

# OFFICE SAFETY TRAINING NEEDS IDENTIFICATION WORKSHEET

Employee/Job Class: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

## A. Mandatory Training - Required For All Employees

- |   | Completed                |
|---|--------------------------|
| 1. Injury & Illness Program                             | <input type="checkbox"/> |
| 2. Emergency Procedures                                 | <input type="checkbox"/> |
| 3. Back Care (Push/Pull/Bend/ Lift/Continuous Standing) | <input type="checkbox"/> |

## B. General and Office Safety

- |               | Required                 | Completed                |
|---------------|--------------------------|--------------------------|
| 1. Ergonomics | <input type="checkbox"/> | <input type="checkbox"/> |

## C. Industrial/Physical Hazards

- |                          | Required                 | Completed                |
|--------------------------|--------------------------|--------------------------|
| 1. Climbing Ladders      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Electrical            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Material Handling     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. High Noise Levels     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Vehicles – Auto/Truck | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Office Equipment      | <input type="checkbox"/> | <input type="checkbox"/> |

## D. Hazardous Materials

- |                          | Required                 | Completed                |
|--------------------------|--------------------------|--------------------------|
| 1. Copier Toner          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Irritants/Sensitizers | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Food Safety           | <input type="checkbox"/> | <input type="checkbox"/> |

## E. Other

- |          | Required                 | Completed                |
|----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> |