

Name: _____

Date: _____

Hand Safety

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

POSITION GUARDING CHEMICAL TOOLING
HYGIENE FINGER KEVLAR GLOVES
BLADES DOORS COLD CUTS
HOT