

Name: _____

Date: _____

Safety

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

conversation	immediately	discussion	electrical	accidents
everyone	stretch	observe	hazards	eyewash
nearest	neutral	gloves	drill	audit
cords	pull	door	exit	eyes
pass	ppe			