



Topic: Slip, Trip and Fall Avoidance for the Construction Industry

General Safety Tips

- Periodically include slip, trip and fall topics in safety meetings.
- Reinforce awareness of common job site hazards such as uneven surfaces, elevation changes, stairs, ladders, mud, water, snow and loose gravel.
- Entering and exiting vehicles is a frequent source of injury. Encourage slower movements and reinforce three-point contact.
- Encourage employees to remain aware of surroundings, avoid rushing and plan movements, especially in areas with limited visibility or changing terrain.
- Address housekeeping regularly. Loose materials, scrap, waste and debris can quickly create hazards if not managed properly.
- Increase visibility in low-light areas. Use additional lighting, motion sensors or headlamps when working outside daylight hours.
- Reinforce hazard recognition for cords, hoses, straps and chains. These items should be properly managed to reduce trip risks.

Topics to Discuss

- Job appropriate footwear: sturdy boots with slip-resistant soles, strong ankle support and adequate tread depth.
- Housekeeping best practices: managing raw materials, debris and equipment, and maintaining clear work zones.
- Common trip hazards and management: Awareness and management of cords, hoses, scrap, waste, straps and chains. Consider relocating plugs, using cordless tools when possible and installing cable protectors or ramps.
- Walking surfaces: uneven ground, wet or muddy conditions and loose gravel.
- Walking backward: when necessary, use a spotter, check surroundings and maintain visual awareness.
- Lighting conditions: ensure adequate lighting in work areas and using headlamps when needed.
- Seasonal hazards: snow, ice and slippery conditions on jobsites.

Resources

For more information about this topic, visit:

- [Loss Control Resources for Artisan Contractors](#)
- [Ladder and Scaffold Safety Checklist](#)
- [The 10 Rungs of Ladder Safety](#)
- [Falls From Trucks and Heavy Equipment](#)



Safety in Five

Topic: _____

Date: _____

Location: _____

Meeting Organizer: _____

Organization Name

Items Discussed:

Problem Areas or Concerns:

Attendees (Names/Signatures):	

Comments: