

**PREVENTING SLIPS, TRIPS AND FALLS: A Training Program for Small Businesses**  
**Training Evaluation**  
**Date of Class**

Please take a few moments to complete this confidential survey and assist Harper College with our continuous improvement efforts. Thank you.

1. The course increased my knowledge & awareness.
  - a. Yes
  - b. No
  - c. Don't know
  
2. I will be able to apply what I learned.
  - a. Yes
  - b. No
  - c. Don't know
  
3. I would recommend the course to others in my workplace.
  - a. Yes
  - b. No
  - c. Neutral
  
4. The presenter was knowledgeable about the subject matter.
  - a. Yes
  - b. No
  - c. Neutral
  
5. The presenter related the subject matter to my job/company.
  - a. Yes
  - b. No
  - c. Neutral
  
6. Were the materials, hand-outs and/or activities useful?
  - a. Yes
  - b. No
  - c. Don't know
  
7. What day of the week is best for you and your co-workers to attend free, Safety Awareness Training classes?
  - a. Monday
  - b. Tuesday
  - c. Wednesday
  - d. Thursday
  - e. Friday
  
8. What time of day is best for you and your co-workers to attend free, Safety Awareness Training classes?
  - a. 8:00am-4:00pm
  - b. 10:00-6:00pm
  - c. 5:00-9:00pm
  
9. What other safety awareness topic are you most interested in receiving? Circle all that apply.

Fall Protection	General Industry Safety	Workplace Violence Prevention
Electrical Hazards	Chemical Hazards	Record Keeping
Lock Out Tag Out	Machine Guarding/Tool Safety	Personal Protective Equipment

(PPE)
  
10. What aspects of the Course were most beneficial to you? Why?

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