

Name: _____ Date: _____

April - Safety Activity

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| 1. Fire Meeting Location | A. Hard Hats |
| 2. Tornado Shelter | B. Welding |
| 3. What is required in test bay area | C. Hallway |
| 4. What is required on shop floor at all times | D. GHS Label |
| 5. Before performing maintenance on a machine | E. Lock Out Tag Out |
| 6. While driving the fork lift you must wear | F. SDS Sheets |
| 7. Annual Testing | G. First Responders |
| 8. Fall Protection Should be Worn | H. Cold Storage Building |
| 9. Chemical containers should be labeled with | I. 3 |
| 10. Binder outside of Production Manager office contains | J. Shoulder Level |
| 11. Who should handle Blood Borne Pathogens? | K. Ear Protection |
| 12. How many First Aid Kits are in the building? | L. Seat Belt |
| 13. Remove all combustible materials while..... | M. Safety Glasses |
| 14. While working with the hoist/crane employees must wear | N. Hearing |
| 15. Never lift a heavy object above..... | O. Higher than 4 Ft. |