

**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 \_\_\_\_\_ Date \_\_\_\_\_ CIN A-950-0001

Unit \_\_\_\_\_ Division \_\_\_\_\_

Instructor(s) \_\_\_\_\_

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:

- \_\_\_\_ A. I felt my safety was always a primary concern of the instructor.  
 \_\_\_\_ 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.

- \_\_\_\_ A. Training Time Out procedures.  
 \_\_\_\_ B. Emergency Action Plan.  
 \_\_\_\_ C. Tasks to be performed.  
 \_\_\_\_ 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.

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

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

- \_\_\_\_ A. Encouraged me to report unsafe or unhealthy conditions.  
 \_\_\_\_ B. Encouraged me to do my best.  
 \_\_\_\_ 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.

Was the instructor able to clearly communicate all safety rules and instructions to you and clarify any questions asked?

---

---

Is there anything that could be done differently to increase safety awareness, or improve the level of training?

---

---

What skills, lessons or methods were especially effective for you?

---

---

What can we improve upon?

---

---

Do you feel we addressed your needs? If not, then why?

---

---



OPS Comments:

---

---

---

LCPO Comments:

---

---

---

DIVO Comments:

---

---

---