DOH STATE OF NEW YORK DEPARTMENT OF HEALTH

Flanigan Square, 547 River Street, Troy, New York 12180-2216

Antonia C. Novello, M.D., M.P.H., Dr.P.H. Commissioner Dennis P. Whalen Executive Deputy Commissioner

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 infor	mation in the cours	se?		
	Too Much	About Enough	Not Enougl	n		
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	vou like	least about the	Tailgate	Training?
5.	what ulu	you like	least about the	Tangate	11ammg:

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