Training Feedback Form

Course Title: Working In and Around Confined Spaces

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**

<table>
<thead>
<tr>
<th>Clarity of Presentation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Subject Matter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Understandable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Organized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

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