Impact evaluation

Training Date _____ Maritime___Construction __General Industry __Volunteers__

Employer/ Location_____Supervisor ____ Employee_____

1. How much did the training raise the level of your safety awareness for the preparedness and response, before, during and after the hurricane?
   a. 25% b. 50% c. 75% d. 100%

2. Were your/your employer's emergency plans affected by the training?
   a. Made no difference. Why? _____
   b. Made major differences. Where? _____
   c. Made minor differences. Where? _____

3. Have you observed any changes in the safety behavior of coworkers/employees?
   a. Yes (example) _____
   b. No

4. Have you observed any changes in the safety behavior of contractors?
   a. Yes (example) _____
   b. No c. N/A

5. Have you used any of our recommendations to prevent safety and health issues? Mark all that apply

   Physical Hazards
   a. ___ Fall hazards
   b. ___ Electrical hazards
   c. ___ Cuts, scrapes
   d. ___ Tools & equipment

   Health Hazards
   e. ___ Contaminated water
   f. ___ Chemical exposure
   g. ___ Heat Stress hazards
   h. ___ Insect/ animal hazards

1. Have you shared this information? Mark all that apply.
   a. Yes, with family.
   b. Yes, with peers, friends.
   c. Yes, with coworkers.
   d. Yes, with contractors/ subcontractors.
   e. No

Completed by _____ Date _____

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