

## Safety Training Needs Assessment Form

**Instructions:** Please review each question and either check "YES" or "NO". If a question is checked "YES" you will be required to complete the training topic before initial assignment of job task. Please discuss with your supervisor and have him/her sign the form. Please review the EH&S website for registration information.

**Safety Training Needs Assessment**

**Department:**

**Employee Name (Print):**

**Employee (Signature):**

**Supervisor Name:**

**Supervisor (Signature):**

**Date:**

| Read and answer each question. If answer is yes, see middle column for training, right column for frequency of training. | Answer  | Training   | Required/Optional, Frequency   |
|--|---|--|--|
| Do you receive a paycheck from UNC Charlotte (regardless if you are a student worker or full/part time employee)?        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Departmental Safety Checklist & New Employee Orientation (NEO) <ul style="list-style-type: none"> <li>• Supervisor safety hazard and safe operating procedure discussion.</li> <li>• Accident Prevention, Investigation and Reporting</li> <li>• Back Safety and Injury Prevention</li> <li>• Building Emergency Evacuation Plan</li> <li>• Fire Safety and Prevention</li> <li>• Slips, Trips, Falls</li> </ul> | REQUIRED TRAINING: <i>Initial</i><br><br>REGISTRATION: <i>Attend New Employee Orientation (NEO) sponsored by Human Resources Department or complete Skillport online modules</i><br>Duration: <i>2-4 hours</i> |
| Do you operate scissor lifts, man lifts or other aerial elevating platforms?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Aerial Lift Training   | REQUIRED TRAINING: <i>Periodic.</i><br>REGISTRATION: <i>EH&amp;S.</i><br>Duration: <i>2-4 hours</i>  |
| Are you an employee of the University?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Accident Reporting and Investigation   | REQUIRED TRAINING: <i>Periodic.</i><br>REGISTRATION: <i>NEO or Skillport</i><br>Duration: <i>1 hours</i>   |
| Do you work for maintenance, custodial, or facility operations <u>AND</u> disturb asbestos?                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Asbestos Awareness   | REQUIRED TRAINING: <i>Annual.</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1 hours</i>   |
| Does your work require you to lift heavy objects or repeatedly move or carry items throughout the day?                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Back Safety and Injury Prevention  | REQUIRED TRAINING: <i>Periodic.</i><br>REGISTRATION: <i>NEO or Skillport</i><br>Duration: <i>1 hours</i>   |

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**Employee (Signature):**

**Supervisor Name:**

**Supervisor (Signature):**

**Date:**

| Read and answer each question. If answer is yes, see middle column for training, right column for frequency of training. | Answer  | Training                              | Required/Optional, Frequency  |
|--|---|---------------------------------------|---|
| Do you supervisor employees or students?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Behavior-Based Safety for Supervisors | REQUIRED TRAINING: <i>Periodic</i> .<br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hours</i>     |
| Do you work with potentially infectious body fluids?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Bloodborne Pathogen (BBP) Training    | REQUIRED TRAINING: <i>Annual</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1-2 hours.</i>              |
| Do you work in a building or have the potential to be in a building?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Building Emergency Evacuation         | REQUIRED TRAINING: <i>Annual</i><br>REGISTRATION: <i>NEO and EH&amp;S</i><br>Duration: <i>1 hours</i>         |
| Do you work in a laboratory with exposure to chemicals?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Chemical Hygiene Plan                 | REQUIRED TRAINING: <i>Every 2 yrs.</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1 hours</i>           |
| Do you work with compressed gas cylinders?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Compressed Gas Cylinder               | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport and EH&amp;S</i><br>Duration: <i>1 hours</i> |
| Do you work at a computer workstation for four (4) consecutive hours daily?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Computer Ergonomics                   | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport and EH&amp;S</i><br>Duration: <i>1 hours</i> |
| Do you work or oversee work in manholes or other confined spaces?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Confined Space                        | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>             |
| Do you operate university owned vehicles?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Defensive Driving Fundamentals        | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1-2 hours</i>     |
| Do you spend long periods of time performing the same task?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Ergonomics in the Workplace           | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1-2 hours</i>     |

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**Employee (Signature):**

**Supervisor Name:**

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| Read and answer each question. If answer is yes, see middle column for training, right column for frequency of training. | Answer  | Training                                | Required/Optional, Frequency   |
|--|---|---|--|
| Do you plug in electrical use devices?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Electrical Safety Awareness             | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>0.5 hours</i>          |
| Are you qualified to perform low voltage electrical work?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Electrical Safety "Low Voltage"         | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                  |
| Are you qualified to perform Medium Voltage electrical work?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Electrical Safety "Medium/High Voltage" | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                  |
| Do you work in or around trenches ore excavations?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Excavation and Trenching                | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                  |
| Do you work at heights above six feet exposed to fall hazards?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Fall Protection and Elevated Work       | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                  |
| Are you required to use a fire extinguisher in an emergency?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Fire Extinguisher                       | REQUIRED TRAINING: <i>Annual</i><br>REGISTRATION: <i>EH&amp;S &amp; 49er Online</i><br>Duration: <i>1-2hours</i>   |
| Are you exposed to fire safety hazards?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Fire Safety and Prevention              | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>             |
| Do you operate a forklift or motorized pallet jack?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Forklift (Powered Industrial Truck      | REQUIRED TRAINING: <i>Every 3 yrs.</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>              |
| Do you operate a golf cart?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Golf Cart Service Vehicle               | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; Supervisor</i><br>Duration: <i>2-4 hours</i> |

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**Supervisor Name:**

**Supervisor (Signature):**

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| Read and answer each question. If answer is yes, see middle column for training, right column for frequency of training.        | Answer  | Training                                 | Required/Optional, Frequency   |
|---|---|--|--|
| Do you work with power tools?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Hand and Power Tool Safety               | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>           |
| Do you use hazardous chemicals as part of your job?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Hazard Communication                     | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1 hour</i>                   |
| Do you handle drums or other hazardous storage materials?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Hazardous Materials Handling and Storage | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>           |
| Do you need to dispose of hazardous chemicals or work in satellite accumulation area?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Hazardous Waste Management               | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; 49er Online</i><br>Duration: <i>1 hour</i> |
| Do you work in an environment with excessive noise (exposure to noise greater than 85 dB over an 8-hour time-weighted average)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Hearing Conservation                     | REQUIRED TRAINING: <i>Annual</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1-2 hours</i>                  |
| Do you work in elevated temperature environments?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Heat Stress Recognition                  | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>           |
| Do you work in a laboratory?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Laboratory Safety                        | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>           |
| Do you use ladders?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Ladder Safety                            | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; Supervisor</i><br>Duration: <i>1 hour</i>  |

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|--|---|---------------------------------------|---|
| Do you use class1-4 lasers?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Laser Safety                          | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>              |
| Do you work in environments removing paint or other areas where lead could be present?                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lead Awareness                        | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>              |
| Do you repair, inspect, adjust, install, service, or clean machinery or equipment?                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lockout/Tagout                        | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                   |
| Do you work with drill press, saws or other equipment?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Machine Guarding                      | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1-2 hours</i>                   |
| Do you work in a moldy or mildew environment?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Mold Awareness                        | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>              |
| Do you spend 2 or more consecutive in office environment?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Office Safety                         | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1 hour</i>                      |
| Do you wear gloves, hard hats, safety glasses, goggles, body harness, etc.?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Personal Protective Equipment (PPE)   | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; Supervisors</i><br>Duration: <i>1-2 hours</i> |
| Do you work with radioactive materials?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Radiation Safety for Authorized Users | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; 49er Online</i><br>Duration: <i>2-4 hours</i> |
| Do you work with non-ionizing radiation (lasers, microwaves, etc.)?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Radiation Safety Non-Ionizing         | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>              |

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|--|---|---------------------------------------|--|
| Do you work in an area where exposures of nuisance dust, silica, require respirator use?                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Respiratory Protection                | REQUIRED TRAINING: <i>Annual</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>1-2 hours</i>                    |
| Do you erect or work on scaffolds?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Scaffolds and Ladder Safety           | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                  |
| Do you access building and grounds?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Slips, Trips, Falls                   | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>             |
| Do you do a lot of manual materials handling?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Sprains and Strains                   | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>Skillport Online</i><br>Duration: <i>1 hour</i>             |
| Are you required to remove light bulbs, motor oil, batteries, mercury containing devices?                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Universal Waste                       | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; 49er Online</i><br>Duration: <i>1 hour</i>   |
| Do you operate a university van?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Van Certification                     | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2 hours</i>                    |
| Do you perform welding, cutting or brazing activities  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Welding and Cutting Safety            | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S &amp; Supervisor</i><br>Duration: <i>1-2 hours</i> |
| Are you a supervisor?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Workers' Compensation for Supervisors | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i>                  |
|  |   |                                       |  |

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|--|---|---|---|
| Do you work with X-ray producing devices?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | X-Ray Safety Training   | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i> |
| Do you ship dangerous goods or dry ice?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | IATA/DOT Training (Shipment of Hazardous Materials/Dangerous Goods) | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i> |
| Do you supervise employees?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | EH&S Supervisor Development Training                                | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i> |
| Do you work with biological agents?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Biosafety Training  | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i> |
| Do you work with select agents?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Select Agent Training   | REQUIRED TRAINING: <i>Periodic</i><br>REGISTRATION: <i>EH&amp;S</i><br>Duration: <i>2-4 hours</i> |