

Topic of Training: NFADA Occupational Safety & Health Training **Date:** _____

Trainer/Sub-Contractor: N/A

Time start: _____

Time end: _____

Contractor: Niagara Frontier Auto Dealers Association

Location: Virtual

TRAINING EVALUATION

1. What did you learn from this class that was new and/or useful?

2. How will you use it (personally or in training/teaching others)?

3. What will you do, not do, or do better because of this training?

4. What will change, be initiated, or improve in your workplace as a result of this training?

Name (optional): _____