#### Action Ready Mix, LLC

#### Slip and Fall Prevention Program

#### **Purpose**

The purpose of the Action Ready Mix, LLC Slip and Fall Prevention Program is to reduce the number and severity of slip and fall injuries to all those who may come onto the premises.

Our proactive slip and fall prevention approach focuses on correcting walking/working surface hazards that have been identified, developing a systematic approach to identify and correct new hazards as they arise, as well as addressing employee behavior that may contribute to slip and fall accidents.

All employees are required to follow the procedures outlined in this Program. Any deviations from this Program must be immediately brought to the attention of your supervisor or the Program Administrator.

#### Scope

Action Ready Mix, LLC strives to provide all employees and on-site visitors with safe walking surfaces. This program is integrated into our company's written safety and health program and is a collaborative effort that includes all employees. The Program Administrator is responsible for the Program's implementation, management, training and recordkeeping requirements.

#### **Program Responsibilities**

Management. The management of Action Ready Mix, LLC is committed to slip and fall prevention. Management supports the efforts of the Slip and fall Prevention Program Administrator by pledging financial and leadership support for the identification and control of walking/working surface risk factors. Management supports an effective walking/working surface hazard reporting system and will respond promptly to reports. Management will regularly communicate with employees about the program.

Slip and Fall Prevention Program Administrator. The Program Administrator undefined (719-391-1474) reports directly to upper management and is responsible for this program. All evaluations, controls and training are coordinated under the direction of the Program Administrator in collaboration with management and employees. The Program Administrator will monitor the results of the program to determine additional areas of focus as needed. The Program Administrator will also:

- Ensure that evaluators performing walking/working surface evaluations are properly trained
- Ensure that control measures are implemented in a timely manner
- Ensure that a system is in place for employees to report walking/working surface hazards to managers and supervisors
- Ensure that accurate records are maintained and provide documentation upon request
- Schedule manager, supervisor and employee training and maintain training records
- Follow up with any slip and fall strategies and/or solutions
- Monitor the Program on a quarterly basis and provide an annual review

Managers and Supervisors. Managers and supervisors of Action Ready Mix, LLC will:

- Remain accountable for the health and safety of all employees within their departments through the active support of the Slip And Fall Prevention Program
- Attend slip and fall prevention training to familiarize themselves with the elements of the Program, recognition and control of walking/working surface hazards and best practices to prevent slip and fall accidents
- Ensure that employees in their areas have received the appropriate training, including awareness training addressing behavioral risk factors that may lead to slip and fall incidents
- Ensure that slip and fall prevention practices and principles are considered when renovating or expanding facilities
- Ensure that recommended controls are implemented and/or used appropriately through active follow-up
- Provide employees with and ensure the use of the appropriate tools, equipment and materials in accordance with slip and fall prevention best practices
- Maintain clear communication with managers and employees

**Employees.** Employees of Action Ready Mix, LLC are responsible for conducting themselves in accordance with this Program. All employees will:

- Use the appropriate tools, equipment, materials, procedures and designated footwear in the manner established by this Program and their managers and supervisors
- Provide feedback to managers and supervisors regarding the effectiveness of walking/working surface hazard mitigation, new tools, materials or equipment or other interventions
- Attend slip and fall prevention training as required and apply the knowledge and skills acquired to actual jobs and work activities
- Use the proper Slip/Fall Hazard Report (Appendix D) to report walking/working surface hazards to their manager, supervisor or the Program Administrator as soon as possible
- Report all injuries within 24 hours of their occurrence

Employee involvement is an essential element to the success of this program. Employees are encouraged to provide their input and assistance with identifying walking/working surface hazards, development and implementation of controls and training. Employee participation in the Program will occur only during company time.

### Walking/Working Surface Safety Program

**Floor Selection**. All floors when modified or replaced will provide "high traction" as defined by ANSI B101.5. Floors that cannot be modified to "high traction" status must be reviewed and approved by the Program Administrator and be documented and monitored.

**Walking/Working Surface Audits.** All walking and working surfaces will be formally audited every other month using the proper audit forms located in **Appendix C** of this program. Managers, supervisors and employees should be observant of possible slip, trip and fall hazards at all times. Any observed hazards should be immediately reported.

**Floor Cleaning.** All floors will be maintained to reduce slip and fall hazards and meet requirements of ANSI B101.0 and B101.1.

 Only Program Administrator-approved cleaning materials will be used on walking and working surfaces

- The manufacturer's instruction will be followed at all times on approved cleaning materials
- A dry extraction cleaning method will be used on all appropriate surfaces
- All spills (liquid or other materials that would reduce traction) will be cleaned up immediately. If
  cleanup cannot occur immediately, the spill area will be blocked off to keep employees from walking
  on the spilled material and the area will be marked with a wet floor sign. The barricade and wet
  floor sign will be removed when the floor is dry

Type of Floor	Cleaning Product and Procedures	

**Walking/Working Maintenance.** All walking/working surfaces will be kept free of substantial cracks, changes in elevation greater than 1/4 inch, holes, protrusions and unmarked changes in elevation (curbs, stairs, etc.).

Snow and Ice Management. The removal of snow and ice from all walking/working surfaces will be the responsibility of Loader Operator. All sidewalks, entrances, loading docks and other areas of heavy foot traffic will be cleared of snow upon accumulation of 1/2 inch or more. These areas will be continually cleared as long as snow continues to fall. Parking lots will be cleared upon accumulation of 2 inches of snow or more. Ice melt will be applied to all sidewalks, entrances, loading docks and other areas of heavy foot traffic upon clearing snow from the surface. Ice melt will also be applied to areas in parking lots where ice build-up is present. When thawing and refreeze is possible, a review of all parking lots and sidewalks will be conducted prior to first shift and ice melt applied as appropriate. All snow removed from parking lots and sidewalks will be removed from the property or piled in approved areas only. Approved snow storage areas are Main pond.

Mats. Entrance mats will be placed at all entrances at all times when there is a possibility of employees and/or visitors tracking in moisture, snow or ice. All entrance mats will be a minimum of 12 feet in length. Mats will be checked hourly by undefined to ensure they are not saturated or damaged. If a mat becomes saturated, it will be replaced immediately or will be vacuumed with a wet/dry shop vacuum until acceptable. Damaged mats will also be replaced.

**Footwear**. Employees working in areas with limited traction or performing specific jobs will be required to wear slip-resistant footwear or special high-traction equipment. The jobs/tasks where slip-resistant footwear is required are shown in the table below.

Task/Job	Footwear Required	
Plant Operators	Slip resistant steel toe boots	
Mixer Drivers	Slip resistant steel toe boots	

**Unexpected Changes in Elevation.** All unexpected changes in elevation, such as raised sidewalk sections, potholes, raised doorway thresholds or unmarked curb edges will be repaired as soon as possible. Seasonal temperature and weather may affect timing of repairs.

Warning signs or safety cones will be installed to clearly identify hazardous areas to pedestrians until repairs are made. Mud jacking or concrete grinding will be used to level raised concrete sections. Potholes and large gaps between sidewalk sections will be temporarily patched with asphalt. Doorway threshold transition plates will be installed where necessary. All raised edges, including curbs, will be painted with high-visibility, slip-resistant yellow paint.

**Wet or Slippery Process Floors.** Floors that become and remain wet due to work processes or other reasons will be modified with abrasive coating or grit strips approved by the Program Administrator. They will be applied as necessary to increase traction. The abrasive coatings will be applied according to the manufacturers' directions. Grit strips will be applied to stair treads, ramps, vehicle running boards and areas around equipment.

#### Responding to a Slip, Trip or Fall

If a slip, trip or fall occurs on Action Ready Mix, LLC property follow these steps:

- 1. Offer assistance
- 2. Provide first aid if necessary
- 3. Call 911 if necessary
- 4. Report the incident as soon as possible to the Program Administrator
- 5. Complete the Slip and Fall Incident Report (Appendix E) as soon as possible
- 6. Give the signed form to the Program Administrator
- 7. Keep a copy of all incident reports
- 8. Review the report to identify the root cause of the slip, trip or fall
- 9. Correct the identified problems
- 10. Provide a copy of the report to your insurance company

### **Employee Training**

Training in the recognition and control of slip, trip and fall hazards and safe work practices will be given as follows:

- To all new employees during orientation
- To all employees annually

The minimum training for all managers, supervisors and employees will include the following elements:

- An explanation of the Action Ready Mix, LLC Slip And Fall Prevention Program and their role in the Program
- A description of slip and fall hazards and unsafe work practices that may contribute to slip and fall accidents
- The importance of reporting hazards to management and the forms and process for reporting and investigating slip and fall hazards
- The methods used by Action Ready Mix, LLC to minimize slip and fall risk factors (including engineering controls, administrative controls and any appropriate personal protective equipment or footwear)

- The procedures for responding to a slip, trip or fall
- Proper use of wet floor signage

All training will be recorded on the Employee Training Record Form located in Appendix B.

#### Periodic Program Review

At least annually, the Program Administrator will conduct a program review to assess the progress and success of the program. The review will consider the following:

- Evaluation of all training programs and records
- The need for retraining of managers, supervisors and employees
- The jobs, processes or areas that have produced a high incidence rate of slip and fall accidents
- Responsiveness in correcting reported slip and fall hazards

An Annual Review Report form, found in **Appendix A**, will be used.

#### **Records Retention**

All records will be retained for 5 years.

#### **Revision History**

Last revision date: 11/01/2017

# Appendix A - Annual Evaluation Report

Date of Evaluation:  Written Program Reviewed: Yes No  Do injury records indicate a need for additional employee training on the stip and fall program? Yes No  Have any jobs, processes or areas produced a high incidence of stip and fall incidents? Yes No  If yes, list:  Is there any record of failure to correct reported stip and fall hazards in a timely manner?  If yes, what corrective action is needed?  The following content was added/modified/removed from the written program:  Comments:		
Do injury records indicate a need for additional employee training on the slip and fall program? Yes No Have any jobs, processes or areas produced a high incidence of slip and fall incidents? Yes No If yes, list: Is there any record of failure to correct reported slip and fall hazards in a timely manner? If yes, what corrective action is needed?  The following content was added/modified/removed from the written program:	Date of Evaluation:	Evaluated by (list all present):
Have any jobs, processes or areas produced a high incidence of slip and fall incidents? Yes No If yes, list:  Is there any record of failure to correct reported slip and fall hazards in a timely manner?  If yes, what corrective action is needed?  The following content was added/modified/removed from the written program:	Written Program Reviewed: Yes No	
If yes, list:  Is there any record of failure to correct reported slip and fall hazards in a timely manner?  If yes, what corrective action is needed?  The following content was added/modified/removed from the written program:	Do injury records indicate a need for additional employee	training on the slip and fall program? Yes No
Is there any record of failure to correct reported slip and fall hazards in a timely manner?  If yes, what corrective action is needed?  The following content was added/modified/removed from the written program:	Have any jobs, processes or areas produced a high incidence	ce of slip and fall incidents? Yes No
If yes, what corrective action is needed?  The following content was added/modified/removed from the written program:	If yes, list:	
The following content was added/modified/removed from the written program:	Is there any record of failure to correct reported slip and f	all hazards in a timely manner?
	If yes, what corrective action is needed?	
Comments:	The following content was added/modified/removed from	the written program:
Comments:		
	Comments:	

## Appendix B - Training Record/Certification for Slip and Fall Prevention

The following individuals received training on the Slip and Fall Prevention Program.

Print Name	Sign Name
Print Instructor's Name	
Instructor's Signature	
Instructor's Title	
Date of Training	

# Appendix C - Slip and Fall Prevention Checklists

## **Outdoor Walking Surfaces**

Workstation Evaluated:	Date of Evalua	Date of Evaluation:		
"NO" responses indicate areas which should be investigated.	Yes	No		
Are parking areas free of potholes, depressions or damaged/uneven surfacing?				
Are curbs in good condition with an even transition to sidewalk?				
Are wheel stops, curbs, crosswalks and speed bumps well-marked?				
Is slip-resistant paint used for all pavement markings?				
Are wheel stops situated to prevent vehicles from infringing upon walkways?				
Is there adequate lighting in parking areas and along walkways?				
Are sidewalks and walkways smooth and even (no raised edges >1/4")?				
Is the ground surface directly next to sidewalks relatively level and free from hidden drop-offs or holes?				
Are walkways free of cords, hoses, large grate openings or other tripping hazards?				
Are open, unpaved and/or grassy areas that are expected to be walked on free of holes and low-lying objects like sprinkler heads and valves?				
Are downspouts and drains oriented to prevent discharge onto walkways?				
Are walkways that are subject to wet or icy conditions coated or designed with a rough, textured finish?				
Are handrails present and in good condition on stairs and ramps?				
Are ramps constructed with slip-resistant materials or treated with traction strips?				

Notes:		

# **Indoor Walking Surfaces**

Workstation Evaluated:	Date of Evaluation:		
"NO" responses indicate areas which should be investigated.	Yes	No	
Are walkways free of low-lying objects, especially at blind corners?			
Are floor tiles in good condition with no broken or missing tiles?			
Are grouted floor tiles smooth and even with no lippage > 1/16"?			
Are doorway thresholds beveled and no more than 1/4" high?			
Is carpeting free of ripples, tears and humps?			
Are stair nosings in good condition?			
Do stair nosings have edge treatments or highlighting to increase visibility?			
Is lighting in stairwells adequate?			
Are steps in low-light areas, like auditoriums, illuminated at ground level?			
Are utility or drain covers in good condition and even with walkways?			
Are cords and hoses routed away from walkways?			
Are cord covers or tape used whenever cords are placed along walkways?			
Are good housekeeping practices followed, and are they effective in maintaining walkways in an open and clear condition?			
Are walkways free of liquids, oils or other contaminants that could create a slippery condition?			
Have detailed floor maintenance procedures been documented and communicated to employees?			
Have floor maintenance procedures and cleaners been examined to ensure their use doesn't create hazardous, low-traction walking surfaces?			
Are wet floor signs used appropriately and not placed so as to create a trip hazard?			
Are wet process work areas treated with traction strips, antislip coatings or mats designed for wet processes?			
Are mats adequate to prevent water and soil from being tracked inside?			
Are mats in good condition, able to clean shoes/boots and absorb water?			
Are indoor mats replaced as needed or dried with a wet vacuum during the day to prevent snow/water infiltration?			
Do mats have slip-resistant backings and lie flat with minimal buckling?			

## Snow/Ice Management

Workstation Evaluated:	Date of Evaluation:	
"NO" responses indicate areas which should be investigated.	Yes	No
If using a snow/ice management contractor, are detailed contracts in place?		
Does contract specify weather triggers and expectations during thaw/refreeze conditions?		
Are walkways and parking areas cleared before people arrive in the morning?		
Are walkways and entrances shoveled throughout the day during snowy conditions?		
Are ice control products applied to effectively manage slip hazards on walkways, especially on north sides of buildings?		
Is black ice controlled with ice melt, sand, oil absorbent compound and/or warning cones?		
Is snow piled so as to minimize thaw/refreeze problems?		

# Appendix D - Slip/Fall Hazard Report

Employee Information			
Employee Name:	Job/Title:		
Department:	Supervisor:		
Describe hazardous condition or areas of concern:			
Employee Signature:	Date Submitted:		
Program Adminis	strator Response		
Hazard evaluated by:	Date evaluation is scheduled:		
Evaluator's Assessment:			
Follow-up Action Plan:			
Evaluator's Signature:	Date of Evaluation:		

### SLIP AND FALL INCIDENT REPORT

Location:						
INCIDENT IN	IFORMATION					
Dat e:		Day of week:		Time:	AM	PM
Location of in	cident:				_	
Description o incident:	f					
Weather cond	ditions:					
Walking surfa	ace conditions:					
Incident repo occurred?	rted when it					
If no, how wa	s it report/when?					
CLAIMANT I	NFORMATION					
Last name:			First name:			
Age:	Sex: Male Female	9	If minor, was chi	Id supervised? `	Yes 1	No
If no, explain:						
Address :						
Telephon e: H	lome: ()		Business: (			
Why was the store?	customer in					

What was customer doing prior to the incident:	
Type and condition of footwear:	
BODILY INJURY	
Description of injury:	
Transferent sixon	
Treatment given	
any):	
Was the injured person taken to medica	facility? Yes No
If yes, where?	
How was he or she transported? (name agency)	of
Name of attendant:	
WITNESSES	
Name :	Address:
Phon e:	Comments:
Name	
:	Address:
Phon e:	Comments:
INVESTIGATION	
Was incident site inspected immediately	? Yes No Time: : AM PM
Inspected by:	

How did we find out about the incident?				
Describe conditions at scene:				
Describe lighting				
conditions:				
Was photograph taken of accident scene?	Yes	No		
Were floor mats in place?	Yes	No		
Condition of mats:				
If floor was wet, were Caution signs in place?	Yes	No		
Eye glasses being worn?	Yes	No	If yes, type:	
Cane or walker used?	Yes	No	If yes, why?	
Was injured taking medication?	Yes	No	If yes, why?	
NOTE: include a copy	y of the d	aily floor	check log for the date of the acci	dent
ADDITIONAL INFORMATION				
Additional paperwork attached: Yes No	0			
If yes, describe:				

SIGNATURES		
Report completed by:	Signature:	
Date completed:	Read and approved by:	