



**SAFETY QUEST**  
HEALTH & SAFETY CONSULTANCY

## Slip, Trip & Fall Safety Checksheet

Location:	_____	Date:	___ / ___ / ____
Area:	_____	Inspector:	_____

Check Item	Yes	No	N/A	Comments
Floors clean & dry				
No spills/wet areas				
Walkways clear				
Cables managed				
Stairs safe & handrails secure				
Lighting adequate				
Outdoor paths safe				
Hazard signage in place				

**Hazards / Actions:**

Signature: \_\_\_\_\_