



Code of Safe Practice Training Record

Employee / Student / Volunteer's Name: _____

Check Applicable Operations:
☐ Set Construction
 ☐ Prop Shop
 ☐ Lighting
 ☐ Audio
 ☐ Special Effects
☐ Costumes
 ☐ Cosmetics
 ☐ Front-of-the-house
 ☐ Deconstruction
 ☐ Theater Maintenance

Supervisor Name: _____

Supervisors/Instructors:	Employees/Students/Volunteers:
<ul style="list-style-type: none"> Identify the type of operations your employee or student will be completing. Refer to the Code of Safe Practices Matrix and identify the topics you must review with the employee/student, and provide documented on-the-job training in regard. Check off the required topics below. Note the date each topic was reviewed. File the completed sign-off sheet and use when additional topics are added. 	<ul style="list-style-type: none"> Review the required Codes of Safe Practices and participate in on-the-job training. Talk to your supervisor or instructor if you have any questions or if you do not understand the materials you are reviewing. Enter the date on which each topic was reviewed and initial to confirm coverage.

Topic	Date Reviewed/ Trained	Initials	Topic	Date Reviewed/ Trained	Initials
* All faculty, students, and staff are required to review the Performing Arts Safety Manual and the Performing Arts General Safety Awareness Code of Safe Practice.					
<input checked="" type="checkbox"/> Performing Arts Safety Manual*			<input type="checkbox"/> Lockout/Tagout/Blockout		
<input checked="" type="checkbox"/> Performing Arts General Safety Awareness*			<input type="checkbox"/> Material Handling – Forklift Safety		
<input type="checkbox"/> Aerial Work Platforms			<input type="checkbox"/> Material Handling – Loading & Unloading		
<input type="checkbox"/> Confined Space			<input type="checkbox"/> Material Handling – Safe Lifting & Moving Materials		
<input type="checkbox"/> Cosmetics – Theater Makeup			<input type="checkbox"/> Paints, Dyes, Inks		
<input type="checkbox"/> Electrical Safety			<input type="checkbox"/> Personal Protective Equipment		
<input type="checkbox"/> Emergency Action/Response			<input type="checkbox"/> Respiratory Protection		
<input type="checkbox"/> Ergonomics – The Basics			<input type="checkbox"/> Rigging – Counterweight Fly Systems		
<input type="checkbox"/> Eyewash Stations			<input type="checkbox"/> Rigging – Hoists and Winches		
<input type="checkbox"/> Fall Protection – Catwalk Safety			<input type="checkbox"/> Rigging – Ropes, Cordage, and Chains		
<input type="checkbox"/> Fall Protection – Controlled Access			<input type="checkbox"/> Slip/Trip/Fall to Same Level		
<input type="checkbox"/> Fall Protection – Fixed Ladders			<input type="checkbox"/> Special Props – Edged Weapons		
<input type="checkbox"/> Fall Protection – Outside the Catwalk			<input type="checkbox"/> Special Props – Firearms		
<input type="checkbox"/> Fall Protection – Paint Frames			<input type="checkbox"/> Special Props – Live Animals		
<input type="checkbox"/> Fall Protection – Portable Ladders			<input type="checkbox"/> Storage		
<input type="checkbox"/> Fall Protection – Scaffolds/ Elevated Work Platforms			<input type="checkbox"/> Tools & Machines – Hand & Power Tools		
<input type="checkbox"/> Fall Protection – Tension Grid			<input type="checkbox"/> Tools & Machines – Saws –Circular		
<input type="checkbox"/> Fall Protection – Trigger Heights			<input type="checkbox"/> Tools & Machines – Saws - Table		
<input type="checkbox"/> Hazard Communication			<input type="checkbox"/> Tools & Machines – Welding/ Soldering/ Brazing		
<input type="checkbox"/> Housekeeping			<input type="checkbox"/>		



Codes of Safe Practice Training Record

Topic	Date Reviewed/ Trained	Initials	Topic	Date Reviewed/ Trained	Initials
Use this page to document any additional topics covered.					
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Record Keeping Requirements – Maintain a copy of the sign-off sheet for your records and forward the original to your supervisor/ instructor.