Name: _____ Date: _____

Safety Month

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

fall protection
faceshield
emergency
awareness
evacuate
accident
earplugs
goggles
glasses
injury
safety
hazard
gloves
exit
risk
PPE