

Appendix A

Appendix A – Periodic Inspection Report

Completed by:		Site:	
Accompanied by:		Date:	Last insp:
Item	Comment	Location	Action taken
1. Housekeeping			
2. Mats and runners			
3. Walking surfaces			
4. Stairs			
5. Handrails			
6. Gratings			
7. Lighting			
8. Aisles			
9. Headroom			
10. Gas cylinders			
11. Transitions			
12. Warnings			
13. Storage areas			
14. Carpeting			
15. Exterior walkways			
16. Speed bumps			
17. Wheel stops			
18. Elevators			
19. Floor/roof openings			
20. Other			
Copies provided to:			

Appendix B

Appendix C

Appendix C – Walking and Working Surfaces – Self-inspection Checklist

General work environment	Yes	No	N/A
Is a documented, functioning housekeeping program in place?			
Are all work areas kept clean, sanitary and orderly?			
Are work surfaces kept dry or are means taken to ensure the surfaces are slip-resistant?			
Are all spilled materials or liquids cleaned up immediately using proper procedures?			

Walkways	Yes	No	N/A
Are aisles and passageways kept clear?			
Are aisles and walkways appropriately marked?			
Are wet surfaces covered with non-slip materials?			
Are holes in floors or walking surfaces repaired, covered, or otherwise made safe?			
Is there safe clearance in aisles where mechanical handling equipment is operating?			
Are materials and equipment stored so that sharp objects will not interfere with the walkway?			
Are changes of direction or elevation readily identifiable?			
Are aisles or walkways that pass near moving or operating machinery, welding or similar operations, arranged so that workers will not be subjected to potential hazards?			
Is adequate headroom provided for the entire length of aisles and walkways?			
Are standard guardrails provided wherever aisles or walkway surfaces are elevated more than 30 in. (76.2 cm) above any adjacent floor or the ground?			
Are bridges provided over conveyors and similar type hazards?			

Stairs and stairways	Yes	No*	N/A
Are there standard stair rails or handrails on all stairways having four or more risers?			
Are all stairways at least 22 in. (55.9 cm) wide?			
Are step risers on stairs uniform from top to bottom?			
Are steps on stairs designed or provided with a surface that renders them slip resistant?			
Are stairway handrails located between 30 and 34 in. (76.2 and 86.4 cm) above the leading edge of stair treads?			
Do stairway handrails have at least a three in. (7.6 cm) of clearance between the handrails and the wall or surface they are mounted on?			
Where doors or gates open directly on a stairway, is there a platform provided so the swing of the door does not reduce the width of the platform to less than 21 in. (53.3 cm)?			
Where stairs exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent workers from stepping into the path of traffic?			

Elevated surfaces	Yes	No*	N/A
Are signs posted, when appropriate, showing the elevated surface load capacity?			
Are surfaces higher than 30 in. (76.2 cm) above the floor provided with standard guardrails?			
Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard four in. (10.2-cm) toe-boards?			
Is a permanent means of access/egress provided to elevated storage and work surfaces?			
Is required headroom provided where necessary?			
Are materials on elevated surfaces piled, stacked, or racked in a manner to prevent them from tipping, falling, collapsing, rolling or spreading?			
Are bridge plates used when transferring materials between docks and trucks or rail cars?			

Sample accident investigation form

Accident information

Date of accident: _____ Date of report: _____

Where did the accident occur? _____

Time of accident: _____

- a.m.
- p.m.
- On site
- Off site

Name(s) of injured: _____

Are these company employee(s)?

- Yes
- No

Contractors?

- Yes
- No

Names of non-company individuals (if applicable): _____

Occupation of employee(s): _____

Witnesses to accident: _____

Description of any property damage: _____

Description of events: _____

Contributing factors

Act(s) (describe): _____

Conditions (describe): _____

Root cause(s) of accident: _____

Corrective actions to take

(Describe what actions need to be taken to prevent a reoccurrence)

Corrective action	Person responsible	Date completed

Report developed by: _____ Dept.: _____

Report reviewed by: _____ Date: _____

To learn more about Hanover Risk Solutions, visit hanoverrisksolutions.com

14. Snow and ice control record

PAGE _____

Date	Time	Weather	Initials	Shoveled	Plowed	Salted	Sanded	Quantity of salt / Sand used Notes

Instructions: Use this log to document efforts to maintain walking and driving surfaces during winter weather. Keeping completed records may improve your defense position in the event of an incident.

Appendix D

Action Plan Worksheet

Organization Name:	
Site surveyed/address of incident:	
Created by:	Date:
Subject of issue:	

Describe issue needing corrective action:

Describe physical changes needed to improve the condition:

Describe administrative changes needed to improve the condition:

Management Team Member responsible for corrective action:

Name:	Title:
Target date for completion:	Date completed:

Comments:

Snow and Ice Removal Log (Example)

Building Location:
Facility Manager:

Date	Time	Employee initials	Check if snow/ice was physically removed				Check if ice melt was applied	Comments (temperature, weather conditions)
			Entrances	Sidewalks/ walkways	Parking/ driveways	Stairs/ ramps		
12/20/15	3:00 PM	JD	X	X	X	X	X	30 F - sleet, freezing rain

Snow and Ice Removal Log

Building Location:
Facility Manager:

Date	Time	Employee initials	Check if snow/ice was physically removed				Check if ice melt was applied	Comments (temperature, weather conditions)
			Entrances	Sidewalks/ walkways	Parking/ driveways	Stairs/ ramps		

Slips, Trips, and Falls Incident Form

Date:

CLAIMANT INFORMATION	
Name:	Current employee?
Address:	
Home Phone:	Work Phone:

INCIDENT INFORMATION	
Date and time of incident:	
Was the incident reported when it occurred?	Yes No
If no, how and when was it reported?	
Location of incident (be specific):	On site Off site
Description of incident:	
Weather conditions:	
Walking surface conditions:	
Type and condition of footwear:	
Were there any injuries:	Yes No
If yes, describe:	
Was medical assistance called to the scene?	Yes No

WITNESSES	
Name:	Phone:
Address:	
Comments:	



Name:	Phone:
Address:	
Comments:	
Name:	Phone:
Address:	
Comments:	

INVESTIGATION			
Was incident site inspected?	Yes	No	If yes, when? (Date/Time)
inspected by [Name, Job Title]			
Conditions at the scene: (e.g., walkway, walking surface, contributing conditions, lighting)			
Were photographs taken of accident scene?	Yes	No	
Were floor mats in place?	Yes	No	
Conditions of floor mats:			
If floor was wet, were caution signs in place?	Yes	No	N/A
Additional Information:			

CORRECTIVE ACTION

Fill out and attach the Action Plan Worksheet to describe what actions need to be taken to prevent a reoccurrence.

Report completed by [Name/Department]:	Date:
Report reviewed by [Name/Department]:	Date:



Slips, Trips, and Falls Inspection Checklist

Slips, Trips, and Falls Inspection Checklist

Location: _____

Time Start: _____ Time Finished: _____

Recall to:			
Describe any issues needing corrective action. Describe physical changes needed to improve the condition. Describe administrative changes to improve the condition.			
AREA	YES	NO	DETAILS OF ISSUES OR ACTIONS TAKEN
Parking Lots			
Illumination			
Free from potholes or disturbed asphalt			
Vehicle parking is properly marked			
Curbing and speed bumps are brightly colored			
Drain grates are brightly colored			
Walkway routes are properly marked			
Snow and ice is sufficiently controlled			
Free from potholes or disturbed asphalt			

Slips, Trips, and Falls Inspection Checklist

OUTDOOR WALKWAYS			
Surfaces are free of cracks, bulges, potholes, or settling			
Drainage is adequate and does not accumulate on walkway			
Walkways are well illuminated			
Surfaces are free of debris			
Snow and ice is sufficiently removed			
Bike racks, bikes, and landscaping are not intruding into walkway			
Walking surfaces have a rough, textured finish			
INDOOR WALKWAYS			
Surfaces are level, free of cracks, bulges, tears, and breaks			
Carpets are flat and firmly fastened			
Surface changes do not have gaps			
Absorbent walk-off mats with nonslip backing used at all doorways leading to outside			
Additional mats are stored on site to be used to replace worn/wet mats			

Slips, Trips, and Falls Inspection Checklist

Buckets, mops, brooms, and other materials are stored out of the walkway			
Hoses and cords are stored out of the walkway			
STAIRWAYS			
Steps are uniform and in good repair			
Handrails are provided, secure, and maintained			
Treads have nonslip material			
Stairwells, ramps, and landings are well illuminated			
Landings and stairways are free of debris			
EMPLOYEE TRAINING			
Employees are trained about slip, trip, and fall procedures			
Maintenance employees are provided with product usage training			
Written procedures and policies are available throughout building			
Proper footwear options have been communicated/made available to employees			

Person Performing Inspection:

Position:

Slips, Trips, and Falls Inspection Checklist

Signature:

Date:
