



Alternate Facility Request Form

State of Connecticut
Department of Public Health
Environmental Health Section

Date: _____

Training Provider: _____

Primary Training Site: _____

Course Name & Date: _____

Alternate Site: _____

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:

For CT DPH Use Only:

Reviewer approval: _____ Date: _____