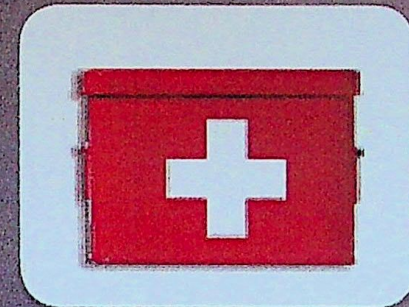
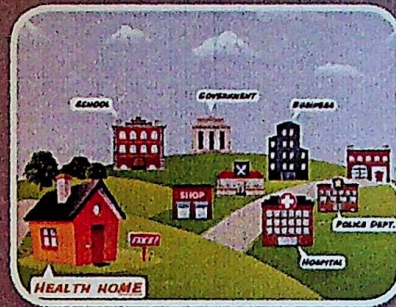
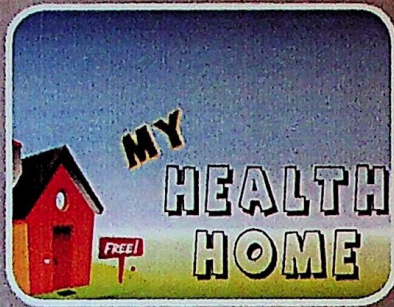


Safety First



A Tool to Boost Your Health & Safety

Safety First

Name:

Start Date:

Completion Date:

I stay safe by:

- | | | |
|--|---|--|
| <input type="checkbox"/> Following on the job safety guidelines | <input type="checkbox"/> Wearing a helmet when... | <input type="checkbox"/> Wearing a life jacket |
| <input type="checkbox"/> Swimming with a lifeguard present | <input type="checkbox"/> Using Crosswalks | <input type="checkbox"/> Staying hydrated |
| <input type="checkbox"/> Avoiding burns when cooking | <input type="checkbox"/> Wearing a seltbelt | <input type="checkbox"/> Practicing Safe Sex |
| <input type="checkbox"/> Walking in a well lit/well populated area | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Surrounding myself with people I trust | <input type="checkbox"/> Staying out of the car when drinking & drug use has occurred | |

What will keep me safer?



How I plan to do it:



How I plan to stay safe:



(Visit www.ratings.h3po.org to find websites where you can track your goals and activities)