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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Know Your PPE

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| **1.** Gloves | **A.** Hands |
| **2.** Goggles | **B.** Body |
| **3.** Steel Toes | **C.** Eyes |
| **4.** Hard Hat | **D.** Arms |
| **5.** Muffs or Plugs | **E.** Ears |
| **6.** Respirators | **F.** Lungs |
| **7.** Vest/Coveralls | **G.** Head |
| **8.** Shield | **H.** Feet |
| **9.** Sleeves | **I.** Mouth |
| **10.** CPR Barrier | **J.** Face |