

Training Verification

Job Number Job Name				Instructor Business Card				
18 UVU Chassroom Bldg, 12-16-14								
Company Represented								
Long	1 Building	Znu,						
Instructor Name	Instructor Phone #							
Guy Alle	n 801-8	10-3368						
Item(s) Trained On	.mps/Suction	Guides						
Videographer	Steve Johns	O/\						
Training Session Number 35399	Number of Video Tapes Used	Total Hours of Instruction						

Company	Department	Phone
uvu		801-380-1678
ava		801-361-5121
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C. C.		

Ī	rain	ing Evaluation							
	Sess	sion: Pumps Suchin Guide							
Date: 12-16-14					NU	Clo	SST	Don 1	3
	Pur	pose: This form is used to evaluate each training session. Based on this evaluation, later sestipleted by the CxA and one D-I-R employee in the training session after each session.	ssions ca	n be in	prove	d. This	form	will be	
	Eve	ry 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?		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?	(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):