|  |  |  |  |
| --- | --- | --- | --- |
|  **Location / Department:**  |  |   | **S.M.A.R.T. Goal:**We will reduce Slip, Trip and Fall incidents by 25% over the course 20xx.  |
|  **Authority:**  |  |   |
|  **Date:**  |  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTION STEPS REQUIRED** | **REQUIRED RESOURCES** | **PERSON RESPONSIBLE /****DATE DUE** | **FOLLOW-UP****STATUS** |
| All employees will attend a mandatory Slip, Trip and Fall awareness program.  | Qualified trainer and material - 30 minutes | Employee Education  February 15, 20xx  |   |
| Monthly Slip, Trip and Fall safety awareness reminders will be sent to all employees.   | Safety Committee to create flyers  | Safety CommitteeFirst of each month  |   |
| All supervisory staff will be required to coach at least one employee per shift in Slip, Trip and Fall causation.  All coaching will be documented and reviewed by management at the end of each week.  | Supervisory trainingDocumentation process, management, and follow-up | SupervisorsJune 1, 20xx  |   |
| Slip, Trip and Fall inspections to be completed each week by department supervisors.  | Slip, Trip, Fall Prevention Inspection Checklist | Supervisors Weekly  |   |
| Department manager will review all incident reports and meet with the injured employee and supervisor to identify contributing causes so that effective corrective action can be implemented.  A summary of department incidents will be reviewed with the company president at the end of each month.  | Department manager time  | Department Manager Monthly  |   |

Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President’s Signature: