

My safety is my future

Am I Safe?

Yes **No**

Dangerous Machines

- | | | |
|---|--------------------------|--------------------------|
| I never clean or check a machine unless it is locked. | <input type="checkbox"/> | <input type="checkbox"/> |
| If I see a missing guard on a machine, I always report it immediately. | <input type="checkbox"/> | <input type="checkbox"/> |
| I avoid/am aware that loose hair and clothing could pull me into a machine. | <input type="checkbox"/> | <input type="checkbox"/> |

Chemicals

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|---|--------------------------|--------------------------|
| I never mix ammonia and bleach. | <input type="checkbox"/> | <input type="checkbox"/> |
| I never use chemicals without training. | <input type="checkbox"/> | <input type="checkbox"/> |
| I never use chemicals without a label. | <input type="checkbox"/> | <input type="checkbox"/> |
| I know I could die from fumes in a confined space, so I never enter until I have received confined space entry training and have checked that my coworker is outside. | <input type="checkbox"/> | <input type="checkbox"/> |

Slippery Floors, Trips, and Falls

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|--|--------------------------|--------------------------|
| My employer keeps floors clean. | <input type="checkbox"/> | <input type="checkbox"/> |
| If I see any slippery liquid or material on the floor, I report it to my supervisor. | <input type="checkbox"/> | <input type="checkbox"/> |
| If I see a grate that is missing or out-of-place, I report it to my supervisor. | <input type="checkbox"/> | <input type="checkbox"/> |

Insoles

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| To protect my back, I wear insoles when standing for long periods. | <input type="checkbox"/> | <input type="checkbox"/> |
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Preventing Permanent & Crippling Injuries to My Hands, Shoulders, and Back

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| I know the risk factors for crippling repetitive motion injuries: <ul style="list-style-type: none">● force, repetition, cold, vibration, awkward posture. | <input type="checkbox"/> | <input type="checkbox"/> |
| I do not ignore my body's warning signs: <ul style="list-style-type: none">● pain, tingling, numbness, trouble sleeping, swelling, inflammation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Before and after work, I make sure to do stretching exercises. | <input type="checkbox"/> | <input type="checkbox"/> |
| If my knife is not kept sharp, I talk to my supervisor. | <input type="checkbox"/> | <input type="checkbox"/> |
| I am aware that working in close quarters increases the risk that I'll be cut by my neighbor, and that I have the right to report safety concerns to my supervisor and OSHA. | <input type="checkbox"/> | <input type="checkbox"/> |

Am I Safe?

Yes No

Fixing safety problems, keeping my body and coworkers safe

- | | | |
|--|--------------------------|--------------------------|
| I report my concerns to my supervisor in writing and keep a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| I keep a diary of my concerns, my actions, and my employer's response. | <input type="checkbox"/> | <input type="checkbox"/> |
| If my safety concerns aren't fixed, I report the problem to OSHA. | <input type="checkbox"/> | <input type="checkbox"/> |
| If I am punished in any way for being injured or reporting a safety concern, I tell OSHA right away (within 30 days). | <input type="checkbox"/> | <input type="checkbox"/> |
| If there is an amputation, hospitalization, or loss of an eye at work, my employer must report it to OSHA immediately. If not, I can also report it to OSHA. | <input type="checkbox"/> | <input type="checkbox"/> |

Under Nebraska law, I have the right to see my own doctor if...

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|--|--------------------------|--------------------------|
| ...I have had a check-up with a family doctor to establish my own doctor before I am injured. | <input type="checkbox"/> | <input type="checkbox"/> |
| ...and if I choose that doctor in the moment of injury. | <input type="checkbox"/> | <input type="checkbox"/> |
| Also, I know if I am injured at work, it should be covered by workers comp, not my own health insurance. | <input type="checkbox"/> | <input type="checkbox"/> |

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