

Name: of Trainer:-

Date of Training : 8/08/2021

Topic of Training : Hygiene Guideline Training

TRAINING FEEDBACK FORM

S NO.	Name	Trainer Sign	Attended by Signature
1	Ram Gopal	<i>M. Gopal</i>	<i>Ram Gopal</i>
2	Rajni Bala	<i>Rajni Bala</i>	<i>Rajni</i>

- 7 step hand wash
- All areas cleaning
- Sanitizing
- Fumigation



FEEDBACK FORM

- Attended by : Ram Gopal

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

Ram useful

FEEDBACK FORM

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Rajni