


## Training Verification

Job Number <b>10</b>	Job Name <b>UVU Classroom Bldg.</b>	Date of Instruction <b>12-10-14</b>
Company Represented <b>Lyle W. Williams Co.</b>		
Instructor Name <b>Tyrel Weeter</b>	Instructor Phone # <b>801-520-5185</b>	
Item(s) Trained On <b>Lighting Controls</b>		
Videographer <b>Steve Johnson</b>		
Training Session Number <b>35378</b>	Number of Video Tapes Used	Total Hours of Instruction

Instructor Business Card



LYLE W. WILLIAMS  
C O M P A N Y

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<b>Phil Alfred</b>	<b>UVU</b>	<b>Electronics</b>	<b>673-9958</b>
<b>TJ Pace</b>	<b>UVU</b>	<b>"</b>	<b>801-863-8130</b>
<b>CHAN HARDMAN</b>	<b>UVU</b>	<b>ELECTRICAL</b>	
<b>Chris Medina</b>	<b>UVU</b>	<b>"</b>	<b>801-376-7178</b>
<b>Brooks Ben</b>	<b>UVU</b>	<b>"</b>	<b>801-863-8130</b>

## Training Evaluation

Session: Lighting Controls

Date: 12-10-14

Location: 444 Classroom Bldg.

**Purpose:** This form is used to evaluate each training session. Based on this evaluation, later sessions can be improved. This form will be completed by the CxA and one D-I-R employee in the training session after each session.

Every attendee fills out one copy of this form. Mark questions that are not applicable with N/A.

1 = very well to 5 = not at all

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| 1. How were the objectives of this training session met?  | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Do you know where the components/systems are located?  | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Do you know what area the components/systems are serving?  | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Do you understand the various types and purpose of these components/systems?   | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Do you understand/know how to systematically troubleshoot common problems with these components/systems?   | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Do you know how the components/systems operate under all normal modes?   | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. How well do you understand the importance of meeting the design intent for the systems covered?  | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Are you able to efficiently find the relevant information in the systems manual to operate and maintain the systems/components you were trained for in this session? | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. Do you know how to perform the needed maintenance on the equipment and/or do you know to get the information you need?   | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. Do you know how to get updated technical service information for the components/systems?  | 1 | 2 | 3 | 4 | 5 | N/A |

Explain why any questions got very low or very high ratings from you:

What topics would you desire to be covered that were absent from this training session?

You may provide other comments concerning anything about this training session (e.g., information prior to training, content):

EXCELLENT, IN DEPTH TRAINING —

CHAW'S. HARDMAN