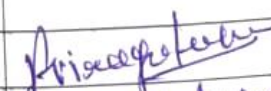
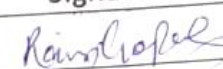
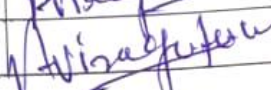
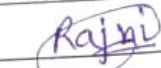


Name: of Trainer:-

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		
2	Rajni Bala		

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



FEEDBACK FORM

- Attended by : Ram Cooper

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 Cooper

FEEDBACK FORM

Attended by : _____

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

☐

Rajni