

## Preparedness for Respirator Use in Health Care Facilities Evaluation

Thank you for taking the time to evaluate today's training; your feedback will help us improve this training for others in the future!

Name (optional) \_\_\_\_\_

Facility Name(optional) \_\_\_\_\_ Job Title \_\_\_\_\_

Type of facility (clinic, long-term care, hospital, etc.) \_\_\_\_\_

1. What was your experience with respirators prior to today's training? (check all that apply)

- none     have used them     have received training     have been fit tested  
 have fit tested others     have trained others

2. Did today's training cover the topics you expected to learn about?  yes  no

3. If no, please tell us what you hoped we would cover that we did not. \_\_\_\_\_

4. What section(s) of the training did you find most useful?

- OSHA Standards     Infection Control Principles     Fit Testing

Least useful?  OSHA Standards     Infection Control Principles     Fit Testing

5. Does your facility have a respirator program?  yes  no  don't know

6. Will you be responsible for fit testing others at your facility?  yes  no  don't know

7. Based on what you learned today, are you confident that you can conduct respirator orientation and fit testing for others at your facility?     yes  no

8. If no, please tell us what else you need to be prepared to do fit testing. \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Thank You!