# Training Plan for Safety Assessment

**County Name:** ________________________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Essential Questions</th>
<th>Materials Available? Yes or No</th>
<th>Action Step</th>
<th>Person Responsible</th>
<th>Completion Date</th>
</tr>
</thead>
</table>
| 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) |