| **Employee Training Needs Assessment** |
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| **Employee Name:**  |  | **Supervisor:**  |  |
| **Read and answer each question. If answer is yes, see middle column for training, right column for frequency of training.** | **Training** | **Required/Optional, Frequency** |
| Do you receive a paycheck from UNL (regardless if you are a student worker or full/part time employee)? [ ] Yes [ ] No | EHS Core Training – First Half * Injury and Illness Prevention Plan
* General Safety Information
* Emergency Response and General Fire Safety (or corresponding online training modules)
 | REQUIRED TRAINING*Once during employment at UNL.* |
| Do you receive a paycheck from UNL *AND* work with chemicals? [ ] Yes [ ] No | EHS Core Training – Second Half * Chemical Safety
* Chemical Waste Management (or corresponding online training modules)
 | REQUIRED TRAINING*Once during employment at UNL.* |
| Do you work with potentially infectious body fluids? [ ] Yes [ ] No | Bloodborne Pathogen (BBP) Training  | REQUIRED TRAINING*Annual.* |
| Do you work in an area that requires you to wear a respirator? [ ] Yes [ ] No | Respirator Fit Test Training  | REQUIRED TRAINING*Annual.* |
| Do you operate a forklift? [ ] Yes [ ] No | Forklift Training  | REQUIRED TRAINING*Every three years.* |
| Do you work at heights above six feet? [ ] Yes [ ] No | Fall Protection Training  | REQUIRED TRAINING*Once, at beginning of employment.* |
| Does your work require you to lift heavy objects or repeatedly move or carry items throughout the day? [ ] Yes [ ] No | Back Safety Training  | OPTIONAL TRAINING*As needed.* |
| Do you spend long periods of time performing the same task (at a computer, workbench, etc.) [ ] Yes [ ] No | Ergonomics Training  | OPTIONAL TRAINING*As needed.* |
| Do you work with radioactive materials? [ ] Yes [ ] No | Radiation Safety Basic Training  | REQUIRED TRAINING*Once, at beginning of employment* AND *Annual Refresher Training.* |
| Do you work with X-ray producing devices? [ ] Yes [ ] No | X-Ray Safety Training  | REQUIRED TRAINING*Once, at beginning of employment**AND Annual Refresher Training.* |
| Do you ship dangerous goods or dry ice? [ ] Yes [ ] No | IATA/DOT Training (Shipment of Hazardous Materials/Dangerous Goods)  | REQUIRED TRAINING*Every two years.* |
| Do you supervise employees? [ ] Yes [ ] No | EHS Supervisor Training  | OPTIONAL TRAINING*As needed.* |
| Do you work in or around confined spaces? [ ] Yes [ ] No | Confined Space Training  | REQUIRED TRAINING*Once, at beginning of employment AND Refresher Training when necessary.* |
| Are you expected to extinguish small fires at work? [ ] Yes [ ] No | Fire Extinguisher Training  | OPTIONAL TRAINING*As needed.* |
| Do you repair, inspect, adjust, install, service, or clean machinery or equipment? [ ] Yes [ ] No | Lockout/Tagout Training  | REQUIRED TRAINING*Once, at beginning of employment AND Refresher Training when necessary (i.e.; change of equipment, etc.)* |
| Do you work in an environment with excessive noise (exposure to noise greater than 85 dB over an 8-hour time-weighted average)? [ ] Yes [ ] No | Hearing Conservation Training  | REQUIRED TRAINING*Annual.* |
| Do you work for maintenance, custodial, or facility operations? [ ] Yes [ ] No | Asbestos Training  | REQUIRED TRAINING*Annual.* |
| Do you work for maintenance, custodial, or facility operations AND disturb asbestos or clean up asbestos debris? [ ] Yes [ ] No | Asbestos Training  | REQUIRED TRAINING*Annual for operations with potential exposure; Once, for ordinary work practices with no potential for exposure.* |
| Do you work with biological agents? [ ] Yes [ ] No | Biosafety Training  | REQUIRED TRAINING*Annual.* |
| Do you work with select agents? [ ] Yes [ ] No | Select Agent Training  | REQUIRED TRAINING*At beginning of employment AND**Refresher Training.* |

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