

Hazard Recognition in Scrap Recycling

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

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

**Trainer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM EVALUATION FORM**

**Your input is very important to the continued improvement of ISRI’s education and training programs. Please complete this evaluation by checking the appropriate boxes.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Poor** | **Fair** | **Average**  | **Good**  | **Very Good** | **Excellent** |
| Presentation/delivery |  |  |  |  |  |  |
| Instructor’s knowledge |  |  |  |  |  |  |
| Instructor answered your questions  |  |  |  |  |  |  |
| Ability to implement ideas back at work  |  |  |  |  |  |  |
| Overall importance of course to you  |  |  |  |  |  |  |

Tell us one thing that would make this course better:

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Please provide any additional comments about the speaker and/or the course:

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May we use your comments in promotional material? Yes No

***Thank you for your time!***

PLEASE RETURN TO THE ISRI STAFF MEMBER AT THE COURSE.