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(PCBU Name)

## Slips, Trips and Falls Checklist

If you mark any NO box on the checklist, you need to take action to make your workplace safer.

Date checklist completed:.....

Name of person who completed checklist: .....

Position title: .....

### Floors

- Are floors free of water, ice, oil or other fluids? Yes  No
- Are floor surfaces even?  
(eg no loose tiles or carpet that is torn or has ridges or holes) Yes  No
- Are ramps designed to prevent slips and falls? Yes  No
- Housekeeping
- Are walkways and doorways clear of boxes, extension cords and litter? Yes  No
- Are spills cleaned up immediately? Yes  No
- Are the responsibilities for cleaning floors, clearing work areas and walkways clearly specified? Yes  No

### Stairs

- Are stairways kept clear of boxes, extension cords and litter? Yes  No
- Is the tread on stairs adequate to minimise slipping? Yes  No
- Is the tread on each stair adequate? Yes  No
- Are hand-rails adequate? Yes  No

### Lighting

- Are work areas, walkways and stairs well lit? Yes  No
- Does the lighting enable workers to move between indoor and outdoor tasks safely? Yes  No

### Footwear

- Is the footwear worn by workers suitable for the workplace? Yes  No