Ergonomics Training for Nursing Home Workers
Course Summary Form

Please fill out after each class you teach.

Date___________ Time: _____ to _____

Facility____________________ City, State__________________________

Target Group: What groups were in the class?
____ CNAs/ GNAS ______ Maintenance
____ Housekeeping ______ Office
____ Dining Services ______ Mixed
____ Other __________________

Number of Trainees:

Total Trainees ____

Workers ____

Managers/Dept Heads ____

Instructor: __________________________Signature: __________________________
(Print)

Comments: __________________________________________________

Need more training supplies? ____ Yes ____ No

How Many? Manuals____ Evaluations____

Note: You can copy your own Sign-in sheets and Course Summary forms.

THANK YOU!!!