

**New Jersey Department of Health  
PEOSH Unit**

**EMERGENCY MEDICAL SERVICES  
RESPIRATORY PROTECTION PROGRAM EVALUATION QUESTIONNAIRE**

**Training Program Evaluation Questions**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Position</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The EMS Respiratory Protection training was well organized and well structured.					
The educational materials were easily understood.					
The trainer was knowledgeable about the material, kept the training on target and was sensitive to group dynamics.					
Participation in this program is appropriate for someone in my position.					
The environment in which the training was held was conducive to learning.					

**Overall Respiratory Protection Program Evaluation**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Position</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The respirator assigned to me is an appropriate selection for the hazards to which I am exposed.					
I am able to don and doff my respirator correctly.					
I am able to adequately store my respirator as appropriate.					
The Program Administrator is accessible for my questions and needs regarding the program.					
I feel that I have been adequately trained to use the respirator appropriately and understand the conditions when a respirator may need to be used as outlined in the written program or standard operating procedures.					

**What changes would you make to improve the EMS Respiratory Protection Program?**

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