

Training Feedback Form

Training Course Completed:			
Date:	Time/Length:	Trainer:	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?			
Was the course content and material complete and comprehensive?			
Will this information be useful to you in your job role?			
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?			
Did the course challenge your thinking and understanding of the product/procedure/training area*?			
Do you feel the training is beneficial to your team?			
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?			
Did you feel the instructor was knowledgeable in the area covered?			
Did the trainer encourage discussions and questions?			
Comments			
Do you require any further training in this area?			
If so, what would you like this training to cover?			
Further comments:			
Name:			
Date:			

*Please delete as applicable

VersaStream Basic Competency Questions
Please use your PCs as reference

1. What are the names of the brands and ranges of sampling lines we provide:

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2. What is a brief description and main benefits of a VersaStream line?

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3. On average, how many hours does a Short-term VersaStream sampling line work for?

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4. On average, how many hours does a Long-term VersaStream sampling line work for?

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5. Where can you find marketing materials?

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6. If you searched the online VersaStream selection guide for the following, which part number would you get?

Gas: CO₂, Main OEM: Oridion, Patient Type: Adult, Sampling Line Type: Nasal, Usage Time: Less than 24 hours

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7. What is unique regarding the LLM VersaStreams in comparison to the Viamed/Oridion versions?

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8. Find a part number and GBP End User price for VersaStream Oridion CO₂ Sampling Line, Nasal Short-term for Paediatrics.

Part number: Price:

9. On Intrastats, where can you find the Cross Reference?

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10. What date and part number is on the selection guide leaflet for Luer Lock VersaStream?

Part number: Price: