

# WORKER EVALUATION FORM

Date of training: \_\_\_\_\_

Location of training: \_\_\_\_\_

For the following questions, please circle ONE answer.

1. Signal words on pesticide labels tell you how likely the pesticide is to make you sick.

TRUE  FALSE  NOT SURE 

2. Washing your hands before eating, drinking, smoking, using the bathroom or using your cell phone will not help protect you from exposure to pesticides.

TRUE  FALSE  NOT SURE 

3. You should rinse the pesticide from your skin or eyes immediately if you are exposed to pesticides.

TRUE  FALSE  NOT SURE 

4. Was the information in this training new to you?

YES  SOMEWHAT  +  NO 

5. After this training, will you do anything differently, to help protect your safety and health at work, or your family member's health at work?

YES  NO  NOT SURE 

If YES, what will you do differently or change?

6. What is the most important information you learned today?

7. Do you have any questions or comments about today's topics or training?