

04. FEEDBACK FORM

Training for Sewer Entry Professionals

Date: __/__/____

Contact number :

Tick mark () your answers

1. How happy are you with the training curriculum and content?



Very happy



Happy



Sad

2. How happy are you with the training tools?



Very happy



Happy



Sad

3. How happy are you with the trainer?



Very happy



Happy



Sad

4. How happy are you with the training?



Very happy



Happy



Sad

5. What else should be part of the training?



More videos



Games



Group exercise



Nothing



Any other ideas



6. Did you feel comfortable asking questions?



Yes



No

7. How useful was the training?



Very happy



Happy



Sad

8. Are you happy with the time allotted for the training?



Very happy



Happy



Sad

9. Would you recommend the training to your co-workers?

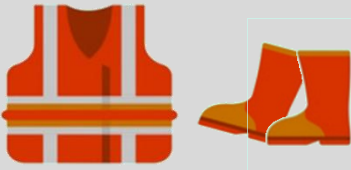


Yes



No

10. Do you now feel confident about correctly using PPE for confined space entry?



Yes



No

11. Are you confident about demanding PPE from your employer now?



Yes



No

12. Were your questions satisfactorily answered?



Yes



No