



Hazardous Materials Safety and Security Training for the Maritime Industry

Evaluation of the Operations Training Session

Training Location: _____

Date: _____

Instructor: _____

Company or Organization Name: _____	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Job Title: _____ Training Required: Yes No					
Have you had previous HazMat Training? Yes No If so, please list training: _____					
Number of years in current job : _____ years					
Place an "X" in the box next to each statement whether you agree or disagree with it.					
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					