**OHS Training Needs Analysis Checklist**

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| 1. **Worker details** | | | | |
| Name of worker: |  | | | |
| Role/Position: |  | | | |
| ID Number or E-mail: |  | | | |
| Date TNA conducted: |  | | | |
| The TNA is to be completed by the Performance Supervisor or their delegate in accordance with the training and competency document. **The intention of this process is to identify training required, not track its completion.**  **Note - all workers must complete the University of Otago Online OHS Induction.**  Records of any local training must be kept in Vault – contact your DHSO or the H&S Office for further assistance.  For a complete list of OHS training requirements, refer to thecritical risk groups training matrices that apply to the position. | | | | |
| 1. **Supervisory Role** | | | | |
|  | | | **Mandatory Training required** | |
| Will the worker be supervising workplaces or people? | | No □  Yes□ | OHS for Managers and Supervisors online and optional practical session | |
| 1. **Safety Role** | |  |  | |
| Will the worker be performing a health and safety role? | | No□ | If No, proceed to section D. | |
|  | | Yes□ | If Yes, please proceed to the next question | |
| **Which safety related roles will they hold?** | | | **Mandatory Training required** | |
| Departmental H&S Officer | | No □  Yes □ | DHSO training provided by the H&S Office | |
| Safety Officer (Radiation) | | No □  Yes □ | Radiation Safety Officer  Radiation Safety Principles  Unsealed Radioactive Materials Safety Principles  OHS Risk Assessment | |
| Safety Officer (Lasers) | | No □  Yes□ | Laser Safety Officer  Laser Safety Principles  OHS Risk Assessment | |
| Sector Manager (Biosafety) | | No □  Yes□ | IBSC Sector Manager training  Annual refresher | |
| Building or Floor Warden | | No □  Yes□ | Fire Warden training | |
| First Aider | | No □  Yes□ | Workplace First Aid | |
| First Aider in remote environments | | No □  Yes□ | PHEC | |
| 1. **Specific Critical Risk OHS training** | | | | |
| Will the worker be expected to perform unsupervised tasks and activities that require OHS training? | | No□  Yes□ | If No, proceed to section F.  If Yes, please proceed to the next question. | |
| **If the work involves any of the following critical risk groups, direct workers to complete the respective training:** | | | **Mandatory Training required – see critical risk training matrices to identify required training and record here.** | |
| Laboratory and Clinical Hazards | | No **□**  Yes□ |  | |
| Construction and Maintenance | | No □  Yes□ |  | |
| Office and lecturing | | No □  Yes□ |  | |
| * Fieldwork and off campus activities | | No □  Yes□ |  | |
| Emergencies and natural disasters | | No □  Yes□ |  | |
| Psychosocial | | No □  Yes□ |  | |
| Occupational health | | No □  Yes□ |  | |
| Plant and equipment | | No □  Yes□ |  | |
| Movement and Events on Campus | | No □  Yes□ |  | |
| 1. **Risk assessment training** | | | | |
| **Mandatory Training required** | | | | |
| Will the worker be expected to write their own OHS risk assessments? | | No□  Yes□ | If No, proceed to section F | |
|  | |  | OHS Risk Assessment (if staff), or,  OHS Risk Assessment for Student Projects (if student) | |
| **If the work involves any of the following**  **hazards, these additional Risk assessment training courses are recommended:** | | | | |
| OHS risk assessment | | No □  Yes□ | OHS risk assessment procedures | |
| Chemicals and hazardous substances | | No □  Yes□ | Hazardous Substances Risk Assessment Training | |
| Hazardous manual handling | | No □  Yes□ | Manual Handling Risk Assessment Training | |
| 1. **Local OHS training requirements** | | | | |
| Will the worker be performing any tasks that require local OHS training? | | No□ | If No, proceed to section G. | |
|  | | Yes□ | If Yes, please proceed to the next question | |
| **Please list the local OHS training identified, using the Local OHS Training Requirements proforma at the end of this document.** | | | | |
| 1. **Sign Off** | |  |  | |
| **Signature of Worker:** | | | | Date: |
| **Signature of Supervisor:** | | | | Date: |
| **Signature of Delegate:** | | | | Date: |

**This form must be kept as a local record that the above has completed their TNA.**

**Local OHS Training Requirements**

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| **Local OHS training required:** | **Date requested** |
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