

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>Anirag Kumar</i>	<i>Ram Gopal</i>
2	Rajni Bala	<i>Anirag Kumar</i>	<i>Rajni</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