**SLIP, TRIP, FALL QUICK CHECK**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Yes** | **No** | **Quick Check Item** |
|  |  | **Clear Pathways**: All walkways, stairs, doorways and general spaces are clear from obstacles |
|  |  | **Clear Signage**: Brightly colored floor markings or signage are present where there are uneven surfaces, elevation changes or known hazards that can’t be removed |
|  |  | **Adequate Lighting**: All walking areas are well lit, bright enough to identify potential obstacles and free of shadows |
|  |  | **Outdoor Surfaces**: All tripping hazards—such as cracks, potholes and surface irregularities—have been resolved from all sidewalks and parking lots, or flagged until they can be fixed |
|  |  | **Stair Safety**: Any broken or loose areas of the stairs or handrails have been addressed and fixed |
|  |  | **Program Equipment**: All equipment and belongings have been stored appropriately after programming and the floors are clear |
|  |  | **Water & Wet Areas**: All spills and common wet areas are marked and cleaned up promptly |
|  |  | **Weather (Snow/Ice/Rain**): If there is inclement weather, parking lots, outdoor walkways and entryways are properly cleared |
|  |  | **Staff Footwear**: All staff are wearing appropriate non-slip, closed-toe footwear at all times |
|  |  | **Distraction Free**: All staff are focused and aware of their surroundings when walking |

Comments/Immediate Action Taken:

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Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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