

ATTENTION!

Rowan County Food Handling Establishment Owners and Operators!

The Rowan County Health Department is sponsoring a SERVSAFE® *Serving Safe Food* sanitation course for owners, operators and managers of food handling establishments. This is a nationally recognized training course developed by the Educational Foundation of the National Restaurant Association. Training will be provided by Ms. Lisa Altmann, a certified SERVSAFE® instructor.

The course material is available in Chinese and Spanish upon request. Request must be made at time of registration so materials can be ordered.

SERVSAFE® *Serving Safe Food* is approved by the North Carolina Department of Health and Human Services and used to train state and local food sanitation inspectors.

WHEN: Classes will be as follows:
January 29 Tues 5:00pm – 9:00pm
January 30 Wed 5:00pm – 9:00pm
January 31 Thurs 5:00pm – 9:00pm

**Please note location for training sessions:
Rowan County Health Department, 1811 E. Innes St., Salisbury, N.C.**

COST: \$165.00 per person.

CLASS Minimum of 20 persons.
SIZE: Maximum of 40 persons.

TO REGISTER: Fill out enclosed application. Make a check or money order (no cash) payable to **Lisa Altmann** for \$165.00. **Do not make check payable to Rowan County Health Department.** Please mail to Rowan County Environmental Health, 402 N. Main Street, Suite 106, Salisbury, N.C. 28144. Payments must be received by January 17, 2013. No payments will be accepted after this date. Once your completed application and payment are received in the Environmental Health Office, you are automatically registered for the course. No confirmation notice will be sent.

**If you have any questions call Rowan County Environmental Health, 704-216-8525
8:00am – 5:00pm Monday – Friday.**

Rowan County Health Department
Environmental Health Division
402 N. Main St., Suite 106
Salisbury, NC 28144

Registration for
SERVSAFE® *Serving Safe Food*
Food Sanitation Course

Course beginning January 29, 2013.

Student's name _____

Address _____

Phone: Home _____ Work _____

Owner/Operator _____ Manager/Supervisor _____ Other Full-time Employee _____

Employed by _____
(name of food handling establishment)

I request that I be registered as a student for the course described above.

Signature _____ Date _____

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Payment must be received by **January 17, 2013.** No walk-in registration.