**Construction Site Induction Feedback Form**

**Your feedback will help us improve safety and information provided during site inductions.**

**Personal Information**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Induction Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feedback on Site Induction**

1. **Was the site safety information clear and understandable?
☐ Yes ☐ No**
2. **Were the safety procedures adequately explained?
☐ Yes ☐ No**
3. **Were your questions addressed during the session?
☐ Yes ☐ No**
4. **How would you rate the site induction overall?
☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement**

**Additional Comments**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**