

# Art, Theater OSHA Training

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Department: \_\_\_\_\_ Faculty/Staff: \_\_\_\_\_ Annual Training: Yes No

Mode of Training		Self-Study Training		Online Training Module	
Special Instructions		Read through the safety training documents provided and take the quiz that follows.		<p style="color: red;">Audio Enhanced</p> Listen to the material and take the accompanying quiz. If the Art Safety video will not open and play, download Real Player	
Training Module Quizzes		Quizzes are embedded at the conclusion of the training.		Quizzes are not embedded. Please click the accompanying quiz link after completing the training module.	
Training	Required Annually	<a href="#">Back Safety</a> <input type="checkbox"/> <a href="#">Bloodborne Pathogens</a> <input type="checkbox"/> <a href="#">Emergency Action Plans</a> <input type="checkbox"/> <a href="#">Fire Safety</a> <input type="checkbox"/> <a href="#">Lockout/Tagout</a> <input type="checkbox"/>	<a href="#">Noise &amp; Hearing Protection</a> <input type="checkbox"/> <a href="#">Reporting Injuries</a> <input type="checkbox"/> <a href="#">Walking-Working Surfaces</a> <input type="checkbox"/>	Training	Quiz
	Required One Time Only	<a href="#">Electrical Safety</a> <input type="checkbox"/> <a href="#">Hazard Communications</a> <input type="checkbox"/> <a href="#">Indoor Air Quality</a> <input type="checkbox"/> <a href="#">Ladder Safety</a> <input type="checkbox"/>	<a href="#">Lock-Out/Tag-Out (Arc Flash)</a> <input type="checkbox"/> <a href="#">Safety Cans/Storage Cabinets</a> <input type="checkbox"/> <a href="#">Tool Safety</a> <input type="checkbox"/>	<a href="#">Art Safety</a> <input type="checkbox"/>	<a href="#">Quiz</a> <input type="checkbox"/>

I certify that I understand the material presented and have successfully completed the trainings and associated quizzes indicated above.

Your

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

