



PCA OBSERVER'S REPORT FOR TECH SESSION

X^!•4 } ACFI

This report should be completed and returned no later than ten days after the event to the **PCA National Office, PO Box 6400, Columbia, MD 21045**. Please type or print, as this report will be reproduced. Be sure to complete both sides and use extra pages for comments if necessary.

Name of Event: _____ Date(s): _____
 Region: _____ No. of Participants: _____
 Session location: _____
 Event Chairperson: _____ Region President _____
 Address: _____ Address: _____

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY MARGINAL RESPONSES.

(5 is excellent, 3 is average, and 1 is marginal)

INSURANCE:

Were all attendees required to sign the standard PCA waiver and release form? OK Marginal
 Was a copy of the event insurance binder confirmation available at orientation? OK Marginal
 Rate risk management for this event: 5 4 3 2 1
 Who will archive the release forms? _____
 Other parties named on the Insurance Binder? _____

EVENT ORGANIZATION:

Was the participant orientation meeting adequate? OK Marginal
 Were safety issues discussed at the orientation meeting? OK Marginal
 Were knowledgeable instructors available? OK Marginal
 Was resource documentation available? OK Marginal
 Were training aids available? OK Marginal
 Were proper tools/equipment available? OK Marginal
 Were break and restroom facilities available? OK Marginal
 Was event location conducive to training? OK Marginal

TRAINING:

Were training objectives identified? OK Marginal
 Were there instructional demonstrations? OK Marginal
 Were safe vehicle lift procedures used? OK Marginal
 Were proper uses of tools observed? OK Marginal
 Were training objectives met? 5 4 3 2 1
 Approximate length of training Session: _____

GENERAL:

Rate the overall standard of the event and organization:
 Excellent Above Average Below Average Marginal

Tech Session Observer's Report (Page 2 of 2 pages)

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS:

Additional pages attached

PCA Observer: _____

Title/Position: _____

Address: _____

Telephone: (____) ____ - _____

E-mail: _____

Signature: _____

Date: _____