



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

### Evaluation of the Technician Training Session

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

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

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

Company or Organization Name: _____	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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.					
<b>Training Materials</b>					
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"/>
<b>Instructor</b>					
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"/>
<b>Facilities</b>					
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"/>
<b>Overall Training Session</b>					
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"/>
<b>Your Thoughts</b>					
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					