proActive Safety Services

Weekly Safety Meeting

Train. Protect. Prevent.

Good Housekeeping

Good housekeeping is the key to a safe work environment. Cluttered work areas can cause accidents and injuries due to trips, slips, falls, falling objects, fires, unclear emergency exits, and improperly disposed flammable materials (rags, paper, etc.). The work place must establish and maintain sufficient housekeeping practices to prevent hazardous conditions and must extend this practice according to OSHA standard requirements.

To Maintain Good Housekeeping:

In case of snow or ice, working or walking surfaces must be treated. If it is not possible to treat the walkway or work area, slip- resistant footwear is required in accordance with the OSHA standard.

- Materials must be organized and safely stored to avoid fall and trip hazards.
- Clear exit routes and routes to fire alarm boxes and fire–call locations must be maintained.
- Passages must be kept free of debris, tools, materials, electrical cords, and solid and liquid waste.
- All exits, including ladders, staircases, scaffolds, and gateways, must be free of any clutter.
- Adequate housekeeping practices for flammables and combustible substances (rags, scrap, solvents and waste) must be in place.
- Make sure your work area is clear, and always put away tools when they are not needed for job processing.
- In construction sites or alteration and repair sites. The work area, stairs, and passageways must be free of debris, nails, scraps, and combustibles.
- Containers must be provided for waste, trash, oily rags, and other disposables. All garbage must be disposed of frequently and on a regular basis.

What types of processes and procedures do you have in place to maintain great housekeeping at your facility or project? What areas can you improve the level of housekeeping?

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: _____

Disclaimer: The information and suggestions contained in these safety talks are believed to be reliable. However, the authors of the topics and the owners of this web site accept no legal responsibility for the correctness, sufficiency, or completeness of such information or suggestions contained within these topics. These guidelines do not super cede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulations

4840 Business Center Way Cincinnati, OH 45246 phone 877.209.9648 fax 513.297.2347 www.pasafety.com