



Train. Protect. Prevent.

HOUSEKEEPING ON THE JOB

Three of the top four reasons for fatalities on the jobsite are from falls, struck-by objects, or caught-in/between. One thing that has a connection to these hazards is good housekeeping at the jobsite. If there are items and trash scattered throughout the workplace you may have created a hazard for someone to fall, or you may have created a potential struck-by accident.

The number one excuse for having a dirty jobsite is that we don't have enough time. This can be overcome by cleaning the jobsite as you go and doing a little everyday, rather than waiting until it gets out of hand. Then you have to shut things down and pull guys from other jobs to help get things back on track.

Housekeeping guidelines:

- Slippery conditions is a workplace hazard. If there is snow and ice it must be removed. If it can be cleaned up it must be cleaned.
- Walkways must be clear for a person to walk down. If there are cables through walkways and door ways, you can try to create some planks which will allow people to easily walk over them without tripping. They can also be suspended, which will keep them off the floor and eliminate the hazard.
- Store materials in a safe manner. Do not store materials near a ledge where they could fall. Do not store materials where they could block a walkway or a doorway.
- At the end of every work day take the last 30 minutes to clean the job site. This can keep trash from accumulating and open up more room for storage of other materials.
- There must be proper containers available for the disposal of items that could be flammable, such as oily rags. There must also be containers for any other types of hazardous waste, such as acids or caustics.

Keeping the workplace clean eliminates many working hazards and can greatly increase productivity. Can anyone contribute a time that good housekeeping was involved in your work? Can anyone recall a near miss or accident that could've been prevented?

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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