

Name: of Trainer:-

Date of Training : 22/08/2021

Topic of Training : Infection Control Training

### TRAINING FEEDBACK FORM

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

- Hand hygiene
- Infection control
- PPE Kit



## 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 Gopal

## FEEDBACK FORM

Attended by : Rajni Bala.

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