

**BASIC BUILDING TRADES - CONSTRUCTION EMPLOYERS ASSOC. OF CNY, INC.**  
made possible through a grant from  
**NYS DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND HEALTH TRAINING & EDUCATION PROGRAM**

Tel: (315) 437-3717  
Fax: (315) 437-8053

**EVALUATION FORM**

6563 Ridings Rd.  
Syracuse, NY 13206

**COURSE CONDUCTED:** \_\_\_\_\_  
Date(s) of Course \_\_\_\_\_  
Location of Training \_\_\_\_\_  
Instructor - Name \_\_\_\_\_

1. What other safety training courses have you taken? \_\_\_\_\_ OSHA 10-Hour Outreach Training  
Other \_\_\_\_\_
2. Was the time the course was offered convenient? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. The material and information presented was: \_\_\_\_\_ very Useful \_\_\_\_\_ of some use \_\_\_\_\_ not of much use
4. Time spent on the course was: \_\_\_\_\_ not enough \_\_\_\_\_ about right \_\_\_\_\_ too much
5. List at least three (3) important points I learned during this training that I did not know before: *(continue on back if needed)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Any areas/topics where too much time was spent:  
\_\_\_\_\_
7. Any areas/topics with not enough time devoted or unclear presentation:  
\_\_\_\_\_
8. Evaluation of videos (if applicable) \_\_\_\_\_ very informative \_\_\_\_\_ uninformative  
\_\_\_\_\_ too much use of video (not enough instruction) \_\_\_\_\_ insufficient screen (blocked view)
9. Reaction to Instructor:
  - Knowledge of the subject \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
  - Ability to communicate subject \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
  - Ability to hold my interest \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
10. Hands-on Training - I used or operated the following:  
\_\_\_ Forktruck (what kind) \_\_\_\_\_  
\_\_\_ Scaffold (what kind) \_\_\_\_\_  
\_\_\_ Fall Protection (what kind) \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_  
Hands-on training was: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
Comments: \_\_\_\_\_
10. Suggestion for change or improvement:  
\_\_\_\_\_  
\_\_\_\_\_
11. Overall evaluation regarding the course presentation:  
\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
Other comments for overall evaluation: *(continue on back if needed)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Optional) \_\_\_\_\_

Please return this form to your instructor

**OR** return by fax or mail to:

**CEA • 6563 Ridings Road • Syracuse, NY 13206 • Tel: (315) 437-3717 • Fax: (315) 437-5044**