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| **Name:** |  | **Date Completed:** |  |

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| 1. **List three Slip and Trip hazards?**
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| 1. **What areas of a building are common for Slips and Trips?**
 |
| [ ]  Toilet | [ ]  Stairs |
| [ ]  Reception | [ ]  Everywhere |

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| 1. **List five things you can do to prevent Slips and Trips**
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| 1. **Identify the hazards and how these relate to your work activities**
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# Trainer Use Only

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| --- | --- | --- | --- |
| **Marked By:** |  | **Signature:** |  |
| **Score:** |  | **5** | **Pass or Fail:** | [ ]  Pass | [ ]  Fail |