[Utility Name]

**Earthquake TTX - Participant Evaluation Form**

[TTX Date and Time]

(Please fill out and hand in to the facilitator)

**Name** (optional) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization** (optional) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position:** (optional) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. The TTX was structured and organized well.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree |  | Agree |  | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

1. The TTX was effective in providing players the opportunity to implement the [Utility Name] earthquake procedures.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree |  | Agree |  | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

1. The [Utility Name]earthquake procedures were adequate to address the conditions presented in this TTX scenario.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree |  | Agree |  | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

1. The TTX scenario was clear and realistic.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree |  | Agree |  | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

1. Participation in the TTX was a valuable use of my time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree |  | Agree |  | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

Additional Comments and Suggestions for Future TTX Topics: