

**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!!!

***Please return To: Marian Flum, Dept. Work Environment – Kitson 200
UMass Lowell 1 University Ave., Lowell, MA 01854***