



Alternate Facility Request Form

State of Connecticut
Department of Public Health
Environmental Health Section



Date Submitted: _____

Training Provider Name: _____

Approved training facility: _____

Course being held: _____

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:

For CT DPH Use Only:

Reviewer approval: _____ Date: _____