

Location: _____

Patrol Date: _____

Person(s) Performing Patrol: _____

Specific Patrol Area: _____



1309 Derwent Way Delta, BC
V3M 5V9
+1-604-862-3568
maillotenterprises.com

SLIPS, TRIPS, & FALLS PATROL CHECKLIST

1.0	OBSERVANCES & HAZARD IDENTIFICATION	Yes	No	N/A	Action Required	Comments
1.1	Is the flooring the appropriate type for use? (i.e. in work areas is it oil/grease resistant? Does it have adequate amounts of traction? Are there tools around to readily clean it?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Are the floors well maintained? (i.e. are there any holes or cracks? Loose floor boards? Is there damage to any steps?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Are there slopes or other changes in the floor level? If so have these been clearly marked with tape and signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Are the floors and steps in good shape? Do they have slip resistant materials on them such as traction tape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Do the stairs and floors show any signs of wear and/or have low traction material on them such as paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	When looking down isles, are there any identifiable hazards such as boxes, tools, or loose metal fittings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Do mats firmly adhere to flooring? Are they in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8	Do stairway landings, entrances, and exits have slip-proof mats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9	Are all stairs evenly spaced including landings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10	Are there any floors that are known to be slippery? Do these areas have absorbents readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.11	Do elevated areas, stairs, and ramps have securely fastened hand rails installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.12	Are there any identifiable leaks or drips coming from the roof? If so have repairs been scheduled? Have you reduced the hazard until repairs have been made such as put out signage/leak diverters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.13	Where hazards cannot be removed or reduced, have you put out adequate signage and marked the area off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.0	POSSIBLE PROCEDURES	Yes	No	N/A	Action Required	Comments
2.1	Have employees been advised to take their time while working? (i.e. not running while in the work area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Are all tools put away immediately after use so that they do not sit around and become potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		