Training Plan for Safety Assessment

County Name: _____

Category	Essential Questions	Materials Available? Yes or No	Action Step	Person Responsible	Completion Date
Identifying Information	• Who will be the safety trainer? • Will there be a back up trainer? • Will the training liaison be handling all of the registration? • Does the Training Program have all of the contact information for the above? • Do you plan on collaborating with other counties to train? • If yes, which counties will you be collaborating with? • If yes, how will this collaboration be reflected in your training plans?				
Equipment Needs	• Do you have access to a screen? • Do you have access to a DVD player? • Do you have access to an overhead projector? OR • Do you have access to an LCD projector and Laptop?				
Trainer Needs	• Have all of the trainers completed the Trainer Survey to identify their needs?				
Training	• Do you have a training room				

Space	available for your use? • How many participants will it hold? • Would you be willing to host participants from other counties, if necessary? • Do you have enough space for observers (at least for the initial training)				
Handouts and Other Training Materials	• How do you prefer to receive your training materials? Monthly, quarterly, other? • Will staff have access to resources online?				
Training Sessions	• How many staff in your county must be trained? • How many training sessions are you planning? • Are you including training sessions for make-ups or missed trainings? • Will participants be allowed to attend the training more than once (if desired) • Will supervisors be trained before or with their staff?				
Start of Training	• When are you planning on starting training? (please include specific dates, whenever possible)				
Training Frequency/ Schedule	• Do you have a tentative schedule in mind for the training? (please include dates whenever possible and attach to this document)				