

Loss Control Reference Note



Walkway Safety Evaluation and Incident Investigation for Slips, Trips and Falls

This checklist can assist in investigating and improving a slip and fall prevention program. Select appropriate responses and provide additional details in each "Comments" section. Use the instructions as a guide for each question. This material is not all-inclusive and may not address special safety issues unique to all industries.

REPORT

Date of Report _____
(mm/dd/yy)

Report Type

Interior

Outdoors

Site Location

Company Name _____

Address _____ City _____ State _____

Zip Code _____ Country _____ Telephone No. _____

Fax No. _____

Contact Person at Site Location

Last Name _____ First Name _____ Middle Initial _____

Telephone _____ Extension _____

Fax No. _____

Person Preparing Report

Last Name _____ First Name _____ Middle Initial _____

Telephone _____ Extension _____

Fax No. _____

Company Name _____

Address _____ City _____ State _____

Zip Code _____ Country _____ Telephone No. _____

Fax No. _____

INCIDENT INVESTIGATION

Date of Incident _____
(mm/dd/yy)

Incident Category _____

Time of Day _____

Natural Outdoor Light _____

Weather Conditions _____

Height

WALKWAY CONSTRUCTION

Walkway Type

- | | | | | | | | | | |
|--------------------------|-------|--------------------------|-------------|--------------------------|----------|--------------------------|-----------|--------------------------|----------------|
| <input type="checkbox"/> | Curb | <input type="checkbox"/> | Parking Lot | <input type="checkbox"/> | Sidewalk | <input type="checkbox"/> | Street | <input type="checkbox"/> | Unpaved Ground |
| <input type="checkbox"/> | Floor | <input type="checkbox"/> | Ramp | <input type="checkbox"/> | Stair | <input type="checkbox"/> | Threshold | <input type="checkbox"/> | Other |

Comments:

Walkway Surface Material (see instructions for details)

- | | | | | | | | | | |
|--------------------------|---------|--------------------------|---------------|--------------------------|-------|--------------------------|----------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Asphalt | <input type="checkbox"/> | Carpet | <input type="checkbox"/> | Clay | <input type="checkbox"/> | Concrete | <input type="checkbox"/> | Epoxy/Urethane/Acrylic Coating |
| <input type="checkbox"/> | Metal | <input type="checkbox"/> | Natural Stone | <input type="checkbox"/> | Other | <input type="checkbox"/> | Terrazzo | <input type="checkbox"/> | Vinyl/Laminate/Resilient |

Walkway Surface Texture

- | | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | Adequate Slip Resistance |
| <input type="checkbox"/> | No | |

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Smooth |
| <input type="checkbox"/> | Some Texture |
| <input type="checkbox"/> | Course Texture |
| <input type="checkbox"/> | Carpet |

Comments:

- | | | |
|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | Walkway Structural Condition and Irregularities |
| <input type="checkbox"/> | No | |

Comments:

- | | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | Adequate Slip Resistance |
| <input type="checkbox"/> | No | |

Record the identity of the slip meter/tribometer used to measure the surface slip resistance:

Comments:

TRIP HAZARDS

<input type="checkbox"/>	Yes	Surface Changes in Elevation Meet Height Transition Requirements
<input type="checkbox"/>	No	

Comments:

STAIRWAY DESIGN

<input type="checkbox"/>	Yes	Stairways and Ramps Comply with Applicable Design Standards/Requirements
<input type="checkbox"/>	No	

Comments:

<input type="checkbox"/>	Yes	Handrails/Stair Rails Meet Requirements
<input type="checkbox"/>	No	

Comments:

SURFACE CONTAMINATES

<input type="checkbox"/>	Yes	Surface Contaminates Present
<input type="checkbox"/>	No	

Check All That Apply

<input type="checkbox"/>	Clean
<input type="checkbox"/>	Water
<input type="checkbox"/>	Ice
<input type="checkbox"/>	Grease
<input type="checkbox"/>	Particulate Soil
<input type="checkbox"/>	Dust
<input type="checkbox"/>	Other

Expected Contaminates

<input type="checkbox"/>	Water
<input type="checkbox"/>	Ice
<input type="checkbox"/>	Grease
<input type="checkbox"/>	Particulate Soil
<input type="checkbox"/>	Dust
<input type="checkbox"/>	Other

Comments:

RUGS AND MATS

<input type="checkbox"/>	Yes	Rugs and Mats Installed and Maintained Properly
<input type="checkbox"/>	No	

Comments:

HOUSEKEEPING PROGRAM

<input type="checkbox"/>	Yes	Floors Sealed, Polished and Waxed
<input type="checkbox"/>	No	

Comments:

<input type="checkbox"/>	Yes	Adequate Cleaning Method
<input type="checkbox"/>	No	

Describe cleaning methods, products and tools:

<input type="checkbox"/>	Yes	Contaminants and Refuse Cleaned Up Promptly
<input type="checkbox"/>	No	

Comments:

<input type="checkbox"/>	Yes	Service and Maintenance Records Properly Maintained
<input type="checkbox"/>	No	

Comments:

SAFETY PROGRAM AND TRAINING

<input type="checkbox"/>	Yes	Safety Program Addresses Slips and Falls
<input type="checkbox"/>	No	

Comments:

<input type="checkbox"/>	Yes	Signs and Warnings Used and Meets Requirements
<input type="checkbox"/>	No	

Comments:

WALKWAY LIGHTING AND ILLUMINATION

<input type="checkbox"/>	Yes	Illumination/Lighting is Adequate
<input type="checkbox"/>	No	

Comments:

SUMMARY

Slipperiness Assessment

Comments and Recommendations

INSTRUCTIONS

Report

Date of Report: Enter date as *mm/dd/yy*, where mm indicates the month, 01 through 12; dd indicates the day of the month, 01 through 31; and yy indicates the last two digits of the year.

Report Type: Walkway evaluation only or incident. An incident report should include a walkway evaluation.

Site Location: Record the site name, physical address, city, state, zip code, country and specific location on the property.

Interior or Outdoors: Record as interior or outdoors.

Contact Person at Site Location: Record all contact information.

Person Preparing Report: Record all requested information.

Incident Investigation

Date of Incident: Record the numerical designation of *mm/dd/yy*.

Time of Day: Record the time of day the incident occurred.

Weather Conditions: Identify weather conditions such as rain, snow, sleet, dry, or not applicable (indoors). If outdoors, record as reported for the time of the incident, during the period immediately previous to the incident and during the 24 hours previous to the incident.

Natural Outdoor Light: Record whether sunny, overcast, twilight, night dark, night moonlit or other, and describe.

Incident Category: Record whether personal injury, property damage, personal injury and property damage, or no personal injury and no property damage.

Height: Record as a fall on the same level or a fall from elevation. If a fall from elevation, record the measurement of fall height.

Walkway Construction

Walkway Type: Record one of the following: curb, floor, parking lot, ramp, sidewalk, stair, street, threshold, unpaved ground, or other. Drawings/sketches may be used to aid in documentation, especially if the walkway type is complex or comprised of multiple types. (See LC 5413, *Preventing Slips and Falls: Floor Surfaces and Treatments*).

Walkway Surface Material: Record one of the following standard walkway constructions: surface coatings (acrylic, urethane or epoxy), asphalt plank flooring, asphaltic concrete paving, brick, carpet sheet, carpet tile, carpet indoor/outdoor type, ceramic tile and mosaics, concrete, conductive elastomeric liquid flooring, conductive resilient, conductive terrazzo, cut natural stone tile, earth, elastomeric liquid flooring, epoxy marble chip, flagstone flooring, floor mat, fluid: applied resilient, foot grille, granite, granular paving, crushed stone or cinders, grass, gratings, magnesium oxychloride, marble, mastic fills, metal floor plates, pedestal flooring, plastic laminate flooring, portland cement concrete paving, quarry tile, resilient tile flooring, resilient sheet flooring, resilient flooring static control, resinous, rugs, seamless quartz, slip: resistant finishes, slate, steel deck, stone, thin brick tile, portland cement terrazzo, precast terrazzo, conductive terrazzo, plastic matrix terrazzo, pressed concrete unit flooring, quarry tile, synthetic grass surfacing, vinyl composition tile or vinyl flooring, tile, wood, wood decking, wood block, wood composition, wood parquet, wood strip, or other.

Adequate Slip Resistance: Comment on whether adequate slip resistance exists on the floor at the time of the evaluation. Also, record the identity of the slip meter/tribometer used to measure the surface slip resistance.

Walkway Surface Texture: Record whether abrasive, button, or cross: cut grooving; note the direction of grooves in relation to the travel path, texturing, or other means intended to render the surface slip resistant; describe smooth, coarse, carpet unidentified surface, carpet runner plastic, or carpet runner other than plastic; and describe carpet shag, carpet with smooth nap, or carpet with medium nap.

Adequate Slip Resistance: Comment on whether adequate slip resistance exists on the floor at the time of the evaluation. Also, record the identity of the slip meter/tribometer used to measure the surface slip resistance.

Walkway Structural Condition and Irregularities: Note whether the walkway is stable, planar, flush, and even. Record the nature of the irregularities. Examples for carpet condition are as follows: regular, irregular carpet; and raised edge, open seam, torn, worn, and buckled. Examples for other surfaces are as follows: broken, even, rough, smooth, uneven.

Trip Hazards

Surface Changes in Elevation: Trip hazards: Identify whether height transitions meet requirements and record whether the walkway includes any changes in elevation in the main course of pedestrian travel. Examples include door thresholds, areas in disrepair, curbs, one step stairs etc. Comment on the nature of the irregularities or deviations.

Stairway Design

Stairways and Ramps: Record whether the stairways and ramps comply with applicable standards/requirements. (See LC 5158, *Controlling Falls on Stairways*).

Handrails/Guardrails: Record whether the location complies with the requirements for handrails and guardrails. Describe the construction of that not in compliance, and note how they are deficient. (See LC 5158, *Controlling Falls on Stairways*).

Surface Contaminants

Surface Contaminants Present: Record the contamination status at the time of examination: clean, cleaning solution, dirt (soil, unidentified), dust, grease, ice, liquid (other than substances in this listing), oil, overspray, particulate (paper clips, paper), refuse (food waste), snow, water, or other (identify).

Expected Contaminants: Record contaminants that may potentially be present on the walkway surface even though they may not be present at the time the walkway was examined.

Rugs and Mats

Rugs and Mats Installed and Maintained Properly: Record whether entrance vestibule mats and/or lobby walk-off mats are adequate for intended purpose (see LC 5408, *Selecting the Right Matting System*).

Record whether rugs and mats have a slip-resistant backing that is functional, if/as applicable. Record whether the rug or mat lies flat in the area of intended use. Additionally, record whether the edges are flush and planar with the walkway surface (i.e. no curling edges). Also record the length of mat and number of mats used in the path of travel. If possible, measure the vertical change in elevation at the mat or rug edge to the nearest one thirty: second (1/32) inches. If applicable, record whether any residual contaminant, normally denoted by footprints, exists on the walkway surface beyond the last mat or rug of an entrance.

Housekeeping Program

Floors Sealed, Polished and Waxed: Record whether sealed, polished, coated, or no surface process. Record the name by brand and manufacturer, polish, sealer, wax, ultra high: speed buffing polish, plastic type polish, or spray buff product.

Adequate Cleaning Method: Record the cleaning method as mopped, wet mop, dry buff, dry mop, machine washed, shampoo (carpet), spot clean, strip, dusted, or other. Describe prior cleaning methods if different from most recent cleaning methods. Describe other processes specific for wood, terrazzo, marble, concrete, metal, or other types of walkway material if/as applicable. (See LC 5410, *Preventing Slips and Falls: Floor Cleaning and Maintenance*).

Contaminants and Refuse: Record whether spilled contaminants and refuse are cleaned up promptly. Record observed or reported failures to clean residue promptly.

Service and Maintenance Records: Record whether there are service and maintenance records and whether the maintenance records are maintained regularly. Record whether a record is kept for the brand and name of each janitorial product used on the floor. Comment on whether a record is kept of the date and times each maintenance procedure was performed and whether a record is kept of who performed each service. Summarize the record retention policy and record whether the required records are maintained in accordance with the policy.

Safety Program and Training

Safety Program: Record whether there is consideration of slip and fall issues and appropriate enforcement in the safety program. Record whether there is a policy for the review of incident reports for trending and/or follow-up. Record whether there is a regular training program for personnel and environmental services staff regarding safety procedures and slip and fall prevention.

Signs and Warnings: Describe whether caution and warning signs are used at the examination site. Record whether the warning signs comply with applicable standards/requirements. Record whether the warning signs are temporary or permanent. Describe other warning methods used and the specific conditions cautioned against.

Walkway Lighting and Illumination

Illumination/Lighting is Adequate: Record whether the illumination is in compliance with applicable standards/requirements. Record the illumination level as measured by an appropriate illumination-measuring device (such as a light meter), device used, and location of illumination measurement(s). Record whether the illumination causes glare on the walkway surface. Describe if the illumination is distracting or interferes with the pedestrian's ability to see the walkway surface. Describe if obscuring shadows are cast by pedestrians on the walking surface, especially at changes in elevation. Record the source and type(s) of illumination.

Summary

Slipperiness Assessment: Provide overall comments on walkway surface and slipperiness for both wet and dry surfaces. If a slipmeter was used, use results to support recommendations.

Comments and Recommendations: Provide recommendations based upon above observations. Do not say floor is safe or unsafe.

REFERENCES

ASTM F1694: 2009, *Standard Guide for Composing Walkway Surface Investigation, Evaluation and Incident Reporting Forms for Slip, Stumbles, Trips, and Falls*.

The illustrations, instructions and principles contained in the material are general in scope and, to the best of our knowledge, current at the time of publication. No attempt has been made to interpret any referenced codes, standards or regulations. Please refer to the appropriate code-, standard-, or regulation-making authority for interpretation or clarification. Provided that you always reproduce our copyright notice and any other notice of rights, disclaimers, and limitations, and provided that no copy in whole or in part is transferred, sold, lent, or leased to any third party, you may make and distribute copies of this publication for your internal use.