

Name: of Trainer:- Dr. Pooja Thakur Date of Training : 12/05/2021

Topic of Training : PPE Kit Training

**PPE KIT TRAINING FEEDBACK FORM**



S NO.	Name	Trainer Sign	Attended by Signature
1	Sukhchain Suja	Spingh	Sukhchain Suja
2	Reena	Spingh	Reena

## FEEDBACK FORM

Attended by : Sukhbir Singh

1) Rate The Level of Training information useful to you.

A. Good

☒

B. Average

☐

C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

A. Appropriate

☒

B. Average

☐

C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

☐

C. Not Good

☐

Sukhbir Singh

Attended by : Keena

1) Rate The Level of Training information useful to you.

A. Good

☒

B. Average

☐

C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

B. Appropriate

☒

B. Average

☐

C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

☐

C. Not Good

☐

Keena