Training Evaluation Form

Type of Training: _________________________________

Topic Covered Today: _________________________________

Instructors: _________________________________

Date: _______ Time: _______ Location: _________________________________

Name: (optional) _________________________________

1. What is one thing you will remember from this training?

2. How useful will this information be to you on-the-job? (Check one)
   - Very Useful
   - Useful
   - Not Useful
   - I don’t know

3. How would you rate this safety training? (Check one)
   - Excellent
   - Good
   - Just OK
   - Boring
   - Waste of time

4. Will having this training change how you will work with/around silica in the future?
   - Yes
   - Not likely
   - I’m not sure
   If yes, what will you change? _________________________________

5. Additional comments?

________________________________________________________

Thank you for taking the time to complete this evaluation. Your input will be used to improve this program. Please hand this form back to your Instructor.

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