



SERV-SAFE FOOD SAFETY PROGRAM

- * Dates: Wednesdays, October 17 & October 24, 2018
- * Time: 3:00 p.m. - 9:30 p.m. (Both evenings)
- * 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: \$165.00 per person (includes 6th edition text book and exam)

SERV-SAFE was developed by the Educational Foundation of the National Restaurant Association. Successfully completing and passing the course and exam will satisfy the requirement for a Qualified Food Operator (QFO) currently mandated by the State of Connecticut.

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
860-745-0383 - Ask for Deb or Claire

Registration Deadline is October 3, 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 COURSE REGISTRATION FORM

Date: _____

Establishment Name: _____

Establishment Street: _____

City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Last Name: _____

First Name: _____

Email Address: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Telephone No. _____ Business Telephone No. _____

Course: _____ **SERV-SAFE: Serving Safe Food** _____

Course Date: **Wednesdays, October 17 and 24, 2018 (3:00 pm – 9:30 pm)**

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: \$165.00 per person Paid: _____
(Make check payable to: "NCDHD")