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## Training Verification

Job Number <b>18</b>	Job Name <b>UVU classroom Bld</b>	Date of Instruction <b>12-12-14</b>
Company Represented <b>Ferguson</b>		
Instructor Name <b>Justin Lowe</b>	Instructor Phone # <b>801-301-4647</b>	
Item(s) Trained On <b>Plumbing Fixtures</b>		
Videographer <b>Steve Johnson</b>		
Training Session Number <b>35385</b>	Number of Video Tapes Used <b>1</b>	Total Hours of Instruction

Instructor Business Card

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**Justin Lowe**  
COMMERCIAL QUOTATIONS MANAGER/AQUATHERM TRAINER

Name	Company	Department	Phone
Rick Chappell	UVU		
Russ Louf	UVU		
Lyle Koller	UVU		
CD Price	UVU		
David Prestidse	UVU		
Scott Decker	UVU		

# Training Evaluation

Session: Plumbing Fixtures

Date: 12-17-14

Location: WM 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?  | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Do you know where the components/systems are located?  | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Do you know what area the components/systems are serving?  | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Do you understand the various types and purpose of these components/systems?   | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Do you understand/know how to systematically troubleshoot common problems with these components/systems?   | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Do you know how the components/systems operate under all normal modes?   | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 7. How well do you understand the importance of meeting the design intent for the systems covered?  | <input checked="" type="radio"/> 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? | <input checked="" type="radio"/> 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?   | <input checked="" type="radio"/> 1 | 2 | 3 | 4 | 5 | N/A |
| 10. Do you know how to get updated technical service information for the components/systems?  | <input checked="" type="radio"/> 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):