**COSHH Assessment Training Form**

**TRAINING INFORMATION**

**Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANT DETAILS**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING CONTENT COVERED**

**☐ Introduction to COSHH ☐ Identifying Hazardous Substances ☐ Risk Assessment Techniques ☐ Control Measures ☐ Emergency Procedures**

**UNDERSTANDING CHECK**

**☐ Fully Understood ☐ Partially Understood ☐ Needs Further Clarification**

**FEEDBACK SECTION**

**What did you find most useful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Areas for Improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING EVALUATION TABLE**

| **Criteria** | **Excellent** | **Good** | **Average** | **Poor** |
| --- | --- | --- | --- | --- |
| **Clarity of Content** | **☐** | **☐** | **☐** | **☐** |
| **Trainer’s Effectiveness** | **☐** | **☐** | **☐** | **☐** |
| **Relevance to Job Role** | **☐** | **☐** | **☐** | **☐** |
| **Engagement Level** | **☐** | **☐** | **☐** | **☐** |

**SIGNATURE**

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