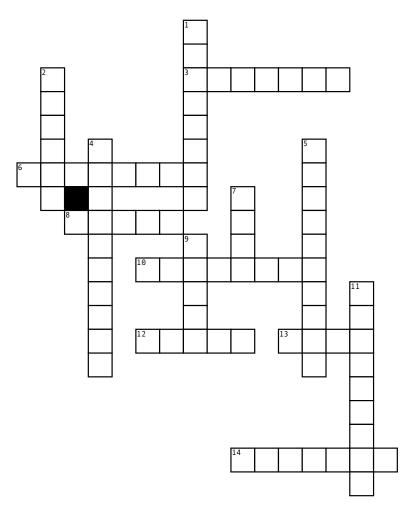
Name:	Date:	Period:
Name.	Date.	i Cilou.

## Science Lab Safety Rules

## **Across**

3. i will be and act properly **6.** i will learn the of any accident **8.** i will not any unknown substance in the 1 ab **10.** i will always use care and follow the instructions when working with chemicals 12. i will keep my work area\_\_\_\_, uncluttered and organized **13.** i will





never\_ around

14. i will report any\_\_\_\_ glass to the teacher Down

1. i will report
any kind of\_\_\_ or
hazards
2. i will\_\_\_ my
teachers
instructions
4. i will learn
the proper use
of\_\_ safety
equipment

5. I will always
get\_\_\_\_ before
beginning any lab
activity
7. i will never
run or \_\_\_
9. i will
never\_\_ any
substance in the
lab
11. i will inform
the teacher of
any\_\_ or special
medical conditions