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

   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
Midwest Consortium for Hazardous Waste Worker Training

8HR – Performance Impact Evaluation

Date(s) of Program:  
Trainee ID:  

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

   - □ Within 2 years
   - □ 2-5 years
   - □ More than 10 years
   - □ 5-10 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.**
6. 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”).

7. 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”).