## Grain Handling Safety Coalition
### Preventive Maintenance for Bucket Elevators - Session Evaluation

Date: _____________________________  Location: __________________________________________

Circle your level of agreement for each statement below, with 1 being Strongly Disagree and 4 being Strongly Agree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. By the end of this session I could identify preventive maintenance issues commonly found in bucket elevators.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>2. After attending this session I could describe preventive maintenance methods to use with bucket elevators.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>3. I learned new material on preventive maintenance for bucket elevators.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>4. I felt the information for this training session was well organized.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>5. I thought the amount of information presented was appropriate for the time period.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>6. I was engaged throughout most of the training session.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>7. I found this training session useful and would recommend it to others.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

Please circle ONE choice and provide an explanation if you select “Other”.

**The MOST useful part of this training session was:**
- a. Power point presentation
- b. Handouts
- c. Information shared by instructors
- d. Demonstrations and/or group activities
- e. Other ________________________________

**The LEAST useful part of this training session was:**
- a. Power point presentation
- b. Handouts
- c. Information shared by instructors
- d. Demonstrations and/or group activities
- e. Other ________________________________

3. I would like to see **MORE**:
- a. Pictures showing the hazards/corrections
- b. Animations/short video clips
- c. Group activities
- d. Group Discussion
- e. Other ________________________________

4. I would like to see **FEWER**:
- a. Pictures showing the hazards/corrections
- b. Animations/short video clips
- c. Group activities
- d. Group Discussion
- e. Other ________________________________

**PLEASE COMPLETE OTHER SIDE.**
Agricultural Confined Spaces – Session Evaluation, continued

Circle the ONE category that most closely resembles your current or most recent job duties.

Commercial Elevator Employee
Farmer or farm worker with 11 or more employees
IL Farm Bureau Manager or Board Member
Extension Educator
Rescue/Emergency Personnel (volunteer or paid)

Supervisor/Manager Commercial Elevator
Farmer or farm worker with 10 or fewer employees
Safety Specialist/Coordinator/ Manager/ Director
Vocational Ag Instructor
Other: _____________________________________

I have been in this position _________ years.

Today's presentation included a variety of safe work practices. Circle ONE statement below which MOST CLOSELY resembles what you plan to do with this knowledge after you leave here.

Please remember this information is anonymous.

a. I plan to increase the amount of safe work practices I follow in my daily work.

b. I plan to decrease the amount of safe work practices I follow in my daily work.

c. I would like to increase the amount of safe work practices I follow in my daily work but do not have the resources.

d. I already follow most of the safe work practices shown in today's presentation on a daily basis.

e. I do not follow most of the safe work practices shown and today's presentation will not change that.

Circle ONE answer for the following:

1. My first (native) language is: English Spanish Other

2. I am: Male Female

3. My Age is: Under 18 18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 Over 64

Please share any other thoughts on this training session or suggested changes here.

Thank you for your feedback!