

## **SAFETY SURVEY**

**This survey is meant to be an opportunity for you to think through whether or not you would be able to safely complete an activation. Please DO NOT return this – it is meant only for your own awareness. Look at the information about the activation and think through these questions before you decide to activate for this response.**

1. Do you have any physical limitations that would impact your safety in an activation?
2. Have you sustained any injuries in the last month that would impact your safety in an activation?
3. Are you currently taking any medications that would negatively impact your safety in the activation?
4. Do you have enough physical strength to safely complete an activation?
5. Would you be able to work in an environment where running water is not in the building where you are working?
6. Have you had an experience recently that will negatively impact your ability to work with survivors?