

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.**