

CBRNE Evaluation

The following questions will help determine the success of this training. On a scale of 1 (poor) to 5 (excellent) please rate:

1. The CBRNE training was informative and pertinent to my job. 1 2 3 4 5
2. Printed materials were complete and well organized 1 2 3 4 5
3. Audio-visual materials were appropriate, visible/effective 1 2 3 4 5
4. Staff was cordial and helpful 1 2 3 4 5
5. Training facilitated discussions 1 2 3 4 5
6. The information presented gave me a better understanding of WMD? 1 2 3 4 5
7. I am comfortable requesting MEDDRUN/CHEMPACK? 1 2 3 4 5
8. I have a better understanding of my role and responsibilities during an event/incident. 1 2 3 4 5
9. Your overall satisfaction with the training 1 2 3 4 5

Additional comments: _____

County or Counties you **WORK** in,

Date: _____