The New York State Fatality Assessment and Control Evaluation (NY FACE) program would like to know if this NY FACE Tailgate Training program was helpful to you. Please answer the questions below and return the survey to your training instructor. Your input and opinions will help strengthen our program and allow us to provide better information to you and others in the future. If you have any questions, or would like to report a work-related fatality, please call The Bureau of Occupational Health and Injury Prevention toll-free at 1-866-807-2130.

Please help us improve our efforts to prevent worker fatalities by answering the following questions about our NY FACE Tailgate Training program.

1.	How would you rate the NY FACE Tailgate Training program?		
2.	Excellent How would you rat		Fair Poor mation in the course?
	Too Much	About Enough	Not Enough
3.	Did you learn anything new or useful during the Tailgate Training?		
	Yes	□No	
4.	What did you like most about the Tailgate Training?		

5. What did you like least about the Tailgate Training?		
6. How likely are you to change some of your work behaviors based upon what you learned during the Tailgate Training?		
☐ Very Likely ☐ Somewhat Likely ☐ Somewhat Unlikely ☐ Unlike		
Would you be interested in other safety trainings like this one related to your job?		
☐ Yes ☐ No		
If yes, do you have any suggested topics?		
8. Had you ever heard of the NY FACE program before attending this training?		
☐ Yes ☐ No		
If ves, where did you hear about it?		

Thank you for your time. If you are interested in other NY FACE reports, please visit our web site at: be www.health.ny.gov/environmental/investigations/face/