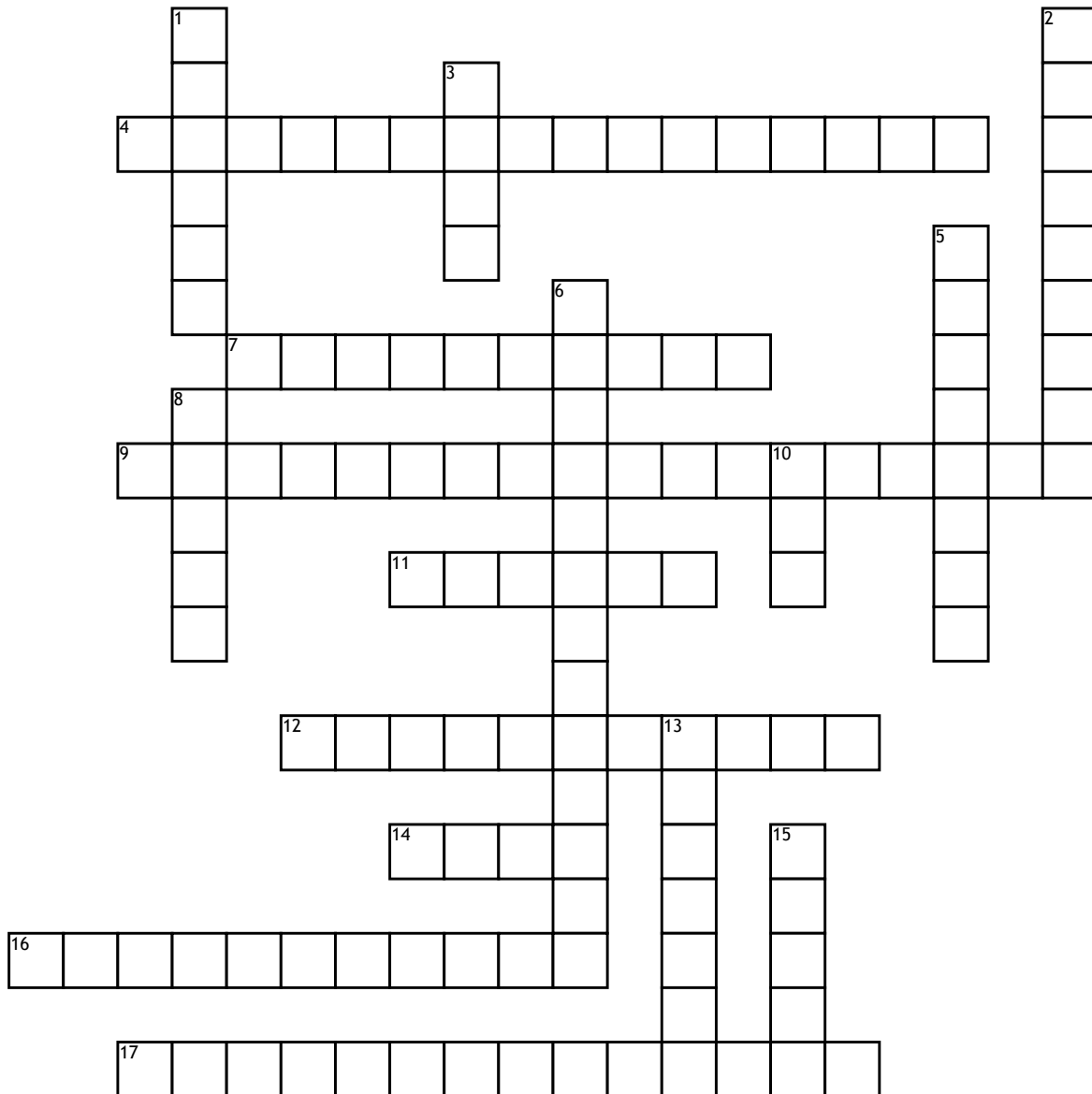


Name: _____

Date: _____

Safety



Across

4. Biological Hazard

7. Electrical

9. Clothing Protection

11. Poison

12. Radioactive

14. Fume

16. Sharp Object

17. Open Flame
ALert

Down

1. Animal

2. Explosion

3. Fire

5. Chemical

6. Disposal Alert

8. Plant

10. Eye

13. Thermal

15. Laser