Midwest Consortium for Hazardous Waste Worker Training

Treatment, Storage & Disposal (TSD) Coversheet

MWC Training Center (Select One)

☐ CEA	☐ FISK	☐ HK/YBL	☐ UI
☐ CIFW	☐ GCOHC	☐ LC	☐ UM
☐ EMI	☐ GDI	☐ TAT	☐ UT
☐ ERSI			

Training Session Information

Start Date of Training Session (MM/DD/YYYY): _____/_____/_____
Month Day Year

Training Session Location: _____/_____/_____
City State (e.g., MN) ZIP Code (5-digits)

Training Type (select one):

☐ In-Person Only ☐ Synchronous online only ☐ Asynchronous online only

☐ Synchronous online and in-person ☐ Asynchronous online and in-person

Evaluation Data Submitted for Training Session

Please write number in the blank space provided:

_____ Number of trainees reported to MWC for this training session

_____ Number of Equipment Participant Information Forms submitted for this training session

_____ Number of Equipment Training Evaluation Forms submitted for this training session

Note any discrepancies or issues with the evaluation data:

_____

_____

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Thank you for submitting your coversheet to the University of Cincinnati Evaluation Services Center!