

---

# Safety Training Feedback Form

Date of Training: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Employee's Name (optional): \_\_\_\_\_

## Section 1: Training Content

**1. How relevant was the training content to your job?**

- Very Relevant
- Relevant
- Neutral
- Irrelevant
- Very Irrelevant

**2. Was the information presented in a clear and understandable manner?**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**3. Were the training objectives clearly defined?**

- Strongly Agree
- Agree
- Neutral
- Disagree

- 
- Strongly Disagree

## **Section 2: Training Delivery**

### **4. How would you rate the instructor's knowledge of the subject matter?**

- Excellent
- Good
- Fair
- Poor
- Very Poor

### **5. How engaging was the instructor during the training?**

- Very Engaging
- Engaging
- Neutral
- Disengaging
- Very Disengaging

### **6. Were the training materials (slides, handouts, etc.) helpful and well-organized?**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

## **Section 3: Training Environment**

### **7. How suitable was the training environment (venue, facilities, etc.)?**

- Excellent
- Good
- Fair
- Poor
- Very Poor

---

**8. Was the length of the training session appropriate?**

- Too Long
- Just Right
- Too Short

**Section 4: Overall Feedback**

**9. Overall, how satisfied are you with the training?**

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

**10. What aspects of the training did you find most valuable?**

---

---

**11. What improvements would you suggest for future training sessions?**

---

---

---

**Additional Comments:**

---

---

---

**Thank you for your feedback!**