

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: _____