

Midwest Consortium for Hazardous Waste Worker Training  
**Treatment, Storage & Disposal Refresher (8TR) – Modular Impact Evaluation**

Date(s) of Program:

Trainee ID:

**1. Please indicate the number of years since your INITIAL Treatment, Storage & Disposal training was completed:**

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

**2. 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

**3. Now, we would like to know what currently might stand in the way of work safety at YOUR WORKPLACE. Remember, this information is strictly confidential.**

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 THE NEXT PAGE.*

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4. In the past year, how have you applied your training at your work or in your community? Please be specific (e.g., “The company developed an SOP for cleaning respirators,” or “We take power tools out of service if the cord is defective”).

5. What keeps you from using your training at work or in your community? Please be specific (e.g., “The ventilation costs too much,” or “There’s not enough time to look up health effects”).

*Please take a moment to review your answers and make sure you have answered all of the questions.*

*THANK YOU FOR YOUR TIME AND INPUT!*