

# Heat and Cold Safety (HOT) 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

\_\_\_\_\_ HCS Evaluation Form

**Notes:** \_\_\_\_\_

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