

Name: _____

Date: _____

Safety

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

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