



### Machine Training Needs Analysis (TNA)

First and last name: \_\_\_\_\_  
 Job title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

Country in which the new equipment will be installed: \_\_\_\_\_  
 Who is in charge of training in your company? \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

This questionnaire helps to identify your training needs.

#### 1. Which location do you prefer for the training of each target group?

	at your plant	at a KRONES Academy location
Operators:	<input type="checkbox"/>	<input type="checkbox"/>
Mechanics:	<input type="checkbox"/>	<input type="checkbox"/>
Electrics:	<input type="checkbox"/>	<input type="checkbox"/>
Automation staff:	<input type="checkbox"/>	<input type="checkbox"/>
Team leaders:	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

#### 2. Please estimate how many employees need training in each target group?

Operators:	_____
Mechanics:	_____
Electrics:	_____
Automation staff:	_____
Team leaders:	_____
Other: _____	_____

#### 3. Are the employees to be trained on the equipment new staff?

Operators:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanics:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrics:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automation staff:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Team leaders:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 4. Has your staff already been working with this new...

	...equipment?	...touchscreen system?
Operators:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automation staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team leaders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

This section will be filled out by KRONES:

Name of KRONES representative: \_\_\_\_\_  
 Department: \_\_\_\_\_

SAP- or machine serial number: \_\_\_\_\_  
 Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_