



Contra Costa County
Medical Health Preparedness Coalition



Training & Exercise Request Form

Please submit your request 2 weeks prior to the training date

Email: MedHealthCoalition@hsd.cccounty.us

Name of Training:		Date Requested:	
Training Coordinator Contact Information			
Name:		Role:	
Phone number 1:		Phone number 2:	
Email 1:		Email 2:	
Type of Training:		Requesting Facility:	
Location:		Map Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Event Date	Event Start Time	Event End Time	
Additional planning or preparation required? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what is the timeline?			
Estimated number of Participants:			
Any equipment needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Equipment quote attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Types of equipment needed:			
Intended use of equipment:		Duration of use:	
Briefly describe objectives:			
Office Use Only			
Request received by:		Date:	
Approved by:		Date:	