



Grain Handling Safety Coalition

Preventive Maintenance for Bucket Elevators - Session Evaluation

Grain Handling Safety Coalition
www.grainsafety.o

Date: _____ Location: _____

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

PM for Bucket Elevators – Presenter:	Strongly Disagree			Strongly Agree
1. By the end of this session I could identify preventive maintenance issues commonly found in bucket elevators.	1	2	3	4
2. After attending this session I could describe preventive maintenance methods to use with bucket elevators.	1	2	3	4
3. I learned new material on preventive maintenance for bucket elevators.	1	2	3	4
4. I felt the information for this training session was well organized.	1	2	3	4
5. I thought the amount of information presented was appropriate for the time period.	1	2	3	4
6. I was engaged throughout most of the training session.	1	2	3	4
7. I found this training session useful and would recommend it to others.	1	2	3	4

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

The MOST useful part of this training session

1. 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 _____

The LEAST useful part of this training session

2. was:

- a. Power point presentation
- b. Handouts
- c. Information shared by instructors
- d. Demonstrations and/or group activities
- 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

Supervisor/Manager Commercial Elevator

Farmer or farm worker with 11 or more employees

Farmer or farm worker with 10 or fewer employees

IL Farm Bureau Manager or Board Member

Safety Specialist/Coordinator/ Manager/ Director

Extension Educator

Vocational Ag Instructor

Rescue/Emergency Personnel (volunteer or paid)

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.

This material was produced under grant number SH-27664-SH5 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.

Thank you for your feedback!