

TITLE: TRAINING NEEDS ANALYSIS	Page of
	Date:
	Document number:
	Revision number:

Workplace:	Name of Employee:	
Prepared by:	Programs identified below are requirements for each employment group. ✓ <i>Indicates essential training</i> ● <i>Indicates optional - depending on role</i>	
Date:		

OHS Programs	Senior management	Manager/Supervisor	Team Leader					Casual/Agency staff	Health and Safety Representative			Programs selected	Date completed
1. OHS Duty of Care													
2. Office Ergonomics													
3. Health and Safety Induction													
4. Manual Handling													
5. Injury Mgt Employees													
6. Injury Management (Managers and Supervisors)													
7. Environmental Awareness													
8. Hazard Management													
9. Incident Investigation													
10. OHS Fundamentals													
11. Hazardous Substances (Employees occasional contact)													
12. Hazardous Substances (Employees regular contact)													

Authorised by: Position:	Revision date:
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