

Ergonomics Safety Training Course Evaluation Form

Date: _____

1. Did the training present ergonomic safety information that you will be able to apply to current and future jobs? Yes _____ No _____

2. The course material was (circle one):
 - Totally new to me
 - Mostly new to me
 - Somewhat new to me
 - Not new to me

3. Please rate the following course topic aspects (5=Very Useful through 1=Waste of Time)
 - PowerPoint Presentation _____

 - Visual/Hands On _____

 - Information Presented _____

4. I feel well informed about precautions that workers can take to be best protected from hazards on the job (circle one):
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

5. The training progressed in a smooth and easy to follow presentation of information (circle one):
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

6. Is there any ergonomic safety information not included that you would like to see added to the training courses?

(Turn Over to View Back)

7. Would you recommend this course to other companies/employees, why or why not?

Yes _____ No _____

8. What information did you find to be the most valuable within the training?

9. What could TPM do to make the course more valuable to you?

10. Please add any comments, opinions or suggestions that you may have:

11. Considering everything, how would you rate this course overall on a scale of 1 – 10, with 10 being the highest score): _____

