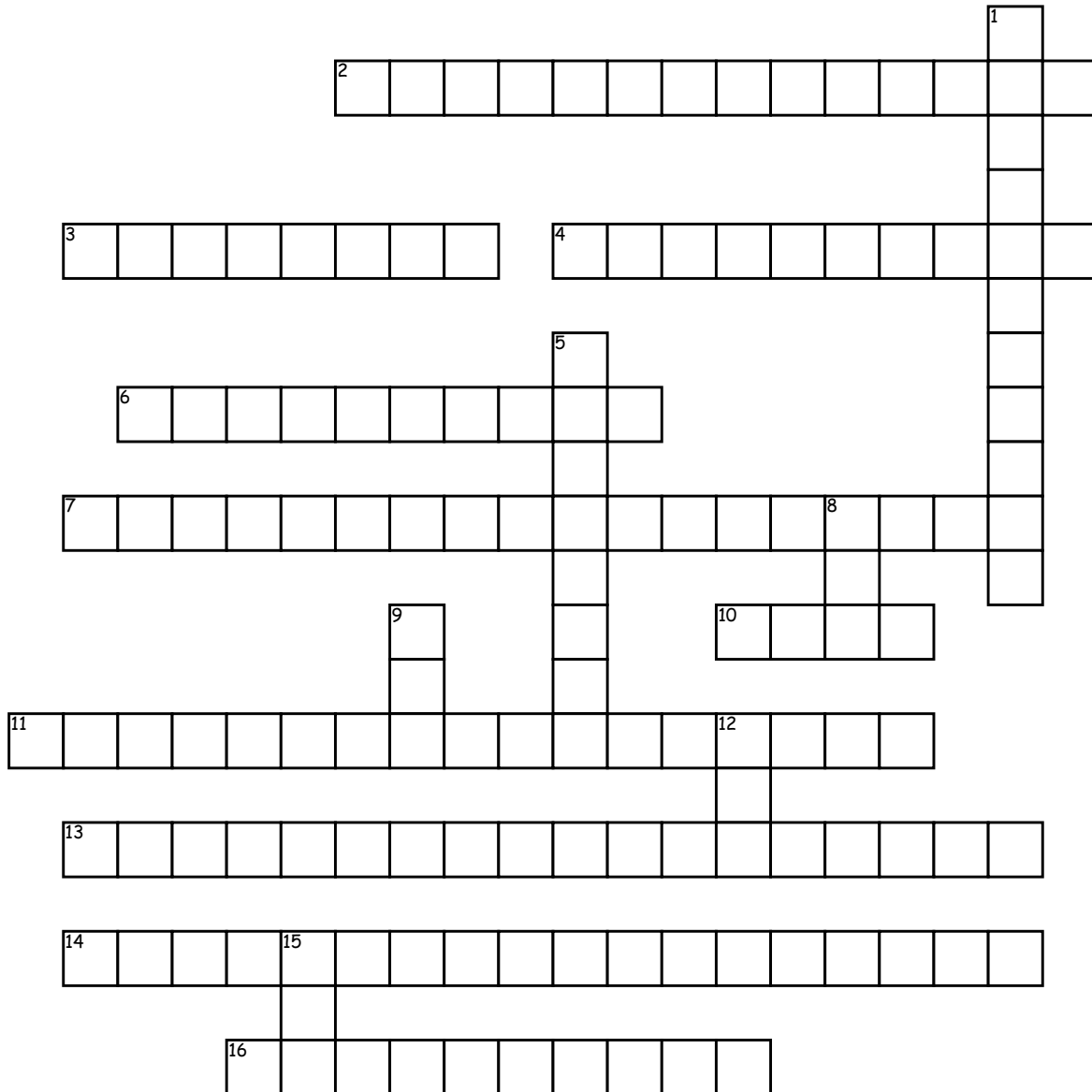


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Safety Fair 2016



## **Across**

2. Reported injury that is not a SIIR

3. Labor person responsible for assisting managers with injury prevention

4. 3.3 percent

6. Zero injuries

7. Safely going up and down the stairs

10. Report that's filed for new workplace injuries

11. Ergo equipment

13. Mindfulness about fragrance in the workplace

14. Safety Slogan

16. Yearly Safety event

## **Down**

1. Injury due to a fall

5. Ergo assessment

8. Repetitive Stress injury

9. Committee over Workplace Safety

12. Measures Computer usage scores

15. Committee responsible for helping ee's with RSI resolution