

# TOOLBOX TALK: SLIPS, TRIPS, AND FALLS

Slips, trips, and falls make up a large portion of workplace injuries and are some of the leading causes of workers' compensation claims in Missouri. Some common contributing factors to slip, trip, and fall injuries include:

## **SLIPS**

- Wet spills (water, mud, grease, oil, blood, chemicals)
- Dry spills (powder, dust, wood chips, granules)
- Weather hazards (ice, snow)
- Sloped or uneven walking surfaces
- Unsuitable footwear
- Floor surfaces without skid or slip-resistant surfaces

## TRIPS

- Clutter
- Obstructed view
- Poor lighting
- Loose or curled rugs, mats, and floor coverings
- Missing or loose floor tiles and bricks
- Cables, wires, hoses, and extension cords
- Protruding objects (open drawers, cabinets, doors)
- Uneven flooring/stairs
- Change in work surface/elevation

### FALLS

- Unprotected edges
- Failure to use guardrails on scaffolding
- Not using appropriate equipment
- Lack of handrails
- Weak or damaged ladders
- Use of ladders in unsafe positions
- Carrying heavy objects

#### HAVE A QUESTION ABOUT SAFETY AND HEALTH? CONTACT US

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711





#### SAFEATWORK.MO.GOV

## SLIP, TRIP, AND FALL HAZARDS OCCUR IN VIRTUALLY EVERY INDUSTRY AND CAN OCCUR NOT ONLY ON ELEVATED SURFACES BUT EVEN ON LEVEL SURFACES. THE KEY IS IDENTIFICATION AND PREVENTION:

- Keep workroom floors clean, orderly, and dry
- Provide safe means of entering and exiting from walking surfaces
- Inspect the working surface to keep it in good condition
- Repair hazardous floors as soon as possible
- Other human factors that contribute to slip and trip injuries are rushing and inattentiveness.
- Talk to employees about the importance of slowing down, paying attention, and keeping their eyes on the task.

I understand the information presented and the importance of identifying and preventing slip, trip, and fall hazards before an injury occurs.

COMPANY:	DATE:
EMPLOYEE NAME:	EMPLOYEE SIGNATURE:

## LEARN MORE WAYS TO KEEP YOUR WORKPLACE SAFE. VISIT safeatwork.mo.gov.

