**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 PrinciplesUnsealed Radioactive Materials Safety PrinciplesOHS Risk Assessment  |
| Safety Officer (Lasers) | No □Yes□  | Laser Safety Officer Laser Safety Principles OHS Risk Assessment  |
| Sector Manager (Biosafety) | No □Yes□    | IBSC Sector Manager trainingAnnual 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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