



Slip, Trip, and Fall Hazard Inspections

Thank you for taking on the important task of conducting the Slip, Trip and Fall Hazard Inspections for your site. Commitment to *safety is one of the most important employer responsibilities in the operation of this district.*

Purpose of Slip Trip Fall Hazard Inspections:

- To assist in protecting staff, students and visitors by identifying and correcting/eliminating hazards that could cause injury
- To comply with Cal OSHA's periodic inspection requirement included in every employer's Injury and Illness Prevention Program (IIPP)
- To assist the district in containing workers' compensation-related injuries

Inspection Procedure:

1. Review all three inspection forms to become familiar with areas to be inspected.
2. Select an action for every item on the list, such as: No Hazard Identified; Corrected Immediately; Work Order #; or Purchase Order #. See "Examples for Action" below.
3. Submit generated work orders/purchase orders according to your district's protocol.
4. Have the site principal or supervisor sign and date the completed inspection forms.
5. Return the completed inspection forms to your District Health & Safety Coordinator.

Examples for Action:

No Hazards Identified = the area is safe, no hazards appear to exist

Corrected Immediately (examples):

- Removed/relocated the cord running across Classroom 103's floor
- Swept the leaves off the front steps
- Removed the stacked boxes from the Front Office hallway
- Replaced burned out bulbs in Building B hallway

Scheduled Work and/or Purchase Orders (examples):

- Ordered new entry mats for the Front Office and Classroom 101
- Slippery When Wet signs ordered for lunchroom spills
- Work Order submitted for raised concrete of front walkway by the office
- Grounds notified that gravel is on sidewalk in front of Portable D

Questions?

Contact: Denise Schreiner, Health and Safety Services Manager at 1-866-922-2744 ext. 270



Slip, Trip, and Fall Hazard Inspection Form

Multipurpose, Cafeteria, Gym, Kitchen

Site: _____ Inspected by: _____ Date: _____

Inspected Areas:		Action:
1	All floor areas are kept free from slip/trip hazards (i.e., food or liquid spills, other debris) Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
2	Carts, dollies, hand trucks provided. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
3	Portable "Wet Floor Caution" Signs and spill clean up equipment are available for use. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
4	Walk-off mats at all building entrances. Are they in good condition with the edges lying flat, and are they prevented from sliding on the floor. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
5	There are no floor cords crossing high traffic areas. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
6	Stepladders with non-skid feet are in good condition and available. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
7	Handrails are present and secured on all stairways and ramps. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
8	Restroom floors free from defects and properly maintained. No plumbing leaks. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
9	All stairs, steps & ramps (non-skid) are in good repair. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
10	Other Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
11	Other Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____

Site Administrator Signature (Required)

Date



Slip, Trip, and Fall Hazard Inspection Form

Classrooms, Library, Indoor Hallways, Offices

Site: _____ Inspected by: _____ Date: _____

Inspected Areas:	Action:
1 All indoor surfaces are kept free from slip/trip hazards (i.e., torn carpets, electrical cords, fallen articles, broken tiles, boxes, etc.) Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
2 Aisles and work areas free of slip/trip/fall hazards. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
3 Floors maintained in good condition (no torn carpeting, missing tiles). Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
4 All floor mats are in good condition and used appropriately. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
5 All stairs, steps and ramps in good repair (non-skid). Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
6 Stepladders are available and in good condition with non-skid feet. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
7 Handrails are present and secured on all stairways and ramps. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
8 Restroom floors free from defects and properly maintained. No plumbing leaks. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
9 Extension cords are used properly and out of traffic pathways Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
10 Clear expectations concerning housekeeping standards. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
11 Other Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____

Site Administrator Signature (Required)

Date



Slip, Trip, and Fall Hazard Inspection Form

Outdoor Areas

Site: _____ Inspected by: _____ Date: _____

Inspected Areas:		Action:
1	All walkways and ramps are kept free from slip/trip hazards (i.e., standing water, raised surface, gravel, boxes, etc.) Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
2	Drainage from downspouts are directed away from pedestrian traffic areas. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
3	Edges of curbs and tire stops highly visible. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
4	Lighting levels adequate in pedestrian areas. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
5	Blacktop/asphalt in good condition with minimal or no potential slip/trip hazards. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
6	Staff parking lot is free from potholes, uneven surfaces and trip hazards. Curbs and tire stops painted yellow or orange (high visibility color). Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
7	Outdoors hallways clear and in good repair. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
8	Grounds free of debris . Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
9	All stairs, steps and ramps in good repair (non-skid). Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
10	Handrails are present and secured on all stairways and ramps. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____
11	Changes in elevations are highlighted by a color change or hazard tape. Location(s):	<input type="checkbox"/> No Hazard Identified <input type="checkbox"/> Corrected Immediately <input type="checkbox"/> Work Order # _____ PO# _____

Site Administrator Signature (Required)

Date