



**HELP US SERVE YOU BETTER**

**Program Evaluation**

Please complete the information below to help us develop programs that will serve your future needs:

**Program Title:** *Liquid Fuels: Safe Handling and Storage*    **County:** \_\_\_\_\_

**Sex:** \_\_\_F \_\_\_M    **Age:** \_\_\_under 20 \_\_\_21 to 40 \_\_\_41 to 60 \_\_\_61 and over

**On a scale of 1 to 5, how would you rate the lesson? Circle your response below.**

*Not Very Good*

1

2

3

4

*Very Good*

5

**Check all that apply:**

*As a result of this program, I*

- \_\_\_\_\_ plan to store liquid fuels in original or UL-approved containers.
- \_\_\_\_\_ will check all fuel containers and machinery for leaks monthly.
- \_\_\_\_\_ intend to store fuel containers in a well-ventilated, unattached shed or garage.
- \_\_\_\_\_ will locate fuel storage tanks more than 150 feet from springs, wells, cisterns, sinkholes or surface water.
- \_\_\_\_\_ plan to replace my old metal underground fuel storage tank.
- \_\_\_\_\_ will test underground, basement and aboveground tanks for “tightness” monthly.
- \_\_\_\_\_ intend to closely supervise fuel transfers and never walk away while filling tanks.
- \_\_\_\_\_ will construct a containment dike or pad and/or protect my tanks from impact damage.
- \_\_\_\_\_ Other: (Please write in the space below.)

.....  
**What was the most important thing you learned?**

**Thanks for your help!**



**KY-A-Syst for the Home**  
Environmental Stewardship  
for Homeowners

## Liquid Fuels: Safe Handling and Storage

### Follow-up Feedback Form

It has been a few weeks since you attended this program offered by your County Extension Office. We'd like to know if this program has been helpful to you.

1. As a result of participating in this workshop, have you done anything that you consider an improvement?  Yes  No Please explain.
  
2. Have you prepared the Action Checklist and set target dates for taking action?  
 Yes  No
  
3. Have you discussed this information with anyone else?  Yes  No  
If yes, who?
  
4. **On a scale of 1 to 5, how would you rate the lesson? Circle your response below.**  

<i>Not Very Good</i>					<i>Very Good</i>
1	2	3	4	5	
  
5. As a direct result of this program:
  - a.  Yes  No I have reviewed the Ky-A-Syst for the Home publication.
  - b.  Yes  No I have talked with family members about safe handling and storage of liquid fuels.
  - c.  Yes  No I have taken at least one action around my home to store or handle liquid fuels more safely.
  - d.  Yes  No I have shared basic information about safe storage and handling of liquid fuels with friends and neighbors.
  - e.  Yes  No I have re-evaluated my ideas about storing liquid fuels.
  - f.  Yes  No I would highly recommend this program to others.

*Thanks for your feedback!*