



## Operator Peer-to-Peer Training Form

<b>General Information</b>	
Operator Name:	
Operator Contact Info:	
License Number:	
Name of Hosting Facility:	
Visit Date:	
Trainer Name(s):	
Trainer Contact Info:	

<b>Preliminary Info (fill this out before visit)</b>	
List at least three topics you hope to better understand.	
What are some issues you have struggled with at your own facility?	
How would you like to spend your time during this visit?	
What are you hoping to gain/learn from this experience?	

**Training Info (fill this out after visit)**

Time in:

Time out:

How did you spend your time at the hosting facility?

What is the design flow of the facility?

Describe the process configuration. (process flow diagram)

What method(s) of process control does the facility use?

List 3 examples of how the hosting facility differs from your own.

What process challenges has the hosting facility faced, and how was it dealt with?

List 3 things that you have learned during your visit that you might be able to apply to your own facility.	
Are there any issues that are dealt with differently at your facility that could be useful to the hosting facility?	
Do you have any suggestions about how this training program could be improved in the future?	
Would you or anyone at your facility be interested in providing similar training to others?	
Any other comments or notes.	

Trainee signature:		Date:
Trainer/Host signature:		Date:
Trainee Supervisor signature:		Date: