# Tool Qualification

## Training for STUDENTS Enrolled in Technical Theatre Classes or assisting with Nonmainstage Season & New Play Festival

### NAME:  

### DATE:  

### Expected Graduation Date:  

### Online Training (Please Complete the Following Courses):

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th>SCENE</th>
<th>PAINTS</th>
<th>ELECTRICS</th>
<th>DATE COMPL.</th>
<th>STUDENT INITIALS</th>
<th>SUPER. INITIALS</th>
<th>EST. TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>W156OS</td>
<td>PPE Awareness for Non-Labs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>10 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W115OS</td>
<td>HazCom with GHS</td>
<td>X</td>
<td>X</td>
<td></td>
<td>15 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W051OS</td>
<td>Machine Guarding</td>
<td></td>
<td></td>
<td></td>
<td>25 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W040OS</td>
<td>Ladders</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>10 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W050OS</td>
<td>Respirator Voluntary Use</td>
<td></td>
<td></td>
<td></td>
<td>15 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W455OS</td>
<td>Ergonomics – Back Safety</td>
<td></td>
<td></td>
<td></td>
<td>10 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE NOTE:** You only need to take training ONCE during the time you are a student. To check to see if you have already completed training, please see appropriate department head. All new students MUST complete all courses listed above.

### Site Specific Training in the Department Shops (Sign Up for Training):  

#### Required by all persons working in the Scene Shop (Renew each academic year)

<table>
<thead>
<tr>
<th>TOOL</th>
<th>DATE COMPL.</th>
<th>INITIALS</th>
<th>SUPER. INITIALS</th>
</tr>
</thead>
</table>

- Introduction / Tour
- Cordless Drill
- Pneumatic Staplers & Nailers
- Radial Arm Saw
- Power Miter Saw
- Table Saw
- Band Saw
- Jig Saw

#### Required by all persons working in the Paint Shop (Renew each academic year)

<table>
<thead>
<tr>
<th>SAFETY OPERATING PROCEDURES</th>
<th>DATE COMPL.</th>
<th>INITIALS</th>
<th>SUPER. INITIALS</th>
</tr>
</thead>
</table>

- Introduction to Material Safety Data Sheets (MSDS)
- Interpreting Hazardous Material Identification System (HMIS)
- Glove Training
- Secondary Labeling for Hazardous Materials

#### Required by all persons working in Electrics (Renew each academic year)

<table>
<thead>
<tr>
<th>SAFETY OPERATING PROCEDURES</th>
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<th>INITIALS</th>
<th>SUPER. INITIALS</th>
</tr>
</thead>
</table>

- Electrical Cords and Power Tools WSS training
- Personal Protective Equipment WSS training
- Electrical Safety Related Work Practices

### Required by all persons working in the department shops:

- Tool Qualification

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*Updated Fall 2015*
HOW TO ACCESS MY TRAINING AS A STUDENT OR A VOLUNTEER (NON-PAID):

Go to this portal, select “UI Non-Paid Student” and log in with your Hawk ID and password: http://ehs.research.uiowa.edu/training-information

Search for course by title or course number provided on the previous page. Enroll in the course and follow instructions to complete.

Once completed; print out quiz page/results to have supervisor sign off that you have completed the training.

• PLEASE NOTE the course PPE Awareness for Shops is entitled PERSONAL PROTECTIVE EQUIPMENT AWARENESS FOR OPERATIONS, FACILITIES AND ACADEMIC DEPARTMENTS under this training module.

HOW TO ACCESS MY TRAINING AS A PAID STUDENT EMPLOYEE:

Go to the Self Service site and log in: https://login.uiowa.edu/uip/login.page?service=https://hris.uiowa.edu/portal/

Under the Personal Tab, go to the “Learning and Development” category and select “My Training”

Next Select “Available Online Icon Courses” at the top of the page.

The next screen that comes up should be an alpha list of all available training courses. Search for the name of the course that you need to complete.

Click on that course and then select “Enroll in this ICON Course.”

That will take you to ICON. Make sure you complete the course and take the quizzes, etc.

ONCE ONLINE TRAINING IS COMPLETE, PRINT OUT EXAMS/RESULTS FOR PROOF OF TRAINING. ALL STUDENTS SHOULD HAVE SIGNED FORMS PROVIDED IN THIS PACKET ON FILE
APPENDIX D
VOLUNTARY USE RESPIRATOR TRAINING / DOCUMENTATION SHEET

Information for Employees Using Respirators Not Required Under the Standard
(Appendix D to 29 CFR 1910.134)

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:
- Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
- Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
- Keep track of your respirator so that you do not mistakenly use someone else’s respirator.

By signing this record, I indicate I have read and been provided a copy of Appendix D of the OSHA regulation 20 CFR 1910.134. I understand that any voluntary use respirator provided to me by the department, or that I bring into the workplace, cannot be used where respirator use is required because of hazardous air contaminant concentrations.

PRINT NAME  SIGN NAME  DATE

_________________________________________________  ____________________________  ____________________________
EHS Provided e-Learning Course

A record of completion of this e-Learning course will be added to your HR Self Service site under "My Training". By completing the blanks below, you are verifying that you have successfully completed EHS’s e-learning course. Provide this form to your supervisor or designated work area trainer.

Employee Name (Please Print) ____________________________ Job Title ____________________________

Supervisor or Designated Work Area Trainer (Please Print) ____________________________ Department ____________________________

To finish your training requirement, you must also know specific information unique to your own work area. Use the checklist below with your supervisor or designated work area trainer as a guide for reviewing site-specific training items.

Site-Specific Training Checklist

☐ When PPE is necessary.
☐ What PPE is required.
☐ How to wear, adjust, and remove PPE.
☐ The limitations of PPE.
☐ The care, maintenance, useful life, and disposal of PPE.
☐ Retraining is required if PPE requirements for the workplace change, or if the individual does not demonstrate an understanding of when and how to use the PPE.
☐ If there are additional items to be covered, specify here:
  __________________________________________________________________________
  __________________________________________________________________________

Verification of Training: I verify that the site-specific training items were reviewed and understood.

Supervisor or Designated Work Area Trainer ____________________________ Date ________ Employee Signature ____________________________ Date ________

KEEP THIS RECORD AS PROOF OF YOUR COMPLETED TRAINING

The Supervisor or Designated Work Area Trainer must maintain a copy of this record.
HPO Provided e-Learning Course

Dear Trainee:
A record of completion of this e-Learning course will be added to your HR Self Service site under "My Training". By completing the blanks below, you are verifying that you have successfully completed HPO’s e-learning course. Provide this form to your supervisor or designated work area trainer.

Employee Name  (Please Print)  Job Title

Supervisor or Designated Work Area Trainer  (Please Print)  Department

To finish your training requirement, you must also know specific information unique to your own work area. Use the checklist below with your supervisor or designated work area trainer as a guide for reviewing site-specific training items.

Site-Specific Training Checklist

☐ Provided with descriptions and identifications of the hazards associated with the machines that he/she will operate.
☐ Informed of what the safeguards look like, how they provide protection, and the hazards they are used to prevent.
☐ Shown how to use the safeguards.
☐ Shown how and under what circumstances safeguards can be removed and by whom.
☐ Told what to do and who to inform if a safeguard is found damaged, missing, or unable to provide adequate protection.
☐ Told what to do and who to inform if a safeguard is found damaged, missing, or unable to provide adequate protection.
☐ Told what to do and who to inform if a safeguard is found damaged, missing, or unable to provide adequate protection.
☐ Instructed on the types of personal protective equipment (PPE) that are required, if any.
☐ If there are additional items to be covered, specify here:

________________________________________________________________________
________________________________________________________________________

Verification of Training:  I verify that the site-specific training items were reviewed and understood.

Supervisor or Designated Work Area Trainer  Date  Employee Signature  Date

KEEP THIS RECORD AS PROOF OF YOUR COMPLETED TRAINING

The Supervisor or Designated Work Area Trainer must maintain a copy of this record.

Updated 11/1/07
EHS Provided e-Learning Course

Dear Trainee:
A record of completion of this e-Learning course will be added to your HR Self Service site under "My Training". By completing the blanks below, you are verifying that you have successfully completed EHS’s e-learning course. Provide this form to your supervisor or designated work area trainer.

Employee Name      (Please Print)                                    Job Title

Supervisor or Designated Work Area Trainer (Please Print)          Department

To finish your training requirement, you must also know specific information unique to your own work area. Use the checklist below with your supervisor or designated work area trainer as a guide for reviewing site-specific training items.

Site-Specific Training Checklist

☐ Shown how to access and use the department's Hazard Communication Program document and SDSs.

☐ Informed that approval is needed before using certain chemicals or chemical products.

☐ Informed where and how to safely store chemicals and chemical products.

☐ Informed where and how to dispose of hazardous chemical waste properly.

☐ Informed of what PPE is required (such as gloves) for specific tasks when handling chemicals and chemical products including how to obtain, use, and maintain PPE.

☐ Shown the location and use of eye wash stations and chemical spill kits.

☐ Informed of procedures to follow if a chemical spill or chemical emergency occurs.

☐ Informed who to notify and what information to provide if there is a major chemical spill or chemical emergency that endangers people or if hazardous chemicals enter the environment.

☐ If there are additional items to be covered, specify here:


Verification of Training: I verify that the site-specific training items were reviewed and understood.

Supervisor or Designated Work Area Trainer          Date

Employee Signature          Date

KEEP THIS RECORD AS PROOF OF YOUR COMPLETED TRAINING

The Supervisor or Designated Work Area Trainer must maintain a copy of this record.