Tough Caring Contract: Safe for Life
24 hours a day, 7 days a week

Work Group: _____

If you see me doing something unsafe, approaching an unsafe condition, or slipping into automatic behavior, would you let me know? I agree to do the same for you. I will accept your intervention as an act of caring about my health and safety. I agree to intervene for the same reason. I will take your information and give information with trust and respect, so we can mutually benefit.

Signature	Date