Workplace Safety Training Matrix

This matrix shows the required and recommended workplace safety training for individuals working at UCF.

**Key**

1. EHS001 Comprehensive Safety Orientation
2. EHS109/EHS140 Blood Borne Pathogens
3. EHS408 Hazard Communication
4. EHS601 Aerial Lift Safety
5. EHS604 Confined Space Awareness
6. EHS605 Confined Space Entry
7. EHS607 Forklift Safety
8. EHS608 Forklift Safety Practical
9. EHS695 Mechanical Room Safety at UCF
10. EHS650 OSHA 10-Hour
11. EHS606 Electrical Safety
12. EHS609 Lock Out Tag Out
13. EHS620 Combined Electrical Safety & Lock Out Tag Out *
14. EHS611 Ergonomics
15. EHS613 Fall Protection
16. Medical Evaluation
17. Respirator Fit Test
18. EHS617 Respiratory Training
19. EHS690 Mechanical Room Safety at UCF
20. First Aid/Adult CPR & AED (Additional Cost)

**Course**

- Comprehensive Safety Orientation
- Blood Borne Pathogens
- Hazard Communication
- Aerial Lift Safety
- Confined Space Awareness
- Confined Space Entry
- Forklift Safety
- Forklift Safety Practical
- Mechanical Room Safety at UCF
- OSHA 10-Hour
- Electrical Safety
- Lock Out Tag Out
- Combined Electrical Safety & Lock Out Tag Out *
- Ergonomics
- Fall Protection
- Medical Evaluation
- Respirator Fit Test
- Respiratory Training
- Mechanical Room Safety at UCF
- First Aid/Adult CPR & AED (Additional Cost)

**Mode**

- In-person
- Online
- Classroom

**Frequency**

- 2 years
- 3 years
- Once (Annually)
- Annual
- Medical
- In-person
- Online

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*EHS620 can be completed in place of EHS606 AND EHS609.
Workplace Safety Checklist

This checklist shows the available EHS training classes and can be used to keep track of your training requirements.

Name: ____________________________________  Department: ________________________________
Supervisor:_____________________________________________ Date:________________________

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<thead>
<tr>
<th>Course Key</th>
<th>Training Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
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Signature: ______________________________________________________________ Date: ____________

Supervisor Signature: _____________________________________________________ Date: ____________

Questions about content?

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