




Ecospill Training Hub Pre-Course Assessment Questionnaire			
Course Name		Proposed Course Date:	
<p>This Pre-Course spill risk assessment questionnaire is designed to capture basic site-specific information. Some of will help the course trainer to ensure that where possible, training is specific to your site needs rather than generic. All information captured on this form or during our visit to site will be treated as 'strictly confidential' and will not be made available to any other parties without the permission of the provider.</p>			
Company Name and Full Address:		Main Telephone and E-mail Address	
		Contact for Training Name, Position & Email Address:	
			
			
			
Main Business Activity			
Primary Reasons for Training			
What are the key objectives you wish to gain from attending the course?			
Key Information:			
Details of Main Site Liquids and Quantities	Liquids		Container Type / Quantity
Planning / Contingency	Do you have an up-to-date spill response plan in place?		
	Is spill response material / equipment already in place?		
	Specific Areas or activities of concern (spill related)?		
Have there been any recent spillages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		If yes, please give brief details
Spill Response Training	Have any of the delegates attended a spill training course?	If yes, please give brief details of previous courses?	Do you have a dedicated Spill Response Team?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any further relevant information:			
Names of delegates attending the course:			

