



e-Michigan Survey Builder - Introduction to MAERS Workshop Series 2013 - PREVIEW

1. Which workshop did you attend?

- 1/17/13 - Gaylord
- 1/22/13 - Livonia
- 1/24/13 - Kalamazoo
- 1/29/13 - Grand Rapids
- 1/30/13 - Lansing
- 2/12/13 - Livonia

2. How would you rate the overall quality of the workshop?

- Excellent Good Average Fair Poor

Comments (Q#2):

3. Is this your first time completing a MAERS report?

- Yes No

4. Is this your first time attending a MAERS workshop?

- Yes No

5. Has today's training improved your understanding of how to complete and submit a MAERS report?

- Yes
No
Somewhat
Unsure at this time

6. Do you anticipate using the information you learned at this workshop to complete and submit a MAERS report?

- Yes
No
Unsure at this time

7. Please rate the usefulness of the handouts.

- Useful
Not useful
Didn't look
Other: ▶

Comments (Q#7):

Please rate the following workshop sessions:

8. Overview of MAERS

Excellent Good Average Fair Poor

Comments (Q#8):

9. Getting registered as a MAERS user

Excellent Good Average Fair Poor

Comments (Q#9):

10. MAERS General Navigation

Excellent Good Average Fair Poor

Comments (Q#10):

11. Form Completion and Submittal

Excellent Good Average Fair Poor

Comments (Q#11):

12. How would you rate the facility and room set up?

Excellent Good Average Fair Poor

Comments (Q#12):

13. Are there additional types of training/topics you would recommend the DEQ offer?

14. How did you hear about this workshop?

DEQ Calendar

DEQ Staff

DEQ Website

DEQ Workshops listserv

Industry/Trade/Professional Association

Word of mouth

Other: ▶

15. Did you also attend the SARA Tier II Workshop in the morning?

Yes No

Comments (Q#15):

16. Which of these best describes your employer/affiliation?

Attorney

Consultant

Government

Industry

Utility

Other: ▶

17. Would you like to be added to the DEQ Workshops listserv to be notified of upcoming training offered by the DEQ?

Yes - provide email below

No

I already subscribe

Email:

18. Other comments or suggestions:

19. Name/Organization (optional)

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