Midwest Consortium for Hazardous Waste Worker Training  
**Confined-Space Rescue Refresher (8CR) Impact Evaluation**

**Date(s) of Program:**  
**Trainee ID:**

1. **Approximately when was your INITIAL Confined-Space Rescue training completed?**  
   - [ ] Within 2 years  
   - [ ] 2-5 years  
   - [ ] More than 10 years  
   - [ ] 5-10 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, 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 THE NEXT PAGE.**
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!