ChecklistGuro

Slip & Fall Prevention Checklist (Daily/Weekly) - Includes Floor Conditions, Spills, Mats

Daily Floor Condition Assessment

Quick visual inspection for hazards impacting traction and safety. Focus on high-traffic areas.

Overall Floor Condition (High Traffic Areas)

- [ ] Excellent - No Issues
- [ ] Good - Minor Wear
- [ ] Fair - Noticeable Wear/Minor Damage
- [ ] Poor - Significant Damage/Hazardous

Potential Hazards Observed (Check all that apply)

- [ ] Cracks
- [ ] Chips
- [ ] Uneven Surfaces
- [ ] Loose Tiles/Sections
- [ ] Dust/Debris Accumulation
- [ ] Standing Water
- [ ] Wetness (not from a spill)
- [ ] None Observed

Estimated Number of Cracks Observed (if applicable)

Enter a number...

Details of any Issues Found

Write something...

Floor Surface Type (Representative Area)

- [ ] Tile (Ceramic/Porcelain)
- [ ] Vinyl
- [ ] Concrete
- [ ] Wood
- [ ] Other (Specify)

Specify 'Other' floor type

Write something...

Weekly Floor Condition Assessment

More detailed assessment of floor surfaces, looking for wear and tear, damage, and underlying issues.

Floor Levelness Deviation (max acceptable deviation in inches)

Enter a number...

Describe any visible signs of wear and tear (e.g., cracks, gouges, peeling)

Write something...

Floor Finish Condition

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

Identify Areas of Concern (check all that apply)

- [ ] Entrance/Exit
- [ ] Aisles
- [ ] Display Areas
- [ ] Checkout Area
- [ ] Fitting Rooms
- [ ] Stockroom

Attach photos documenting any floor condition issues

Upload File

Floor Temperature (degrees Fahrenheit)

Enter a number...

Surface Contaminants Observed (if any)

- [ ] None
- [ ] Dust/Dirt
- [ ] Grease
- [ ] Debris
- [ ] Other - specify in Long Text

Spill Response & Prevention (Daily)

Immediate response to spills and proactive measures to prevent future incidents. Crucial for all retail areas.

Time of Spill/Hazard Observed

Enter time...

Type of Spill/Hazard

- [ ] Water
- [ ] Liquid (Specify)
- [ ] Food
- [ ] Debris/Dust
- [ ] Other (Specify)

Detailed Description of Spill/Hazard (Location, size, substance)

Write something...

Approximate Size of Spill (in square feet)

Enter a number...

Immediate Action Taken

- [ ] Cleaned Up
- [ ] Warning Sign Placed
- [ ] Blocked Off Area
- [ ] Reported to Management
- [ ] Other (Specify)

Details of Cleaning Procedure (Type of cleaner used, method)

Write something...

Cleanup Completed?

- [ ] Yes
- [ ] No - Requires Further Attention

Additional Comments/Notes (e.g., cause of spill, preventative measures)

Write something...

Mat Inspection & Maintenance (Daily/Weekly)

Regular checks of mats to ensure they are clean, secure, and providing adequate slip resistance. Includes both entrance mats and in-store mats.

Mat Condition - Entrance Mats (Daily)

- [ ] Excellent - Clean & Secure
- [ ] Good - Minor Dirt/Shift
- [ ] Fair - Noticeable Dirt/Movement
- [ ] Poor - Significant Dirt/Hazardous

Number of Mats Needing Cleaning (Daily)

Enter a number...

Mat Issues Observed (Daily/Weekly)

- [ ] Frayed Edges
- [ ] Buckled/Rippled Surface
- [ ] Loose/Shifting
- [ ] Worn Slip Resistance
- [ ] Discoloration/Staining
- [ ] Odour
- [ ] None

Mat Securing Method (Weekly)

- [ ] Taped Down
- [ ] Rubber Backing
- [ ] Attached to Flooring
- [ ] Other (Specify)

Details of 'Other' Securing Method (if applicable) (Weekly)

Write something...

Date of Last Deep Cleaning (Weekly)

Enter date...

Photos of Mat Condition (Optional) (Weekly)

Upload File

Mat Placement - Correct? (Daily)

- [ ] Yes
- [ ] No
- [ ] N/A

Lighting Assessment (Weekly)

Evaluate lighting levels to ensure visibility of potential slip hazards. Poor lighting exacerbates risks.

Foot-Candle Measurement at Entrance (North)

Enter a number...

Foot-Candle Measurement at Entrance (South)

Enter a number...

Foot-Candle Measurement - Aisles (Minimum 3 locations)

Enter a number...

Foot-Candle Measurement - Checkout Area

Enter a number...

Are there any dark areas or shadows?

- [ ] Yes
- [ ] No

If yes, describe areas with insufficient lighting.

Write something...

Are all light fixtures functioning properly?

- [ ] Yes
- [ ] No

If no, describe malfunctioning fixtures and actions taken.

Write something...

Are emergency lights functioning correctly (if applicable)?

- [ ] Yes
- [ ] No
- [ ] N/A

Signage Review (Weekly)

Verify the presence and clarity of warning signs for wet floors or other hazards. Ensure signs are visible and understandable.

Are wet floor signs present where needed (e.g., near entrances, recently mopped areas)?

- [ ] Yes, all needed areas
- [ ] Yes, but some areas are missing
- [ ] No

Are wet floor signs clean and legible?

- [ ] Yes
- [ ] No - need cleaning/replacement

Are warning signs visible from a reasonable distance?

- [ ] Yes
- [ ] No - need repositioning/adjustment

Comments/Observations regarding sign placement or condition:

Write something...

Are signs in compliance with local regulations?

- [ ] Yes, confirmed
- [ ] Unsure, further review needed

Number of sign replacements needed this week:

Enter a number...