

## **Training Needs Review Policy Township of Springwater**

Approved: July 12, 2010  
Effective: July 12, 2010  
Next Review: July 2011

Department: All Departments  
Subject: Health & safety, training  
Policy Number: A09 - TR

### **A. Policy Statement**

The Township of Springwater is committed to the health and safety of employees, contractors, visitors and the general public. To ensure health and safety is adhered to, the Township will provide ongoing health and safety training based on the needs of the municipality.

### **B. Purpose**

The purpose of the Training Needs Review Policy is to provide an annual needs assessment of health and safety training required for municipal employees.

### **C. Scope**

This policy applies to all employees of the Township including part-time firefighters, temporary workers (supplied labour) and contractors.

### **D. General**

This Policy shall be administered by departments.

This Policy shall be referred to as the 'Training Needs Review Policy'.

This Policy shall come into force and effect on the day of passage.

This Policy shall be reviewed annually.

### **E. Authority**

The authority for the Training Needs Review Policy shall be by the endorsement of the Township of Springwater's Joint Health and Safety Committee and by the approval of the Township of Springwater Council.

**ATTACHMENT A  
TRAINING NEEDS REVIEW POLICY**

A. Training Needs Assessment

Training will be determined by an annual training needs assessment.

The objective of the training needs assessment is to provide opportunities for workers to participate in train-the-trainer programs and gain ability to lead some of the annual refresher and tailgate training sessions.

The training needs assessment will review various municipal factors including:

- Legislative updates
- Each occupation
- New or modified equipment or processes
- Employee training records, including new hires, transferred or promoted employees
- Review updated hazard analysis

B. Training Assessment

Upon receipt of all training, employees will be encouraged to evaluate the program.

To provide the employer with an indicator of the effectiveness of the training conducted, a quiz and / or an assessment will accompany training sessions as deemed appropriate.

An example of the Health and Safety Training Evaluation Form is attached to this Policy as Attachment B.

**ATTACHMENT B  
HEALTH AND SAFETY TRAINING EVALUATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Training Topic: \_\_\_\_\_

1. Was the training presented in a way that was clearly understandable to you? I found the training to be:

Not at all effective    1    2    3    4    5    6    7    8    9    10    Very effective

2. Do you feel you gained knowledge from the session?

Somewhat            1    2    3    4    5    6    7    8    9    10    Considerable

3. Did you feel that you had an opportunity to contribute your ideas and ask questions during the training?

No opportunity    1    2    3    4    5    6    7    8    9    10    Many opportunities

4. Were the trainers informative and understandable?

Not informative    1    2    3    4    5    6    7    8    9    10    Very informative

5. Did you feel the handouts (policies and procedures) were helpful and you will refer to them later?

Not relevant        1    2    3    4    5    6    7    8    9    10    Very relevant

6. Do you feel that you will be able to put the training into practice in the workplace?

Not at all            1    2    3    4    5    6    7    8    9    10    Yes I will be able to

7. Was the location adequate for training?

Not adequate        1    2    3    4    5    6    7    8    9    10    Very adequate

8. If refreshments were provided, were they sufficient?

Poor                    1    2    3    4    5    6    7    8    9    10    Very good

9. What changes would you like to see made to the training program?

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10. What did you really like about the training?

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11. General comments

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Employee Name (Optional): \_\_\_\_\_

Work Location: \_\_\_\_\_