

Safety Training Effectiveness Feedback Form

Please complete this feedback form after your training session. This physical copy will be collected for safety compliance and program evaluation.

1. General Information

Employee Name:

Department:

Date of Training:

Safety Training Topic:

Trainer/Instructor Name:

2. Training Content & Delivery

Please rate the following statements on a scale of 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree):

The training objectives were clearly defined and met:

The safety procedures explained are relevant to my daily work:

The trainer demonstrated deep knowledge of safety protocols:

The practical/hands-on demonstrations were clear and useful:

The emergency response steps were explained clearly:

I feel confident that I can safely perform my job duties using these guidelines:

3. Open Feedback

What was the most valuable part of this safety training?

What specific safety topic requires more explanation or detail?

Please provide any additional comments, suggestions, or feedback for the trainer:

4. Verification and Sign-Off

By signing below, you acknowledge your participation in the training and your commitment to practicing these safety standards.

Employee Signature:

Date Signed: