



SERV-SAFE FOOD SAFETY PROGRAM **REFRESHER**

- * Date: Wednesday, March 7, 2018
- * Time: 3:00 p.m. - 9:00 p.m.
- * Class Size: Minimum of 10 registrants to conduct class
- * Place: Enfield Municipal Annex—**Room A228**
(formerly Enrico Fermi High School)
124 North Maple Street
Enfield, Connecticut 06082
- * Fee: \$125.00 per person (includes Food Safety Training Manual)

This program will provide attendees with a review of the important points of ServSafe with a concentration on the changes in the Federal Food Code that have been made as a result in trends in food borne illness and the latest food safety science.

This program will be taught by Eric Nusbaum, PhD of Wheelwright Associates, Inc. Dr. Nusbaum is a member of the Connecticut Restaurant Association and has conducted over 200 programs.

Call for additional information: North Central District Health Department
745-0383 - Ask for Deb C. or Claire

Registration Deadline is Wednesday, February 28, 2018.



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872-1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

SERV-SAFE REFRESHER COURSE REGISTRATION FORM

Date: _____

Establishment Name: _____

Establishment Street: _____

City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Last Name: _____ First _____

Email Address: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Telephone No. _____ Business Telephone No. _____

Course: SERV-SAFE: Serving Safe Food – REFRESHER

Course Date: Wednesday, March 7, 2018 – 3:00 p.m. to 9:00 p.m.

I acknowledge that this course is for educational purposes and that there is no guarantee from NCDHD that I will pass the examination after taking the course. Responsibility for studying and passing the exam is my own.

Date _____ Signature _____

Fee: \$125.00 per person Paid: _____
(Make check payable to: "NCDHD")