**Objective:** To promote safe behaviors that can prevent slips, trips, and falls

Slips, trips, and falls are a common type of accident in general industry. While management has a responsibility to make workplaces as safe as possible, employees also have a responsibility to report any hazards they find and to follow safe work practices to minimize risk.

* Follow the slip, trip, and fall prevention plan.
* Complete all relevant training: know the hazards in your workplace and what PPE is required.
* Report any hazards you see.
* Clean up obstacles and clutter, and immediately clean up spills.
* Wear slip-resistant shoes.
* Do not run in the workplace: walk.
* Watch your step, paying attention to hazards and warnings, such as “wet floor” signs. Do not use your cell phone while walking or using stairs.
* Follow safe practices when carrying objects: large or unwieldy loads may impair your vision or be distracting.
* Follow safe practices when using ladders or working around edges.

**Physical Factors**

* Be aware of your physical condition: you are more likely to have an accident if you are fatigued, sleepy, or sick.
* If you take medication, be aware of its effects and assure that you are safe to work.
* You can minimize your risk of fall-related injuries by exercising regularly and eating a diet rich in vitamin D and calcium.
* Corrective lenses may be necessary for impaired vision. Wear them if necessary, but be sure to also follow any eye protection requirements.

*If you work in an area with many hazards, it is especially important to pay attention, to avoid being distracted, and to not rush.*

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date:

Trainer: Trainer’s Signature:

**Class Participants:**

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

***Remember to document attendance in the Training Track application of the Risk Management Center.***