



TRAINING NEEDS ANALYSIS QUESTIONNAIRE	LEVEL OF KNOWLEDGE					N/A (Not Applicable)
WASTE MANAGEMENT PROFESSIONALS	Excellent	Good	Average	Fair	Poor	
A. Demonstrate Health and Safety Knowledge and Skills						
A.1 Do you learn safety procedures for company and project sites?						
a) do you familiarize yourself with: <ul style="list-style-type: none"> • company safety manual, e.g., policies and procedures • equipment and safe operating procedures • site-specific procedures • emergency response plans • occupational health and safety plans • location and operating procedures for safety equipment 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) have you been participating in the development/review/update of the site-specific and health and safety and emergency response plans, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) do you attend regular health and safety meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) do you take safety training as required, for example: <ul style="list-style-type: none"> • First Aid services • chemical safety, e.g. Hazardous Materials used in the site, reading and comprehension of Material Safety Data Sheets (MSDS) • equipment operation • Transportation of Dangerous Goods (TDG) • workplace safety, e.g., fire safety, trenching safety 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.2 Do you follow guidelines for personal safety?						
a) do you notify supervisor/co-workers of your work plan and daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) do you use appropriate personal protective equipment (PPE), e.g., safety glasses, steel-toed boots, hard hat, hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) do you wear appropriate clothing for weather/environment/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) are you aware of your surroundings, e.g. watch for hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) do you notify supervisor and co-workers of personal health concerns and conditions, e.g., severe allergic reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) do you have communication equipment available at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.3 Are you aware of hazards related to the job?						
A.3.1 Accident hazards						
<i>A.3.1.1 Refuse Collection Workers</i>						
a) back injuries resulting from excessive efforts while lifting objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ankle sprains resulting from falls or slips while dismounting from the truck or moving in its vicinity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) slips/trips and falls due to loose/poor surface conditions (potholes, gravel, mud on road, grass banks, verges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) injuries resulting from traffic accidents or incidents during reversing operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e) crushed hands, fingers, arms or knees resulting from being struck by containers or heavy objects/being caught between the vehicle and containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) hand and thigh lacerations of variable depth caused by glass, nails, or syringes, occurring during hopper loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) scrapes and bruises resulting from contact or collisions with part of the vehicle, parked cars or containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) eye or respiratory-tract irritation caused by dust or splashes of liquids occurring during work near the hopper during compaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) traumas, such as hernia rupture, due to physical overexertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) intoxication resulting from contact with small amounts of hazardous chemical wastes intermixed with household waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) acute poisoning by exhaust gases, including carbon monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.1.2 Incinerator Operators</i>						
a) falls from ladders, stairs and elevated platforms while operating and maintaining the incinerator equipment, esp. hopper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) slips and falls on the level, particularly on floors that are slippery or covered with spilled fuel, debris, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) falls of trash containers and other heavy loads on legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) struck by flying ashes and debris, incl. penetration into eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) burns caused by contact with hot surfaces, by back-fire while igniting burners, or by flying hot ashes and debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) acute poisoning by carbon monoxide or by other combustion products in the air, particularly in the case of faulty ventilation or inadequate air supply to the burners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) acute poisoning (primarily by means of inhalation) caused by hazardous components of refuse and its combustion products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) punctures and cuts while using stoking hoe, spade iron and other tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) injuries by machinery parts of rotating or moving equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) electric shock caused by contact with faulty electrical equipment, cables, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) fires and explosions caused by flammable or explosive components of refuse, or by fuel (particular from fuel leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.1.3 Land-Fill Operators</i>						
a) fall of moving equipment operator, due to slip or incautious step, while climbing to or descending from the operator's seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) mobile equipment tip or rollover due to careless driving, slides from unstable disposal sites, cave-ing of disposal site surfaces or trench collapses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) fall of improperly loaded cargo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) rolling-down of mobile equipment due to overload or incorrect positioning of the center of gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) overturning due to driving on a too steep slope, or at excessive driving speed, or due to use of improper equipment/accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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d) exposure to dust (esp. on dirt roads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) latex allergy caused by the use of latex gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.3.2 Incinerator Operators</i>						
a) chronic exposure, by inhalation, skin and eye contact and digestion, to hazardous (incl. poisonous) components of refuse prior to incineration, during transportation, loading, spreading, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) chronic exposure, primarily by means of inhalation, to hazardous (incl. poisonous) products of thermal degradation of refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) chronic exposure to hazardous pollutants in fly ash and bottom ash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.3.3 Land-Fill Operators</i>						
a) allergic skin reactions caused by the use of latex gloves, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) exposure to dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) exposure to hazardous chemicals such as heavy metals from discarded batteries, lighting fixtures, points and inus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) trace constituents of un-burnt landfill gas (may include chlorinated VOCs, and organic micro pollutants such as PCBs and dioxins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) combustion products of flaring landfill gas (may include oxides of nitrogen, oxides of sulfur and PCBs and dioxins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.3.4 Biological hazards						
<i>A.3.4.1 Refuse Collection Workers</i>						
a) dermal and blood infection resulting from direct contact with waste and from infected wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ophthalmologic and respiratory infections resulting from exposure to infected dust, especially during land-filling operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) respiratory disorders, bronchial obstruction resulting from inhalation or airborne bacteria and fungi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) zoonosis resulting from bites by wild or stray animals feeding on wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) enteric infections transmitted by insects feeding on waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.4.2 Incinerator Operators</i>						
a) exposure to biologically contaminated refuse containing microorganisms and other toxic products, esp. refuse from medical facilities, laboratories, sewage sludge, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.4.3 Land-Fill Operators</i>						
a) dermal and blood infection resulting from direct contact with waste and from infected wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) exposure to pathogens contained in manure and animal excreta found in MSW from the disposal of sludge, carcasses, diapers, and yard trimmings containing domestic animal waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) exposure to aerosols containing microorganisms, fungi, etc. raised into the air with the dust as result of truck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ophthalmologic and respiratory infections resulting from exposure to infected dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e) zoonosis resulting from bites by wild or stray animals feeding on wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) enteric infections transmitted by insects feeding on waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.3.5 Ergonomic, psychosocial and organizational factors						
<i>A.3.5.1 Refuse Collection Workers</i>						
a) pains in the low back and in the joints (of legs and hands/arms) caused by pushing and pulling of heavy containers, lifting empty containers from the street to the side-walk, tossing and twisting movements during collection of bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) musculoskeletal disorders caused by working without adequate recovery time and/or uncomfortable seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) overexertion while moving or otherwise handling bulky and heavy loads, equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) attempt to reduce the workload and maintain a rapid work rhythm by adopting work strategies that may be hazardous (kicking bags or cardboard boxes, zigzagging across the road, carrying bags under the arm or against the body, hand-picking of waste scattered on the ground, manual compaction, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) potential conflicts with residents (disagreements over collection times, dangerous wastes skillfully hidden in regular waste, excessively large or heavy objects, non-conformity with bylaws, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) discomfort and psychological problem related to prolonged wear of protective clothing, to the bad smells of the wastes, to the feeling of working in a "dirty" and not too "respectable" occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.5.2 Incinerator Operators</i>						
a) cumulative trauma disorders as a result of continuous repetitive movements or over-strenuous efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) back pains and other musculoskeletal problem resulting from overexertion and awkward postures, during operations of loading, unloading, spreading, agitating, repair of linings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) exposure to obnoxious (sometimes offensive) odors of refuse and its combustion products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) general tiredness as a result of heavy physical work in a hot, noisy and filthy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) psychological stress caused by dissatisfaction at work as a result of monotony, low salary, social status, shift work (incl. in night shifts), etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A.3.5.3 Land-Fill Operators</i>						
a) low-back pain, muscle contraction and other disorders caused by prolonged seating (in a rigid and often awkward posture) in an ergonomically inadequate seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) neck pains as a result of frequent back-turning of head and neck stretching during reverse driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) overexertion disorders due to manual lifting or handling tools, materials and trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) exposure to obnoxious (sometimes offensive) odors of refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) psychological stress caused by dissatisfaction at work as a result of monotony, low salary, social status, filthy environment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A.4 Do you follow safety guidelines for confined spaces?						
A.4.1 Describe a confined –space entry permit						
a) are you familiar with the components of an entry permit: (location of confined space, type of work to be performed, types of hazards and controls to address them, time period covered by entry permit, record of each worker's entry and exit, results of atmospheric testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.4.2 Comply with procedures for working in confined spaces						
a) do you certify that the pre-entry activities on the entry permit are completed, including: air quality tests, risk assessment and hazard controls, lock-out and tag-out procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) do you check information required by the entry permit, e.g. PPE and emergency equipment needed, air monitoring provisions, list of authorized entrants, operating procedures, MSDS of materials to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) stop work activities and notify properly if the conditions or procedures specified on the permit have been changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.5 Do you follow guidelines for use and handling of hazardous materials?						
a) Are you familiar with Material Safety Data Sheets (MSDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you identify hazardous material symbols 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) do you know how to respond to hazardous materials spills, leaks, and releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.6 Do you follow fire safety guidelines?						
a) do you identify frequent causes of fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) do you identify classes of fire 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) do you know how to extinguish different classes of fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) do you know how to use fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) do you follow fire safety guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Give us your Opinion						
a) List any other topic you think you require training in:						
b) How would you characterize the questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>