



Grain Handling Safety Coalition

# Lifeline Protection System: Installation & Use Session Evaluation



Date: \_\_\_\_\_

Location: \_\_\_\_\_

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

Lifeline Use & Installation – Presenter:	Strongly Disagree	Strongly Agree
1. By the end of this session I understood how to properly install a lifeline protection system..	1 2 3 4	1 2 3 4
2. After attending this session I could effectively manage a lifeline and belay device.	1 2 3 4	1 2 3 4
3. I learned new material on Lifeline Protection Systems and understand the need for appropriate anchors and professional installation.	1 2 3 4	1 2 3 4
4. I felt the information for this training session was well organized.	1 2 3 4	1 2 3 4
5. I thought the amount of information presented was appropriate for the time period.	1 2 3 4	1 2 3 4
6. I was engaged throughout most of the training session.	1 2 3 4	1 2 3 4
7. I found this training session useful and would recommend it to others.	1 2 3 4	1 2 3 4

1. 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 \_\_\_\_\_

2. 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.**

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.***

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**Thank you for your feedback!**