papertech

TotalVision

INTERNAL USE ONLY

PO# (if applicable)

Date

To help our trainers provide the most effective preparation, we kindly ask all participants to complete this **Advanced Operator Training Registration Form** and return it at their earliest convenience. The more insight we gain into your specific learning needs and the challenges you aim to address with your TotalVision system, the better we can tailor the session to meet your requirements. Completing this form may involve consulting with other members of your mill's TotalVision operations team.

BASIC DATA

Company Name

Mill Location

State/Province

Country/Region

Telephone

Fax

TRAINING PARTICIPANTS

Name

Job Title

Email

1. Please provide your size for the FREE TotalVision training shirt:

2. Do you have any dietary restrictions or food allergies?
(We will do our best to accommodate your needs; however, we cannot guarantee that all requests can be fully met.)

- ☐ None
- ☐ Vegetarian ☐ Nut allergy ☐ Shellfish allergy
- ☐ Other (please specify)

3. Do you require additional assistance with travel arrangements?
(Our training coordinator will contact you to discuss how we can assist you further.)

- ☐ No ☐ Yes (please specify)

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Scan Me

PTI 202260713

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TotalVision

PRE-TRAINING QUESTIONNAIRE

1. Do you currently have an operating TotalVision system in your mill?

☐ Yes ☐ No

If **YES**, when was it installed?

Do you know the version?
(This can be located by clicking Help > About)

2. Do you currently have an operating WebInspector® system in your mill?

☐ Yes ☐ No

If **YES**, when was it installed?

Do you know the version?
(This can be located by clicking Help > About)

If **YES**, is it used on a daily basis?

☐ Yes ☐ No. *(Please tell us why not)*

3. How often do you personally operate your TotalVision system?

☐ Rarely ☐ Occasionally ☐ 1-2 time(s)/month ☐ Every week ☐ Every shift

4. On a scale of 1 to 5, how confident are you in operating your mill's TotalVision system? *(1 = Not confident, 5 = Very confident)*

NOT *confident* ····· ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ····· VERY *confident*

5. On a scale of 1 to 5, how confident are you with computers in general? *(1 = Not confident, 5 = Very confident)*

NOT *confident* ····· ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ····· VERY *confident*

6. On a scale of 1 to 5, how confident are you with electronics? *(1 = Not confident, 5 = Very confident)*

NOT *confident* ····· ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ····· VERY *confident*

7. List the **TOP FIVE** recurring operational issues your team encounters with the TotalVision system.

8. What are the **TOP THREE** things you hope to learn during the training to enhance your competence and confidence in operating your mill's TotalVision system?

9. What additional information can you share to help us ensure the training is successful for you and your company?

SUBMIT

Thank you for completing the questionnaire.
Your responses will help our trainers tailor the session to better address your specific needs and ensure you gain the most value from your training experience.
If you have any questions, please contact us at training@papertech.ca

By submitting this form, you consent to PT Papertech Inc. collecting and processing your personal information to administer your account, manage your training participation, and provide requested services. You will be automatically enrolled to receive relevant updates about our products, services, and training opportunities. You may unsubscribe at any time. For details on how we protect your data, please review our website: www.papertech.ca

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