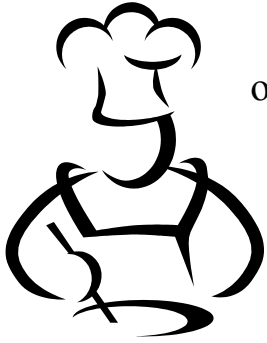


# Train your Staff in Food Safety

A well-trained staff will ensure that your customers are served safe, wholesome foods.



El Paso County Public Health has teamed up with restaurant owners and managers to design a class on proper food handling.

All classes are held at El Paso County Public Health

1675 W. Garden of the Gods Rd., Suite 2044, Colorado Springs, CO 80907

## You can learn how:

- Common bacteria grow on and in foods
- To wash your hands properly for food safety
- To use sanitizers properly to clean food contact surfaces
- To prepare, serve and store foods at safe temperatures

Work site classes can be arranged by calling

(719) 578-3199

(Minimum class size of 25)

## ServSafe® Food Safety Training Classes

*Sponsored by El Paso County Public Health and U.S. Food Service*

**Feb. 17**

**May 12**

**August 26**

**October 13**

*Additional classes are being scheduled.*

Please check our website for updates.

**\$130/student-USFS customers**

**\$ 170/student- non USFS customers**

**All classes 8 a.m. - 5 p.m.**

**To Register for ServSafe Classes:**

**Call (303) 741-4032 or**

**e-mail: [rjmaxwell.ent@comcast.net](mailto:rjmaxwell.ent@comcast.net)**

## Basic Food Safety Classes for 2011

English		Spanish	
Feb 15	9 to 11 a.m.	Feb 22	2 to 4 p.m.
May 17	2 to 4 p.m.	May 23	2 to 4 p.m.
Aug 16	9 to 11 a.m.	Aug 22	2 to 4 p.m.
Nov 15	2 to 4 p.m.	Nov 21	2 to 4 p.m.

**Cost is \$13 per student for Basic Food Safety Classes**

**To Register: Call (719) 578-3199  
and choose the option for food safety**

**or e-mail: [Healthinfo@elpasoco.com](mailto:Healthinfo@elpasoco.com)**

A non-refundable payment of \$13 is required at time of registration for the Basic Food Safety class.

If class is canceled, participants will be offered a chance to enroll in the next available class. Fill out the form below and send it with a check to:

El Paso County Public Health, EHD  
1675 W. Garden of the Gods Rd., Suite 2044  
Colorado Springs, CO 80907

Date of Class: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Circle Method of Payment:

Check    Credit Card    Cash

Card # \_\_\_\_\_

Exp \_\_\_\_\_

Verification # \_\_\_\_\_

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

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_