| **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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