



SAFETY CHECKLIST

HAVE YOU DONE ALL YOU CAN TO PROTECT YOUR FAMILY FROM POISONING? IF YOU CANNOT ANSWER "YES" TO EACH QUESTION, THEN CALL THE TPCN FOR HELP.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I have Texas Poison Center Network stickers on my home telephones. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I have completed a home checklist and know all dangerous products are stored properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I don't use Syrup of Ipecac to induce vomiting until the Poison Center or my doctor tells me to. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I have a safe storage area, such as a cabinet, which is high and locked, for all dangerous products. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I have a list of all important emergency medical information. It is current and it is kept near the telephone in my house. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. I have a list of all my household plants, identifying both their common and scientific names. It is stored with my emergency medical information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I always leave important emergency information for my babysitter. Including my location (and phone) and the Poison Center number. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I clean out any medicine cabinets regularly and throw old and unused medicines away. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. My garage and storage areas are clean, with all dangerous products stored in a high locked area. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I never use another person's medicines. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. I know that over-the-counter products are drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I only purchase products with child-resistant caps. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I have my fuel-burning furnace checked annually for defects. |