Alternate Facility Request Form

State of Connecticut
Department of Public Health
Environmental Health Section

This form must be submitted two weeks prior to the training date.

Date Submitted: _____ Date of Training: _____

Training Provider Name: _____

Approved training facility: _____

Alternate facility location: _____

Address: _____

City: _____

Description of facility: _____

_____

_____

Handicap accessible: Yes ☐ No ☐ Seating capacity: _____

Description of equipment available for lecture. Please be specific.

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Description of equipment available for hands-on training. Please be specific

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

*Please use additional sheets if necessary.

Reviewed by: _____ Date reviewed: _____Date approved: _____