Preventing Slips and Falls

An injury that results in a strain, sprain, torn muscle, tendon, ligament or joint is called a MSI (musculoskeletal injury).

This Safety Talk is to raise awareness of workplace hazards that can cause a MSI.

Slips and falls are common causes of injury. Slips happen when there is too little friction or traction between the footwear and the walking surface.

The following safety information will provide you with training on assessing hazards that could lead to a MSI and instruct on implementing control measures to prevent a MSI.

Risk Assessment/Hazards

The following are identified as hazards that may result in a slip:

- Wet or oily surfaces
- Occasional spills
- Metal rungs, steps, footholds, treads, running boards, and platforms on equipment and ladders
- Snow, rain, mud, or ice on landing areas
- Leaking equipment, awnings, and shelters
- Flooring or other walking surfaces that do not have some degree of traction
- Mud, snow, ice, or grease on footwear
- Footwear with a lack of tread

Control Measures/Safeguards

Implement the following safe work procedures to eliminate or reduce a MSI that may result from a slipping hazard:

- Walk; do not run to your destination
- Watch where you are going while walking
- Inspect walkways before lifting and carrying an item if your visibility to the ground is going to be obstructed
- Clean spills immediately
- Mark spills and wet areas
- Make sure running boards, treads, steps, footholds, and platforms are clean and dry
- Apply non-slip tape to handrails, steps, and walking surfaces if necessary
- Change or modify walking surfaces such as re-coating or replacing floors, and installing mats
- Clean footwear of mud, snow, ice, grease, or other slippery substances
- Ensure footwear fits properly and has a good tread

Thought Provoking Questions

What behaviors cause the greatest risk of slip in your work site?

What are some safe ways to mark spills?





Print and review this talk with your staff, sign off and file for COR™ / SECOR audit purposes.

Date:	Supervisor:
Performed By:	Location:
Name & Number of Safety Talk	
Employee Name:	Employee Signature:
Concerns:	Corrective Actions:

