



Health & Safety Commission  
Web Reference Project Submission Form

Your Name: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Name of Resource: \_\_\_\_\_

URL (Web Link): \_\_\_\_\_

(If you are submitting multiple links please copy and paste all of them here with each on it's own line please.)

Book Title: \_\_\_\_\_

Author: \_\_\_\_\_

ISBN: \_\_\_\_\_

Brief Description of Submittal:

Division:

- Government Agency
- Educational Institution
- Business
- Professional Organization
- Other

Category: (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Shop Safety    | <input type="checkbox"/> Slip/Trip/Fall            | <input type="checkbox"/> Ergonomics                    |
| <input type="checkbox"/> Scene Shop Safety      | <input type="checkbox"/> Rigging                   | <input type="checkbox"/> Stress Management             |
| <input type="checkbox"/> Paint Shop Safety      | <input type="checkbox"/> Emergency Planning        | <input type="checkbox"/> Health Management             |
| <input type="checkbox"/> Prop Shop Safety       | <input type="checkbox"/> Waste Management          | <input type="checkbox"/> Machine Safety                |
| <input type="checkbox"/> Lighting Shop Safety   | <input type="checkbox"/> Hazardous Material Safety | <input type="checkbox"/> Lock Out Tag Out              |
| <input type="checkbox"/> Costume Shop Safety    | <input type="checkbox"/> Electrical Safety         | <input type="checkbox"/> Material Safety Data Sheets   |
| <input type="checkbox"/> Air Quality            | <input type="checkbox"/> Sound Exposure            | <input type="checkbox"/> Blood Borne Pathogen          |
| <input type="checkbox"/> Fall Protection        | <input type="checkbox"/> Loading/Unloading         | <input type="checkbox"/> Working from Heights          |
| <input type="checkbox"/> Personnel Lifts        | <input type="checkbox"/> Risk Management           | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Patron/Audience Safety | <input type="checkbox"/> Life Safety Code          | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Fire Safety            | <input type="checkbox"/> Building Safety Code      |  |
| <input type="checkbox"/> Outdoor Venue Safety   | <input type="checkbox"/> Tools                     |  |

Submit this form to: Nate R. Otto, USITT Health & Safety Commissioner

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