The New York State Fatality Assessment and Control Evaluation (NY FACE) program would like to know if the NY FACE Tailgate Training program was helpful to you. Please answer the questions below and return the survey to your training instructor. Your input and opinions will help strengthen our program and allow us to provide better information to you and others in the future. If you have any questions, or would like to report a work-related fatality, please call Ms. Jennifer Hallisey, the program coordinator, toll-free at 1-866-807-2130.

Please help us improve our efforts to prevent worker fatalities by answering the following questions about our NY FACE Tailgate Training program.

1. How would you rate the NY FACE Tailgate Training program?
   - [ ] Excellent
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

2. How would you rate the amount of information in the course?
   - [ ] Too Much
   - [ ] About Enough
   - [ ] Not Enough

3. Did you learn anything new or useful during the Tailgate Training?
   - [ ] Yes
   - [ ] No

4. What did you like most about the Tailgate Training?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
5. What did you like least about the Tailgate Training?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

6. How likely are you to change some of your work behaviors based upon what you learned during the Tailgate Training?

☐ Very Likely  ☐ Somewhat Likely  ☐ Somewhat Unlikely  ☐ Unlikely

7. Would you be interested in other safety trainings like this one related to your job?

☐ Yes  ☐ No

If yes, do you have any suggested topics?
__________________________________________________________________
__________________________________________________________________

8. Had you ever heard of the NY FACE program before attending this training?

☐ Yes  ☐ No

If yes, where did you hear about it?
__________________________________________________________________

Thank you for your time. If you are interested in other NY FACE reports, please visit our web site at: www.nyhealth.gov/nysdoh/face/face.htm