

Name: _____

Date: _____

Safe or Not

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

dishwasher powder kitchen spray

shower gel

deoderant

sandwich

perfume

shampoo

softner

bleach

cereal

banana

grape

toast

vimto

bread

juice

apple

soap

cake

gel