

# Participant Evaluation – Entrapment/Engulfment, Entanglement Hazards

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course was during:  Ag class  School event  4-H, FFA, other club  Community Event  Other

Circle how much you agree with each statement below: 1 means Strongly Disagree and 4 means Strongly Agree.		Strongly Disagree		Strongly Agree	
1.	By the end of this session I could identify entrapment, engulfment, & entanglement hazards.	1	2	3	4
2.	After attending this session I understand common safety strategies to prevent entrapment, engulfment and entanglement	1	2	3	4
3.	I feel I now have enough knowledge to speak with an employer about any concerns I have regarding entrapment, engulfment and entanglement hazards.	1	2	3	4
4.	I learned new material on fall and electrical hazards.	1	2	3	4
5.	I felt the information for this session was well organized.	1	2	3	4
6.	I thought the amount of information given was good for the time period.	1	2	3	4
7.	I was interested throughout most of the session.	1	2	3	4
8.	I found this information useful and would recommend it to others.	1	2	3	4

Comments: (Use back for additional space).

Circle **ONE** choice per question and provide an explanation if you select “Other”.

1. The **MOST** useful part of this 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 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 PAGE 2.**



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**1. Where have you worked with or around grain?**

**(Choose one answer below that best describes the type of setting).**

- |   |   |
|---|---|
| <input type="checkbox"/> I have never worked around grain     | <input type="checkbox"/> Harvest, Grain Wagon or other transport vehicle only |
| <input type="checkbox"/> Family Farm (parent owns or manages) | <input type="checkbox"/> Commercial Elevator or Coop                          |
| <input type="checkbox"/> Other Farm with 10 or less workers   | <input type="checkbox"/> In more than one of these settings                   |
| <input type="checkbox"/> Other Farm with 11 or more workers   | <input type="checkbox"/> Other _____  |

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 work.
- b. I plan to **decrease** the amount of safe work practices I follow in my work.
- c. I would like to increase the amount of safe work practices I follow in my work but do not have the resources.
- d. I already follow most of the safe work practices shown in today’s presentation when I am at work.
- e. I do not follow most of the safe work practices shown and today’s presentation will not change that.

**Check ONE answer for the following:**

1. **My first (native) language is**      :English       Spanish       Other
2. **I am:**                                       Male       Female
3. **My Age is:**     Under 12     12-14     14-15     16-17     18-20     21 or Over

***Please share any other thoughts or suggested changes here.***

**THANK YOU for completing this evaluation & your attendance today.**

