



In-Service Training Request

Establishment Requesting Training: _____

Address: _____

Phone #: _____

Day/Time Preferred for Training (in-service training lasts approximately 1 hour)

Preferred Days of Week: _____ Preferred Time of Day: _____

Number of Employees to Attend: _____

Projector/Screen Available On-Site for PowerPoint: Circle Y or N (if no, we may provide)

Person in Charge/Contact Person: _____

Person Requesting Training: _____ Date _____

Specific Training Requested:

- | | |
|--|--|
| <input type="checkbox"/> Supervision/Employee Health | <input type="checkbox"/> Consumer Advisory/Highly Susceptible Population |
| <input type="checkbox"/> Good Hygienic Practices | <input type="checkbox"/> Toxic Substances |
| <input type="checkbox"/> Cleaning and Sanitizing | <input type="checkbox"/> Handwashing Facilities |
| <input type="checkbox"/> Preventing Contamination by Hands | <input type="checkbox"/> HACCP – Special Processes |
| <input type="checkbox"/> Approved Source | <input type="checkbox"/> Insects, Rodents, Pests Control |
| <input type="checkbox"/> Protection from Contamination | <input type="checkbox"/> Other (Please explain) |
| <input type="checkbox"/> Time/Temperature Control for Safety | |

In-Service Training Request as Part of Informal Compliance Requirements: Y or N

*An Environmental Health Specialist/Practitioner from the Peoria City/County Health Department will contact the PIC to make arrangements for this training within fifteen (15) days of receipt

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Environmental Health Specialist/Practitioner Assigned to Establishment: _____

Date Training Conducted: _____ Number Present: _____

Notes: _____

Printed Name: _____ Signature: _____