

Introduction to Laboratory Safety for Non-Laboratory Staff at CDC: eLearning Course Evaluation Survey

Welcome to the eLearning Course Evaluation Survey

OMB Control No. 0920-XXXX

Expiration Date: XX/XX/20XX

Thank you for completing this evaluation survey to provide feedback on "Introduction to Laboratory Safety for Non-Laboratory Staff at CDC," designed by the Centers for Disease Control and Prevention, Office of Laboratory Science and Safety.

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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Fundamentals of Laboratory Safety for Short-Term Visitors: eLearning Course Evaluation Survey

COURSE SUMMARY:

This course will familiarize you with hazards you may encounter while working in CDC laboratories, ways to mitigate risks, and the proper response to incidents.

EVALUATION SURVEY:

Your feedback is very important and we will use this information to make future improvements to this course. The evaluation survey will take approximately 10 minutes to complete. Your responses will be anonymous and no unique identifying information will be sought or kept. If you encounter issues with this evaluation survey, please email OLSSTraining@cdc.gov.

INSTRUCTIONS:

Please respond to each question by clicking the button beside the option(s) that best reflect(s) your opinion.

An asterisk (*) at the beginning of a question indicates that a response is required.

At the conclusion of the survey, you will click DONE to exit the survey.

Please select "next" to begin the survey.

Previous

Next

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Demographic Information

* 1. What is your Center/Institute/Office (CIO)?

CDC Immediate Office of the Director (IOD)

Global Health Center (GHC)

National Center for Birth Defects and Developmental Disabilities (NCBDDD)

National Center for Chronic Disease Prevention and Health Promotion (NCDPHP)

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)

National Center for Health Statistics (NCHS)

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)

National Center for Immunization and Respiratory Diseases (NCIRD)

National Center for Injury Prevention and Control (NCIPC)

National Institute for Occupational Safety and Health (NIOSH)

Office of Public Health Data, Surveillance, and Technology (OPHDST)

Office of Readiness and Response (ORR)

Public Health Infrastructure Center (PHIC)

Other

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2. You selected "Other" for Center/Institute/Office (CIO). Please specify:

Previous

Next

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* 2. Please select your type of appointment.

FTE (Title 5, Commissioned corp)

Fellow (e.g., Title 42, ORISE or other non-federal fellow)

Contractor

Other

Next

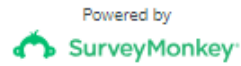
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3. You selected "Other" for type of appointment. Please specify:

Previous

Next



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* 4. What is your job series?

Biologist (0401)

Microbiologist (0403)

Health Scientist (0601)

Veterinarian (0701)

Animal Care Technician (0704)

Safety and Occupational Health Management (0018)

Quality Assurance (1910)

Chemist (1320)

Clinical Laboratory Scientist (0644)

Other

Next

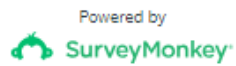
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5. You selected "Other" for job series. Please specify:

Previous

Next



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* 6. What is your current role in the laboratory at CDC?

Laboratory Scientist

Quality Professional

Safety Professional

Team Lead

Branch Chief

Division Director

Associate Director for Laboratory Science

I do not work in the laboratory

I do not know

Other

Previous

Next

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7. You selected "Other" for current role in the laboratory at CDC. Please specify:

Previous

Next

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* 8. How many years of laboratory experience do you have?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ More than 10 years
- ☐ I do not work in the laboratory

* 9. Is this your first time taking this course?

- ☐ Yes, this is my first time taking this course
- ☐ No, I am taking this as a refresher course

* 10. Is this course required for your role at CDC?

- ☐ Yes
- ☐ No
- ☐ I do not know

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eLearning course survey questions

11. Do you agree or disagree with the following statements:

	Agree	Disagree
Content was appropriate.	☐	☐
Difficulty level was appropriate.	☐	☐
Length was appropriate.	☐	☐
Pace was appropriate.	☐	☐
Course materials supported content.	☐	☐
Overall, I was satisfied with the training.	☐	☐

* 12. How relevant is this course to your current work?

- ☐ Not at all relevant
- ☐ Somewhat relevant
- ☐ Very relevant

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13. Why do you believe this course is not relevant to your current work?

Previous

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* 13. What is your opinion of the balance of lecture and interactivity in this course?

- ☐ Too much lecture and not enough interactive learning
- ☐ Right amount of both lecture and interactive learning
- ☐ Too much interactive learning and not enough lecture

* 14. Rate your knowledge of the course topic **BEFORE** taking the course:

- ☐ Not at all knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Very knowledgeable

* 15. Rate your knowledge of the course topic **AFTER** taking the course:

- ☐ Not at all knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Very knowledgeable

* 16. Do you believe you will be able to **RECALL** the concepts and skills from the course?

- ☐ Yes
- ☐ No (please specify)

Previous

Next

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* 17. Do you believe you will **APPLY** the concepts and skills gained from the course?

☐ Yes

☐ No

Previous

Next

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* 18. How will you apply what you learned in this course in your work?

Previous

Next

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* 17. Do any of the following barriers keep you from applying the content of this course in your work?
(Select all that apply)

- ☐ I will not have time to use what I have learned
- ☐ I will not have the resources or opportunities to use what I learned
- ☐ I need additional training in the subject matter
- ☐ My supervisor or colleagues will not support me in using what I learned
- ☐ There are no barriers to keep me from using the course content

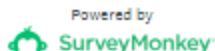
18. What part of this course was most helpful to your learning?

19. How could this course be improved?

Thank you! When you click "Done" your answers will be recorded and you will exit this evaluation survey.

Previous

Done



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