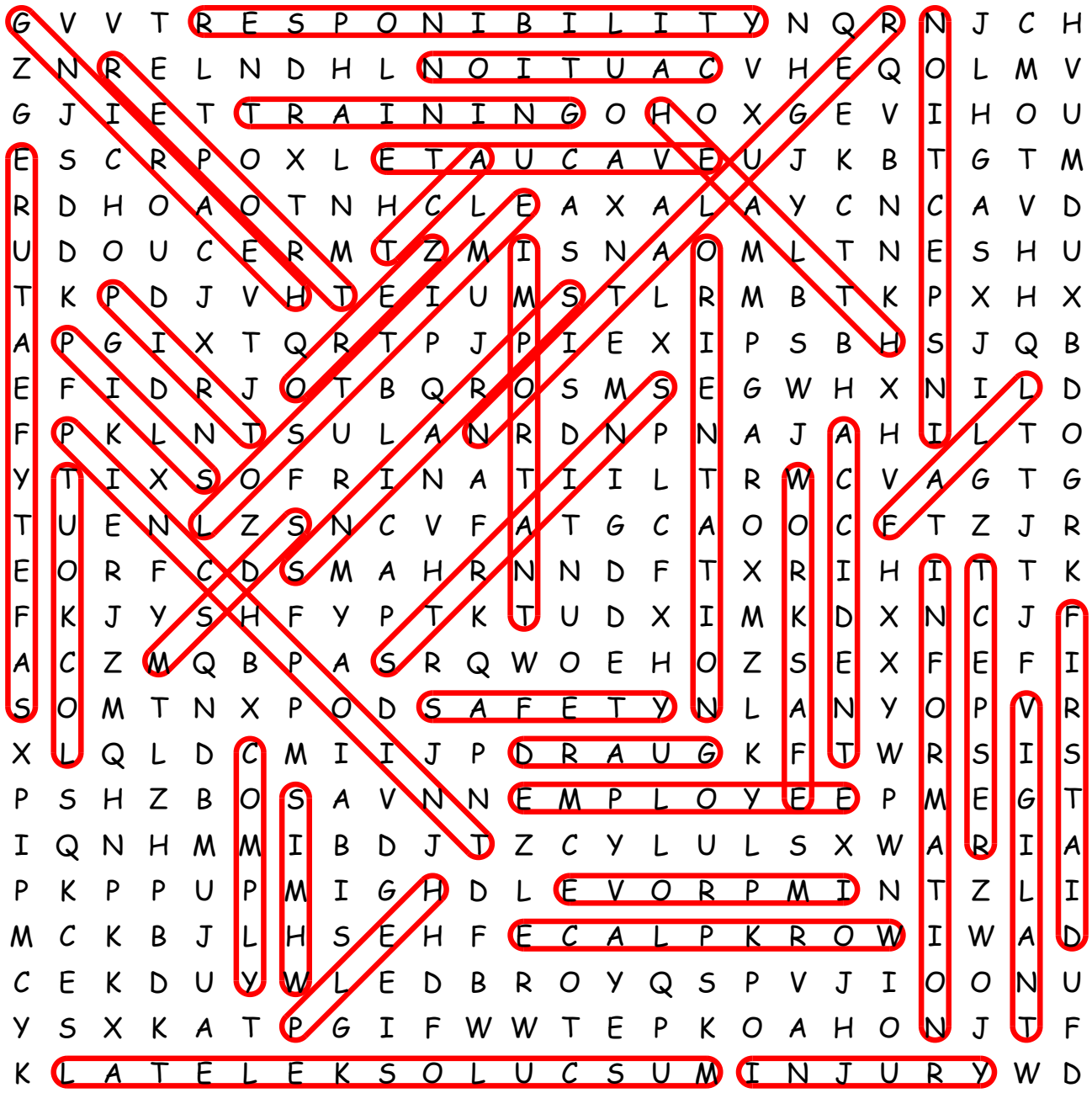
Name: _____ Date: _____

The key to Safety is you



MUSCULOSKELETAL
INFORMATION
IMPORTANT
EVACUATE
VIGILANT
IMPROVE
STRAINS
REPORT
FALL
TRIP

RESPONIBILITY
ORIENTATION
WORKPLACE
FIRSTAID
WORKSAFE
LOCKOUT
COMPLY
SAFETY
HELP
ZERO

SAFETYFEATURE
INSPECTION
ACCIDENT
LOSTTIME
CAUTION
RESPECT
HEALTH
GUARD
MSDS
ACT

pinch point
REGULATION
EMPLOYEE
TRAINING
HEARING
SPRAINS
INJURY
WHMIS
SLIP