

# Training Feedback Form

---

Course Title: Lockout Tagout and Other Safety Measures

Date \_\_\_\_\_

Instructor: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

Using the rating scale below, circle the number that you believe is the most accurate.

Rating Scale: 1= Poor      3 = Average      5 = Excellent

## Trainer

Clarity of Presentation	1	2	3	4	5
Knowledge of Subject Matter	1	2	3	4	5
Encouraged Participation	1	2	3	4	5

## Training Materials (Training Manual, Slides and Video)

Understandable	1	2	3	4	5
Well Organized	1	2	3	4	5
Professional Appearance	1	2	3	4	5

**What Will You Do Differently Because of This Training?**

---

---

---

---

**What Other Comments or Suggestions Do You Have?**

---

---

---

---

This material was produced under grant SH-27645-15 from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Government.