Evaluation Date: XXXXX

Location: City, State

Trainer: XXXXX

Training: Tree Cleanup and Safety Training

Please Circle the best answer.

1) Did this program meet your expectations?

Completely Somewhat Not at all

2) Would you recommend this training to others?

Yes, highly Yes, somewhat No

If not, why?

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3) Was the training setting comfortable?

Yes, highly Yes, somewhat No

If not, please suggest improvements.

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4) Do you feel the topics on the agenda were adequately covered? The topics included: Personal Protective Equipment, Insect hazards, Equipment Inspection, Safe Saw Cary, Electrical Hazards, Safe Start

Yes, highly Yes, somewhat No

5) Did you learn something you did not know before?

Yes Don’t know No

If yes, what?

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6) Do you have any suggestions or comments?

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Thank you!