Topic: Food Service – Slips, Trips and Falls

Slips, trips and falls are among the most common injuries experienced by food service personnel. The following information is key to helping prevent these types of injuries.

# General Safety Tips

* Never use a chair, table, shelf, etc. in place of a ladder or stepstool
* Watch for worn areas and curled edges on mats and other uneven surfaces – report to maintenance
* Keep walkways unobstructed and clear of clutter or other trip hazards
* Never lay unsecured electrical cords across any walking surface
* Always wear appropriate slip-resistant footwear
* Be aware of high-risk areas where floors could be wet or slippery
* Keep floors clean and dry – clean spills immediately
* Place temporary hazard warning signs where walking surfaces may be hazardous
* Use floor mats where moisture may collect (e.g. walk-in cooler, sinks)
* Frequently clean walk-in freezer/cooler floors
* Prepare a schedule to degrease and clean kitchen floors regularly
* Follow manufacturer recommendations for floor cleaning solutions
* Use floor fans to dry floor

# Topics to Discuss

* Slip-resistant footwear
* Location of wet floor signs, mops and other floor cleaning supplies
* Workplace inspections and housekeeping best practices
* Location of step stools and ladders
* Preventive maintenance programs

# Resources

For more information about this topic, visit:

* [Safety Video: Slips, Trips and Falls](https://www.accidentfund.com/resources/slips-trips-fall/)
* Safety Poster: [English](https://www.accidentfund.com/wp-content/uploads/2022/03/24357-AFG-Prevent-Slips-Trips-and-Falls-Poster.pdf) | [Spanish](https://www.accidentfund.com/wp-content/uploads/2022/03/24357-AFG-Prevent-Slips-Trips-and-Falls-Poster_ES.pdf)
* [Accident Investigation Kit: Slips, Trips and Falls](https://www.afgroup.com/wp-content/uploads/2024/04/Incident-Investigation-Packet-v2-1.pdf)
* [OSHA.gov](https://www.osha.gov/)

|  |  |
| --- | --- |
|  **Topic: Food Service – Slips, Trips and Falls**  | **Organization Name** |
|  **Date:**  |  |
|  **Location:**  |  |
|  **Meeting Organizer:**  |  |

|  |
| --- |
| **Items Discussed:** |
|  |
|  |
| **Problem Areas or Concerns:** |
|  |
|  |
| **Attendees (Names/Signatures):** |
|  |
|  |
|  |
|  |
|  |
| **Comments:** |