## Sample Footwear Policy

Due to the nature of our work, slips, trips and falls are a major concern and can cause severe injury. In order to minimize the risk of an injury, we have developed this footwear policy for the benefit of our employees.

# GUIDELINES

* The employee’s shoes shall be identified by the manufacturer as “slip-resistant”
* Random sole patterns and patterns perpendicular to the direction of travel are most
slip-resistant
* Shoes with too much grip or tacky surfaces will impede forward-travel and are not recommended
* The employee’s shoes must be closed-toe

# RESPONSIBILITIES

**Employee:**

* Wear the proper footwear as part of your daily uniform
* Inspect your shoes daily for cleanliness, presence of liquid or solid contaminants wedged in the treads, and wear and tear

**Supervisor:**

* Monitor employees to ensure they are wearing the appropriate footwear
* Evaluate all work areas on a daily basis to prevent slip, trip and fall injuries

This policy has been established to minimize injury and promote a safe workplace. Your participation is essential to the success of our safety program and is also a condition of employment. If you have any questions, please contact your supervisor for assistance.

I have read and understand the established footwear policy. I also understand that failure to comply will result in appropriate disciplinary procedures.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |
| **Supervisor Signature:** |  | **Date:** |  |

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