



# 1% Training Provider Evaluation

Department of Consumer & Business Services  
Building Codes Division  
1535 Edgewater NW, Salem, OR  
Mailing Address: P.O. Box 14470, Salem, OR 97309  
(503) 378-4133, Fax: (503) 378-2322  
Web: [bcd.oregon.gov](http://bcd.oregon.gov)

## TRAINING PROVIDER INFORMATION

Training provider business name: \_\_\_\_\_

Course title: \_\_\_\_\_

Course date: \_\_\_\_\_

Instructor name: \_\_\_\_\_

Reference (customer) name: \_\_\_\_\_

## CUSTOMER INSTRUCTIONS

**Thank you for taking the time to complete this evaluation. The training provider listed above has submitted a proposal to the Oregon Building Codes Division to provide a class titled \_\_\_\_\_, and has provided your name as a reference.**

**Please give detailed answers to the questions below. Your answers will be reviewed as part of the evaluation process. It is important you complete this questionnaire and mail it to the address provided on Page 2 as quickly as possible.**

## CUSTOMER EVALUATION QUESTIONS

List the services supplied by the training provider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the training provider meet schedules and deadlines? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate the quality of the training? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue to Page 2

Have you received any feedback from students regarding the course and/or instructor? \_\_\_\_\_

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Examples: \_\_\_\_\_

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Would you rehire this training provider? Why? \_\_\_\_\_

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### CUSTOMER INFORMATION

Reference (customer) signature:	Please print name:
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Position or title:	Date:
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Customer business name:

Customer business address (street, city, state, ZIP):

Thank you again for taking the time to complete this evaluation. Please mail to:

**Dodie Wagner, Contract Administrator**  
**Building Codes Division**  
**P.O. Box 14470**  
**Salem, OR 97309-0404**