

Name: _____

Class: _____

Is this a safe heat source: Yes or No

Read each item. Check the box to show if it is a safe heat source.

Object	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The Sun	<input type="checkbox"/>	<input type="checkbox"/>
A lit match	<input type="checkbox"/>	<input type="checkbox"/>
A blanket	<input type="checkbox"/>	<input type="checkbox"/>
A candle	<input type="checkbox"/>	<input type="checkbox"/>
A hot cup of soup	<input type="checkbox"/>	<input type="checkbox"/>
An oven	<input type="checkbox"/>	<input type="checkbox"/>
A warm jacket	<input type="checkbox"/>	<input type="checkbox"/>
A campfire	<input type="checkbox"/>	<input type="checkbox"/>
An electric heater	<input type="checkbox"/>	<input type="checkbox"/>