway for wheelchairs, walkers, etc. when taking clients on trips	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Be aware of surroundings when getting in and out of a vehicle; make sure you have secure footing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ensure parking area, sidewalks and hallways are clear and non-icy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Climb and descend stairs one at a time and hold on to handrail	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assess the building interior for STF hazards such as loose rugs, electric cords, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Communicate and record the appropriate control measures to prevent the assessed hazards in the client's plan of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wear appropriate footwear; consider a second pair for indoor use	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Never use a chair or box in place of a ladder	<input type="checkbox"/> Yes		



	<input type="checkbox"/> No		
Make sure scatter rugs are secured at all corners with materials such as double-sided tape or slip-resistant under padding or remove them	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Look for spills on kitchen, bathroom and hallway floors and clean up immediately	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assess the area for cracked or curled linoleum, loose tiles, or clutter	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pick up toys, magazines, or other items off the floor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Make sure you can see where you are going	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Use a flashlight with coloured lens or a nightlight when working with clients who may need care after dark or in bathroom areas where there is a risk of fluid spills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Make sure your view is not obstructed when carrying laundry baskets or other large items	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Be aware of floors treated with paste or liquid wax that can make the surface slippery	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ensure materials such as sand, cat litter or salt are used on driveways and walkways to prevent slipping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do not sit or stand on sills to wash windows	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Get a firm footing when lifting, transferring, or positioning clients	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ensure the bath area is equipped with appropriate grab bars, slip-resistant mats, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Use slip-resistant footwear or shoe coverings when working in the shower	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee Comments/Concerns:			