

## Ergonomics Training Feedback Survey

**Training Session Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Options Ergonomist:** \_\_\_\_\_ **Company:** \_\_\_\_\_

1. Did you find the material was presented in a clear and logical format?

Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Did the training session cover the topics you expected? If 'No', what content was missing?

Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Were the examples provided sufficient for you to understand the course content?

Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Do you feel that you can apply the concepts from this training session to your job?

Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. What other ergonomic-related topics are of interest to you?

\_\_\_\_\_  
\_\_\_\_\_