

Warehouse Worker Hazards in Structural Steel Fabricating and Supply Companies-Train the Trainer Session

Program Information: *Insert Date and Location*

Program Evaluation Form

Thank you for attending this “Train the Trainer” program on **Warehouse Worker Hazards in Structural Steel Fabricating and Supply Companies**. In order to better serve this industry and its workers, we would appreciate your completing this form and returning it before you leave. Your opinion will help us improve future training programs.

1. Overall, how would you rate this program?

Excellent Good Satisfactory Poor

2. Did you find most of the information to be timely and of interest to you? Yes No

3. Will the information be of use to you later?

Very Likely Somewhat Likely Not sure Not Likely

4. Overall, how would you rate the knowledge and presentation skills of the presenters?

Excellent Good Satisfactory Poor

5. Were the visuals satisfactory? Yes No

6. Overall, did you get your time and effort’s worth? Yes No

7. Please rate the speakers overall:

Name: **Dr. Dennis Welch** Excellent Good Satisfactory Poor

Name: **Tim Mrozowski** Excellent Good Satisfactory Poor

Comments:

8. Your background Information/employment (Check All That Apply)

- Steel Fabricator
- Steel Service Center
- Steel mill
- Steel erection
- Engineer
- Architect
- Contractor
- Equipment Supplier
- Safety Trainer
- Educator
- Other Please Specify _____

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9. Highest Educational Degree

- High School
- Associates Degree
- Bachelors Degree
- Masters Degree
- PhD
- Other Specify _____

10. Technical or non-technical degree? Technical Non-technical

11. Indicate total number of years in Steel Industry? _____

Secondary Training

12. Are you likely to conduct training of your workers with these program materials?

- Yes No

13. How many employees will you be able to train in your company? _____

14. Will you be more likely to train employees in a whole day training or in modules spread over a number of days?

- Whole day Separate modules spread over several days

15. Will you be willing to work with Michigan State University to report the secondary trainings of your employees that you conduct for the purpose of grant reporting?

- Yes No

16. Would you like to be contacted by Michigan State University to learn more about conducting the secondary trainings and for help with obtaining the program materials?

- Yes No

17. Please list additional topics you would like to have included in the training.

See next sheet to complete attendee information.

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Program Information: *Insert Date and Location*

Optional information:

Your Name: _____ Phone No: _____

Company Name _____

Mailing Address _____

e-mail: _____

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