

# 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Relevance to Job Role</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Engagement Level</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SIGNATURE**

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