**National Health and Safety Function, Workplace Health and Wellbeing Unit,**

**National HR Division**

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|  | **Checklist** |
| **Ref: CF:088:00** | **RE: Safety Checklist for Slips, Trips and Falls** |
| **Issue date:** | March 2024 | **Review date:** | June 2026 |
| **Author(s):** | National Health & Safety Function - Information & Advisory Team |
| **Note:** | This checklist has been developed to identify slips, trips, falls hazards where present, and assist in the completion of workplace inspections. ***Remember*** a checklist must not become a tick box exercise; look at what activity is being undertaken and consult with employees. When completing this checklist and answering yes/no, where possible issues identified must be addressed immediately to remove the hazard. Where the issue cannot be addressed immediately and needs to be escalated and documented on the appropriate risk assessment form for the department/service. The following is a non-exhaustive list of questions and can be modified to suit your workplace. |

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| **1.0 Corridors and Offices** |
| **No.** | **Question**  | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 1.1 | Are there any changes in floor level? e.g. slopes, steps, changes from one flooring material to another |  |  |  |  |
| 1.2 | Are the tiles and flooring without defects? |  |  |  |  |
| 1.3 | Are there any trip hazards around workstations, corridors and walkways, e.g. trailing cables, boxes, deliveries, equipment or other objects? |  |  |  |  |
| 1.4 | Is the lighting in the area working effectively? |  |  |  |  |
| **2.0 Entrances and Doorways** |
| **No.** | **Question** | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 2.1 | At entry and exit points, is there evidence of potential slip hazards from inclement weather conditions?  |  |  |  |  |
| 2.2 | Do the entrance mats provide sufficient absorbency to deal with wet conditions? |  |  |  |  |
| 2.3 | Are entrance mats removed from service when saturated? |  |  |  |  |
| 2.4 | Are there any trip hazards in the area, e.g. trailing cables, deliveries, mats with curled-up edges, or other objects? |  |  |  |  |
| **3.0 Stairs and Ramps** |
| **No.** | **Question** | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 3.1 | Are step nosings (edge of step) hard to see, rounded or damaged? |  |  |  |  |
| 3.2 | Are any ramps or slopes in the workplace difficult to identify? |  |  |  |  |
| 3.3 | Are handrails provided on at least one side of the stairway? |  |  |  |  |
| 3.4 | Is the lighting in the area adequate? |  |  |  |  |
| 3.5 | Is emergency lighting in place in emergency exit stairwells? |  |  |  |  |
| 3.6 | Is all waste disposed of correctly and regularly to avoid accumulation? |  |  |  |  |
| **4.0 Work Environment**  |
| **No.** | **Question** | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 4.1 | When employees carry out their work tasks, is there potential for introducing hazards, e.g. spillages, restricted view if carrying or pushing items, or overfilling containers? |  |  |  |  |
| 4.2 | Is the equipment/machinery maintained to prevent leaks? |  |  |  |  |
| 4.3 | Where Personal Protective Footwear (Safety Shoes) has been identified for use following a risk assessment, is it being worn? |  |  |  |  |
| 4.4 | Is there evidence of condensation forming on walls, overhead pipework or floors leading to a slip, trip, or fall hazard? |  |  |  |  |
| 4.5 | Is drainage causing a pooling of fluids on the floor? |  |  |  |  |
| 4.6 | Cold store – is there ice build-up on the floor? |  |  |  |  |
| 4.7 | Are designated walkways obstructed? |  |  |  |  |
| 4.8 | Is the flooring uneven? |  |  |  |  |
| 4.9 | Are there any trip hazards around workstations, e.g. trailing cables, boxes, deliveries or other objects? |  |  |  |  |
| 4.10 | Is all waste disposed of correctly and regularly to avoid accumulation? |  |  |  |  |
| 4.11 | Are spill kits available where deemed necessary?, e.g. blood spillages, chemical spillages |  |  |  |  |
| 4.12 | Is the lighting in the area adequate? |  |  |  |  |
| **5.0 Toilets, bath and shower rooms** |
| **No.** | **Question** | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 5.1 | Is there evidence of liquid on the floor?  |  |  |  |  |
| 5.2 | Are taps or pipes leaking? |  |  |  |  |
| 5.3 | Are the tiles or flooring free from defects? |  |  |  |  |
| 5.4 | Are these areas identified as part of a cleaning programme?  |  |  |  |  |
| **6.0 Housekeeping / Cleaning** |
| **No.** | **Question** | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 6.0 | Are spillages cleaned up when identified? |  |  |  |  |
| 6.1 | Is floor cleaning scheduled to avoid busy pedestrian periods?  |  |  |  |  |
| 6.2 | Are warning signs removed once the floor has dried? |  |  |  |  |
| 6.3 | Are cleaning equipment cables creating a trip hazard? |  |  |  |  |
| 6.4 | Is cleaning equipment located in walkways creating trip hazards? |  |  |  |  |
| 6.5 | Is a cleaning log maintained noting surfaces cleaned, when and by whom tasks were performed? |  |  |  |  |
|  **7.0 External Areas** |
| **No.** | **Question** | **Yes**  | **No**  | **N/A**  | **Remedial Actions Required**  |
| 7.1 | Is there evidence of debris, e.g. build-up of leaves, wet grass, moss, mud etc. on paths, steps and fire escapes that could cause slips? |  |  |  |  |
| 7.2 | Is there a process in place to maintain paths/walkways during inclement weather? |  |  |  |  |
| 7.3 | Are there holes, potholes, or uneven paving on footpaths? |  |  |  |  |
| 7.3 | Is the external lighting adequate? |  |  |  |  |
| **Additional Information available from:** |
| [Slips, trips and Falls - NHSF Webpage](https://healthservice.hse.ie/staff/health-and-safety/slips-trips-and-falls/)[Slips, trips and Falls Fast Fact](https://healthservice.hse.ie/staff/health-and-safety/slips-trips-and-falls/) |

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| **Summary of Corrective Action(s)** |
| **No**  | **Action**  | **Time scale**  | **Responsible Person**  | **Date Completed**  |
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| Checklist completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |