



## Hazardous Materials Safety and Security Training for the Maritime Industry

### Evaluation of the Awareness Training Session

**Training Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

Company or Organization Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Training Required: Yes No

Have you had previous HazMat Training? Yes No If so, please list training: \_\_\_\_\_

Is this a refresher course? Yes No Number of years in current job : \_\_\_\_ years

Place an "X" in the box next to each statement whether you agree or disagree with it.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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#### Training Materials

1) The materials used in this training session are relevant for my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) The materials used in this training session are useful / helpful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I will use information and materials from this training session at my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Instructor

4) The instructor was knowledgeable in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The instructor made the training session interesting / engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Facilities

6) The facility staff were professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) The facility was comfortable and appropriate for the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Overall Training Session

8) The goals of this training session were accomplished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) The objectives of this training session were clear / understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) This training session provided new information on the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) I would recommend this training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) I am overall satisfied with this training session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Your Thoughts

13) What three subject areas did you find most useful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) What three subject areas did you find least useful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15) What other topics or activities would you like to see included in this course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16) Was the program: \_\_\_\_ Too long    \_\_\_\_ About right    \_\_\_\_ Not long enough