WORKER EVALUATION FORM

Da	ite of training: Location of training:
го	r the following questions, please circle ONE answer.
1.	Signal words on pesticide labels tell you how likely the pesticide is to make you sick.
	TRUE FALSE NOT SURE
2.	Washing your hands before eating, drinking, smoking, using the bathroom or using your cell phone will not help protect you from exposure to pesticides.
	TRUE FALSE NOT SURE
3.	You should rinse the pesticide from your skin or eyes immediately if you are exposed to pesticides.
	TRUE FALSE NOT SURE
4.	Was the information in this training new to you?
_,	YES SOMEWHAT + NO NO
	YES SOMEWHAT + NO
5.	After this training, will you do anything differently, to help protect your safety and health at work, or your family member's health at work?
	YES NO NOT SURE NOT SURE If YES, what will you do differently or change?
	YES NO NOT SURE
	if 1E5, what will you do differently of change:
6.	What is the most important information you learned today?
7.	Do you have any questions or comments about today's topics or training?
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