

# Employee Safety Training Evaluation Form

Employee Name

Department

Trainer Name

Date of Training

Evaluation Criteria

Criteria	Excellent	Good	Fair	Poor
Understanding of Safety Procedures	<div></div>	<div></div>	<div></div>	<div></div>
Participation & Engagement	<div></div>	<div></div>	<div></div>	<div></div>
Ability to Identify Hazards	<div></div>	<div></div>	<div></div>	<div></div>
Proper Use of Safety Equipment	<div></div>	<div></div>	<div></div>	<div></div>

Strengths Observed

Areas for Improvement

Additional Comments

Employee Signature

Trainer Signature

Date

