



# ALASKA FACE Facts

Department of Health and Social Services  
Division of Public Health-Section of CHEMS  
Occupational Injury Prevention Program

Evaluation Form for FACE Report/Flyer : \_\_\_\_\_.

Please circle the number.

	Please circle the number.				
	Agree			Disagree	
The report information is clear.	5	4	3	2	1
The report is comprehensive.	5	4	3	2	1
The recommendations are appropriate for your industry.	5	4	3	2	1
I would distribute this information to my employees.	5	4	3	2	1

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Please use this space to suggest improvements to the written materials.

Do you have any other comments?

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*Your contribution to this effort is greatly appreciated!*

Please return to: PO Box 240249 Suite 990, Anchorage, AK, 99524-0249 or fax to: 907-269-5236