



Annex C

PSP OUTCAN POST-EVALUATION FEEDBACK FORM

First Name:	Last Name:
Phone:	Email:

PSP Instructor - Home base	
Base:	Country:
Street Address:	City:
Province/State:	Zip Code/Postal Code:

Testing Location		
Testing Date/s: 1.	2.	3.
Base:		
Street Address:	City:	UIC:
Province/State:	Country:	Zip Code/Postal Code:

Testing site point of contact		
First Name:	Last Name:	
Rank:	Phone:	Email:

Accommodations	
Hotel/Quarters:	City:
Street Address:	Country:
Province/State:	Zip Code/Postal Code:



Annex C – PSP OUTCAN POST-EVALUATION FEEDBACK FORM

Administration		
Did the OUTCAN Physical Fitness Coordinator provide you with the information needed to successfully complete the task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please provide your comments:		
Was the information distributed in a timely manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was the distance between testing location and accommodations?		
Was a Visitors Clearance Request (VCR) required for Base entrance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an escort required for Base entrance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was a DND Civilian ID required for Base entrance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local FORCE Evaluator is available to assist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical Fitness Testing		
Facilities were adequate to complete fitness testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many PSP staff attended the testing?		
How many days did it take you to complete the testing?		
How many hours did it take you to complete the testing?		
How many OUTCAN CAF Personnel were tested during visit?		
Total Tested:	Met Incentive:	Medical:
Met MPFS:	Did not meet MPFS:	No show:



Annex C – PSP OUTCAN POST-EVALUATION FEEDBACK FORM

Did any OUTCAN personnel travel to the testing site and not get tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, where are they located? Base:		
Street Address:	City:	
Province/State:	Country:	
If yes, why?		
<input type="checkbox"/> Above Ceiling Blood Pressure	<input type="checkbox"/> Medical Chit	
<input type="checkbox"/> Above Ceiling Heart Rate	<input type="checkbox"/> Sick	
<input type="checkbox"/> Answer “YES” on questionnaire	<input type="checkbox"/> Injury	
Other:		
Comments:		

Remedial		
Did member or members fail to meet MPFS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If “Yes”, was a remedial training program provided by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If “Yes”, what type of remedial program was provided?	Template <input type="checkbox"/>	Dfit.ca <input type="checkbox"/>
Was Supplementary Physical Fitness Training - Assessment Sheet (Annex D) returned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you inform the OUTCAN PF Coord who did not meet MPFS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of fitness facility is available to the CAF member?		
Military Facility:		



Annex C – PSP OUTCAN POST-EVALUATION FEEDBACK FORM

Civilian/Local Facility:	
Were there any questions/ concerns identified to you by the unit?	
Overall Comments:	

Presentations:		
Did you provide a presentation or workshop on topics such as the Tactical Athlete User Clinic, Safe Lifting, DFit.ca, etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what was the topic?		
How many CAF Members were present?	How many dependents were present?	
Location of presentation/workshop?		
Duration of presentation/workshop?		
Equipment/supplies required for presentation/workshop:		

FORCE Evaluator Training:		
Did you conduct a FORCE Evaluator Course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, how many CAF Members were on the course?	Duration of FORCE Evaluator Course:	
Location of Course:		
Did all CAF Members successfully complete the course? If not, explain.		
Did you receive all the material to properly administer the FORCE Evaluator Training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Annex C – PSP OUTCAN POST-EVALUATION FEEDBACK FORM

PSP OUTCAN Testing Kit:		
Was testing kit in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did testing kit have all equipment required to conduct testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there equipment in kit that needs to be replenished? If so, please provide detailed list.		

Thank you for taking the time to complete the PSP OUTCAN POST-EVALUATION FEEDBACK FORM