

Treatment, Storage & Disposal Refresher (8TR) – Modular Program Coversheet

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Site and Training Information

Institution: _____

Submitter: _____

City, State & Zip: _____

Date(s) of training/program: _____

Number receiving certificate of Successful Completion: _____

What type of training is this?

- In person only Synchronous online only Asynchronous online only
- Synchronous online and in-person combination Asynchronous online and in-person combination

Required Forms

Please indicate the number of each form included.

_____ Registration Form

_____ 8TR – Modular Impact Form

_____ 8TR – Modular Evaluation Form

_____ NIOSH Pocket Guide Performance Measure (send scores only, if used)

_____ ERG Performance Measure (send scores only, if used)

_____ Module Checklist

Notes: _____