

# AM I SAFE *CHECKLIST*



**A**

## **ATTITUDE**

Do I have the right attitude for the task?

**M**

## **MEDICATION**

Am I currently on some type of medication that could impair my judgement or my ability to do the task?

**I**

## **ILLNESS**

Am I suffering from any type of illness that could affect the task?

**S**

## **STRESS**

Am I suffering from acute or chronic stress?  
If yes, what can I do about it?

**A**

## **ALCOHOL & CANNABIS**

Have I been consuming, and could I still be under the influence which may affect my ability for the task?

**F**

## **FATIGUE**

Am I well rested? Have I had enough sleep for me to be alert enough to complete the task?

**E**

## **EATING**

Have I had a good meal recently that will be able to tide me over until my next opportunity to eat?