

Midwest Consortium for Hazardous Waste Worker Training
8-hour Site Worker Refresher (8HR) – Modular Impact Evaluation

Date(s) of Program:

Trainee ID:

1. During the past 12 months, have you done any of the following tasks? Please circle all that apply.

- | | | |
|-----|----|--|
| Yes | No | Site characterization |
| Yes | No | Hazard evaluation using monitoring equipment |
| Yes | No | Sampled from drums |
| Yes | No | Surveyed perimeter using monitoring equipment |
| Yes | No | Installed a perimeter fence |
| Yes | No | Moved dirt or material at a location where entry and exit were controlled |
| Yes | No | Set up a clean zone |
| Yes | No | Decontaminated tools or equipment |
| Yes | No | Been decontaminated |
| Yes | No | Decontaminated other workers |
| Yes | No | Worn an air-purifying respirator at work |
| Yes | No | Worn an SCBA at work |
| Yes | No | Worn protective clothing (CPC) at work to keep hazardous materials off you |
| Yes | No | Another HAZWOPER activity not listed above: |

2. If you answered YES to any item above, please give the name of the employer and the location where you worked when you did those tasks or the protective equipment was required:

EMPLOYER NAME

CITY/TOWN AND STATE

_____	_____
_____	_____
_____	_____
_____	_____

PLEASE CONTINUE TO THE NEXT PAGE.

8HR – Modular Impact Evaluation

Date(s) of Program:

Trainee ID:

3. Approximately when was your INITIAL 40-hour Site Worker training completed?

- Within 2 years 5-10 years
 2-5 years More than 10 years

4. We would like to know about specific changes you made since your refresher training last year. Think specifically about YOUR JOB and YOUR WORKPLACE.

Since my last training, I have...

Used references and resources to get information about work hazards.	Routinely	Pretty Often	Occasionally	Not at All
Used a skill or procedure I learned at my training.	Routinely	Pretty Often	Occasionally	Not at All
Planned my work better to minimize health and safety hazards.	Routinely	Pretty Often	Occasionally	Not at All
Discussed health and safety practices with my coworkers.	Routinely	Pretty Often	Occasionally	Not at All
Used health and safety equipment more effectively.	Routinely	Pretty Often	Occasionally	Not at All
Made decisions so that I work more safely.	Routinely	Pretty Often	Occasionally	Not at All

5. Now, we would like to know what currently might stand in the way of work safety at YOUR WORKPLACE. Remember, we don't share identifiable information.

I have enough time to work safely.	Strongly Agree	Agree	Disagree	Strongly Disagree
My management/supervisor resists changes to health and safety practices.	Strongly Agree	Agree	Disagree	Strongly Disagree
My coworkers resist changes to health and safety practices.	Strongly Agree	Agree	Disagree	Strongly Disagree
I have the right resources (e.g., equipment, technology, information) to work safely.	Strongly Agree	Agree	Disagree	Strongly Disagree
The training just does not apply to my workplace.	Strongly Agree	Agree	Disagree	Strongly Disagree

PLEASE CONTINUE TO NEXT PAGE.

