

STUDENT CRITIQUE OF HIGH-RISK TRAINING

You will be given the opportunity to answer the following questions at the conclusion of each high-risk training session. Please provide an explanation for each item marked 1, 2, or NO on the back of this form.

Course BMT Date 25JUL75 CIN A-950-0001

Unit LIVE FIRE Division 310

Instructor(s) GM MED VED

Write N/A if the item does not apply. Use the following scale where indicated: (1-Strongly Disagree, 2-Disagree, 3-Neither Agree nor Disagree, 4-Agree, or 5-Strongly Agree).

1. Using a 1 to 5 rating scale answer the following:

5 A. I felt my safety was always a primary concern of the instructor.
5 B. I felt that the training environment was both safe and non-hazardous.

2. Using a YES/NO rating, evaluate whether the items listed were adequately explained to you prior to the beginning of each high-risk training situation.

YES A. Training Time Out procedures.
YES B. Emergency Action Plan.
YES C. Tasks to be performed.
YES D. Methods used to determine successful performance.

3. Using a YES/NO rating, answer the following questions as they relate to safety during the high-risk training situation.

YES A. Safety precautions were reemphasized immediately prior to job performance.
YES B. The instructor evaluated my knowledge of safety precautions prior to job performance.
YES C. Laboratory/equipment was safe for use.

4. Using a YES/NO rating, answer the following questions concerning the instructor.

YES A. Encouraged me to report unsafe or unhealthy conditions.
YES B. Encouraged me to do my best.
YES C. Provided a learning environment that was not threatening to me.

For high-risk training situations, no one will place pressure on you to sign this form. If you wish to sign it you may; however, you have the right to remain anonymous.

I FOUND THE INSTRUCTORS GREAT, THEY WERE VERY AWARE OF
EVERYONES ACTIONS AND INACTIONS, THEY ALSO WERE HELPFUL IN
ADVICE WHEN IT CAME TO STANCE. ALL IN ALL IT WAS A GOOD EXPERIENCE
AND I WOULDNT MIND SHOOTING AGAIN.