



# Alternate Facility Request Form

State of Connecticut  
Department of Public Health  
Environmental Health Section



Date Submitted: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Description of equipment available for hands-on training:

\_\_\_\_\_  
\_\_\_\_\_

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For CT DPH Use Only:

Reviewer approval: \_\_\_\_\_ Date: \_\_\_\_\_