Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U1T2

Period: \_\_\_\_\_\_ Page: \_\_\_\_\_\_

**Lab Safety Cards**

**Answer Sheet**

|  |  |
| --- | --- |
| **Card #** | **Answer** |
| **1** |  |
| **2** | 1. 2. |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** | 1. 2. |
| **7** |  |
| **8** | 1. 2. 3. |
| **9** |  |
| **10** |  |
| **11** |  |
| **12** |  |
| **13** |  |
| **14** |  |
| **15** |  |
| **16** | 1.  2.  3. |