



Train. Protect. Prevent.

STEPLADDER SAFETY

Workers who use stepladders in construction face many risks including permanent injury, death, or electrocution. OSHA’s requirements for stepladders are outlined in Subpart X—Stairways and Ladders in the OSHA standards. Hazards can be reduced greatly by following the below good safety practices.

OSHA defines a stepladder as a portable self supporting A frame ladder that has two front rails and two rear side rails. There are steps mounted between the front side rails and bracing between the rear side rails.

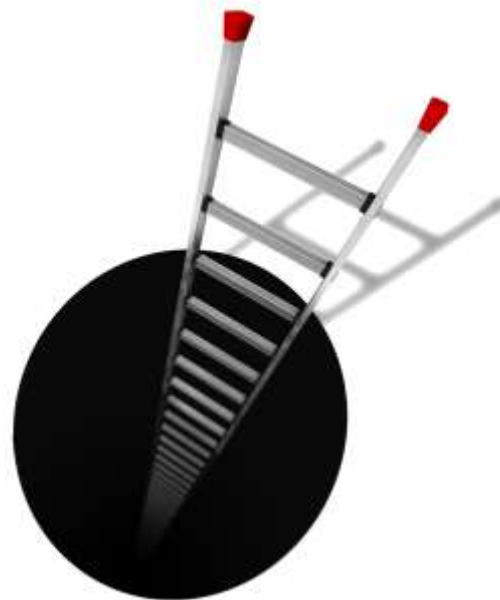
A competent person should visually inspect the stepladder for defects that could cause their unsafe use. These defects can include:

- Structural damage such as split or bent side rails, broken or missing rungs, or damaged safety devices
- Dirt or grease that could cause slips or falls
- Paint or stickers that could hide defects

Safe Stepladder use includes:

- Look for overhead power lines before climbing or moving a ladder
- Maintain a 3 point contact when climbing or going down
- Use a barricade to keep traffic away from the ladder
- Put ladders on stable and level surfaces that are not slippery.

When using a stepladder avoid using it for a purpose other than it was designed for. Do not use a stepladder as a single ladder. Make sure the spreaders are locked and in the correct position before use. Do not stand on the top step or cap of the ladder. Never move or shift a ladder with another person on it. Never use a damaged ladder and avoid leaving tools or materials on the ladder. Also, do not use a metal ladder near power lines or electrical equipment.



Work Site Review: Hazards/Safety Suggestions

Company Name: _____ Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor’s Signature: _____

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