

Name: _____

Date: _____

PPE

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

Hand Protection	Welding Gloves	Welding Helmet	Safety Glasses
Safety Gloves	Hearing Loss	Rubber Boots	Hi-Vis Vest
Face Shield	Respirator	Rain suit	Knee Pads
Ear Plugs	Hard Hat	Apron	PPE