

BE ON THE LOOK-OUT FOR DANGEROUS SITUATIONS

1. Which of the following statements is the most important?

- a) earning a big salary
- b) having a big car
- c) living a healthy life
- d) going on vacation
- e) living in a safe environment

2. Which of the following noises do you think is hazardous to your health?

- a) the loud sound system in the cafeteria
- b) a ringing bell
- c) a singing bird
- d) an ambulance siren
- e) an explosion

3. Which of the following places do you think is the safest for your health?

- a) the classroom
- b) the school grounds
- c) the schoolbus
- d) the hallways

4. Of the current practices in your school, which of the following are actually done?

- a) the fire drill procedures of your school are explained to you periodically
- b) emergency exits are locked
- c) the evacuation plan is posted in your classroom
- d) there are fire extinguishers everywhere
- e) the corridors are never blocked

5. In your gymnasium:

True or False?

- a) there are pillars
- b) there are lockers
- c) there are fountains
- d) there are chairs stored away
- e) the floor is in need of repair

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

6. If I am injured at school, who looks after me?

True or False?

- a) the school nurse
- b) the principal
- c) my teacher
- d) the caretaker
- e) the secretary

<input type="checkbox"/>	<input type="checkbox"/>
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GUIDELINES & RESOURCES
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7. My school is a place where I am taught about prevention: True or False

- | | | |
|---|--------------------------|--------------------------|
| a) I am always given safety rules to follow. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I have been told about the effects of chemical products on my health. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I have been taught to read labels carefully before using a product. | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I have been taught about the effects of air pollution on the quality of my life. | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I have been given the tools and information necessary to live my life safely and in good health. | <input type="checkbox"/> | <input type="checkbox"/> |

8. On the school grounds: True or False

- | | | |
|--|--------------------------|--------------------------|
| a) there are no holes | <input type="checkbox"/> | <input type="checkbox"/> |
| b) the fences are in good condition | <input type="checkbox"/> | <input type="checkbox"/> |
| c) the outside staircases are never slippery | <input type="checkbox"/> | <input type="checkbox"/> |
| d) there are no cars | <input type="checkbox"/> | <input type="checkbox"/> |
| e) there are no poles | <input type="checkbox"/> | <input type="checkbox"/> |

9. In my classroom: True or False

- | | | |
|-------------------------------|--------------------------|--------------------------|
| a) it is very warm | <input type="checkbox"/> | <input type="checkbox"/> |
| b) it is very cold | <input type="checkbox"/> | <input type="checkbox"/> |
| c) the classroom is too small | <input type="checkbox"/> | <input type="checkbox"/> |
| d) there are large windows | <input type="checkbox"/> | <input type="checkbox"/> |
| e) the desks are too high | <input type="checkbox"/> | <input type="checkbox"/> |

10. At the end of the day at school: True or False

- | | | |
|------------------------|--------------------------|--------------------------|
| a) I have a headache | <input type="checkbox"/> | <input type="checkbox"/> |
| b) my eyes are sore | <input type="checkbox"/> | <input type="checkbox"/> |
| c) my nose is dry | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I often have a cold | <input type="checkbox"/> | <input type="checkbox"/> |
| e) my skin is dry | <input type="checkbox"/> | <input type="checkbox"/> |

11. In my classroom, the lighting is: True or False

- | | | |
|---------------|--------------------------|--------------------------|
| a) bad | <input type="checkbox"/> | <input type="checkbox"/> |
| b) too bright | <input type="checkbox"/> | <input type="checkbox"/> |
| c) too high | <input type="checkbox"/> | <input type="checkbox"/> |
| d) too dim | <input type="checkbox"/> | <input type="checkbox"/> |
| e) noisy | <input type="checkbox"/> | <input type="checkbox"/> |
| f) good | <input type="checkbox"/> | <input type="checkbox"/> |