

## Facilities 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. Material Handling and Office Safety

- |                             | Required                 | Completed                |
|-----------------------------|--------------------------|--------------------------|
| 1. Injury & Illness Program | <input type="checkbox"/> | <input type="checkbox"/> |

### C. Industrial/Physical Hazards

- |                                 | Required                 | Completed                |                 |
|---------------------------------|--------------------------|--------------------------|-----------------|
| 1. <u>Climbing</u>              |                          |                          |                 |
| • Ladders                       | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| • Tree Trimming                 | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| • Elevated Surfaces             | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 2. Confined Spaces              | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 3. Electrical/High Voltage      | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 4. Lockout/Tagout               | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 5. High Noise Levels            | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 6. Welding /Cutting             | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 7. <u>Vehicles - Auto/Truck</u> |                          |                          |                 |
| • Forklift                      | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| • Industrial Trucks             | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| • Lift Trucks                   | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 8. Shop Tools                   | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| 9. Industrial Equip             | <input type="checkbox"/> | <input type="checkbox"/> | (Specify) _____ |
| 10. Industrial Equip            | <input type="checkbox"/> | <input type="checkbox"/> | (Specify) _____ |
| 11. Industrial Equip            | <input type="checkbox"/> | <input type="checkbox"/> | (Specify) _____ |
| 12. Industrial Equip            | <input type="checkbox"/> | <input type="checkbox"/> | (Specify) _____ |
| 13. Industrial Equip            | <input type="checkbox"/> | <input type="checkbox"/> | (Specify) _____ |
| 14. Other                       | <input type="checkbox"/> | <input type="checkbox"/> | (Specify) _____ |

## D. Engineering/Personal Protection

	Required	Completed
1. <u>PPE</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
• Hands	<input type="checkbox"/>	<input type="checkbox"/>
• Eyes	<input type="checkbox"/>	<input type="checkbox"/>
• Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Local Exhaust Hoods	<input type="checkbox"/>	<input type="checkbox"/>
3. Other Types of Exhaust Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
4. Shower/Eyewash	<input type="checkbox"/>	<input type="checkbox"/>

## E. Hazardous Materials

	Required	Completed
1. <u>Compressed Gasses</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Flammable	<input type="checkbox"/>	<input type="checkbox"/>
• Corrosive	<input type="checkbox"/>	<input type="checkbox"/>
• Oxidizing	<input type="checkbox"/>	<input type="checkbox"/>
• Toxic	<input type="checkbox"/>	<input type="checkbox"/>
• Inert	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Corrosives</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Acids	<input type="checkbox"/>	<input type="checkbox"/>
• Bases	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Flammables</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Liquids	<input type="checkbox"/>	<input type="checkbox"/>
• Solids	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Organic Solvents</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Halogenated	<input type="checkbox"/>	<input type="checkbox"/>
• Non Halogenated	<input type="checkbox"/>	<input type="checkbox"/>
5. Water Reactives	<input type="checkbox"/>	<input type="checkbox"/>
6. Oxidizers	<input type="checkbox"/>	<input type="checkbox"/>
7. Reducers	<input type="checkbox"/>	<input type="checkbox"/>
8. Irritants/Sensitizers	<input type="checkbox"/>	<input type="checkbox"/>
9. Pesticides/Herbicides	<input type="checkbox"/>	<input type="checkbox"/>

- |                         |                          |                          |
|-------------------------|--------------------------|--------------------------|
| 10. Cryogenic Materials | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Other               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other               | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other               | <input type="checkbox"/> | <input type="checkbox"/> |

#### F. Specifically Regulated Chemicals

- |                          | Required                 | Completed                |
|--------------------------|--------------------------|--------------------------|
| 1. <u>Heavy Metals</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lead                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Inorganic Arsenic      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cadmium                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mercury                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Asbestos              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other Toxic Materials | <input type="checkbox"/> | <input type="checkbox"/> |