

***My safety is my future***

**Am I Safe?**

**Yes No**

**Dangerous Machines**

I never clean or check a machine unless it is locked. ⬜ **⬜**

If I see a missing guard on a machine, I always report it immediately. ⬜ **⬜**

I avoid/am aware that loose hair and clothing could pull me into a machine. ⬜ **⬜**

**Chemicals**

I never mix ammonia and bleach. ⬜ **⬜**

I never use chemicals without training. ⬜ **⬜**

I never use chemicals without a label. ⬜ **⬜**

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. ⬜ **⬜**

**Slippery Floors, Trips, and Falls**

My employer keeps floors clean. ⬜ **⬜**

If I see any slippery liquid or material on the floor, I report it to my supervisor. ⬜ **⬜**

If I see a grate that is missing or out-of-place, I report it to my supervisor. ⬜ **⬜**

**Insoles**

To protect my back, I wear insoles when standing for long periods. ⬜ **⬜**

**Preventing Permanent & Crippling Injuries to My Hands, Shoulders, and Back**

I know the risk factors for crippling repetitive motion injuries: ⬜ **⬜**

* force, repetition, cold, vibration, awkward posture.

I do not ignore my body’s warning signs: ⬜ **⬜**

* pain, tingling, numbness, trouble sleeping, swelling, inflammation.

Before and after work, I make sure to do stretching exercises. ⬜ **⬜**

If my knife is not kept sharp, I talk to my supervisor. ⬜ **⬜**

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. ⬜ **⬜**

**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. ⬜ **⬜**

I keep a diary of my concerns, my actions, and my employer’s response. ⬜ **⬜**

If my safety concerns aren’t fixed, I report the problem to OSHA. ⬜ **⬜**

If I am punished in any way for being injured or reporting a safety concern, I tell OSHA

right away (within 30 days). ⬜ **⬜**

If there is an amputation, hospitalization, or loss of an eye at work, my employer must report

report it to OSHA immediately. If not, I can also report it to OSHA. ⬜ **⬜**

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

…I have had a check-up with a family doctor to establish my own doctor before I am injured. ⬜ **⬜**

…and if I choose that doctor in the moment of injury. ⬜ **⬜**

Also, I know if I am injured at work, it should be covered by workers comp, not my own

health insurance. ⬜ **⬜**



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