



# 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 COURSE REGISTRATION FORM

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

Course: SERV-SAFE REFRESHER: Serving Safe Food

Course Date: Wednesdays, March 7<sup>th</sup> (3:00 pm – 9:00 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: \$125.00 per person Paid: \_\_\_\_\_  
(Make check payable to: "NCDHD")