Name: _____ Date: _____ Period: _____

WORK SAFETY

C R R V V H N I N A L P N O I T A U C A V E L U
B K E L A U N W H T K E R U S O P X E E T U C A
B S A F E T Y W A L K P R M P H V E I G P L Q N
N E R B K P I Z J E S T O P G P F C X C C O J E
K S P S E V E E L S M T Q D R O Q H O M O Q V A
F U J U O K T A R Y F I G S N V C G B S J Y H R
O G Q C S G U L P R A E A G L U G L O V E S E M
S Q D S S X M L C A V T W J C R M R U A V E A I
D A Q F Y O J Y E Q A P H S D I A T S R I F L S
A S T E E L T O E H C S C U K H B A Z L G V T S
C R V V Z S M K S S B L L Q V R K Q Q P K D H W
C T H F H S A X S R V B X U Z Q E P P W K O C B
I S T O R N A D O S H E L T E R F G Z O U V E F
D B G B R J X F R W S R S E S S A L G R C T N E
E J A U W F H O L U R C W O R A L Q O S H A T I
N F E O D I Q K T U H C L E A N A R E A Q N E L
T D B E U Y Q J Z I X L H Y K K Z V T L L N R F
K L U K I A R X Y K S A F E T Y S H I E L D S I
R F I R E E X T I N G U I S H E R I Y T I D U A
S Q D C I E F O E G Q J P N T Q E P P L N T K G
I D T I X E E R I F Y G S I Z H K V X A P E T U
L E H Z U A W C U T R E S I S T A N T A V C B A
S C I I M H F N J I S O F B D N M A Z A Y P G F
E O I P R L Q L K H R F Y U U L I A R D N A H W

FIRE EXTINGUISHER
ACUTE EXPOSURE
HEALTH CENTER
NEAR MISS
STEEL TOE
HANDRAIL
E-STOP
OSHA
TORNADO SHELTER
SAFETY SHIELDS
SAFETY WALK
FIRST AID
EAR PLUGS
GLASSES
GLOVES
CPR
EVACUATION PLAN
CUT RESISTANT
CLEAN AREA
FIRE EXIT
ACCIDENT
SLEEVES
AUDIT
PPE