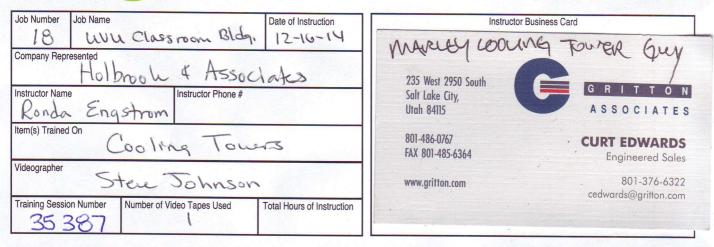


## **Training Verification**



Name	Company	Department	Phone
SETT DIZARZZ	UVU		
Aaron Timothy	uvu		
Brad Bishop	uvie		
Shelby Dode	th ai		
BOBTALOMAS	UVU		
Mark Kenne	VVU		
Ruth Sabury			
Bay Jouren	UVU		
Daybe nelson	UVU		
Tanden Brivgh	UVU	and the second	
all Cashing	UVU		
NEIL CHRISTANSE	uvre		
Kon Jong	NN		
Bill Nye	UVU		
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Form 010 - Training Verification (11/11)

## **Training Evaluation**

Session:	Cool	org	Tower	
Date: 12-	16-14	4		

Location: UNU Clissvoon Bldy.

**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?	$\overline{1}$	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?	$\begin{pmatrix} 1 \end{pmatrix}$	2	3	4	5	N/A	
5.	Do you understand/know how to systematically troubleshoot common problems with these components/systems?		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?		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?		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?		2	3	4	5	N/A	
10	Do you know how to get updated technical service information for the components/ systems?		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):