

ServSafe – 2010

An 8-Hour Training Class and Certification

Offered in Collaboration with the Missouri Restaurant Association,

Saint Louis County Department of Health and US Foodservice Allen-St. Louis Division

The ServSafe Program will provide your facility with the essential knowledge to keep the food at your establishment safe. The program will educate your employees on food safety, minimize your liability risks, and improve food quality.

Course Topics: Safe Food Handler Food Storage
 Food Borne Illness HACCP
 Food Preparation Food Purchasing & Receiving
 Sanitation Standards Food Service

Course Dates: 1/12/10* 2/17/10^ 3/09/10* 4/14/10^ 5/11/10* 6/09/10^
 7/13/10* 8/11/10^ 9/14/10* 10/13/10^ 11/09/10* 12/15/10^

* denotes Saint Louis County Department of Health Instructor

^ denotes Missouri Restaurant Association Instructor

Course Times: 8:30a.m. To 4:15p.m., with an exam to follow

Location: US Foodservice, 8543 Page Avenue, St. Louis, MO 63114 (314-426-4100)

Costs: \$100 ____ Clients of US Foodservice and/or Missouri Restaurant Association Members
(Please Check) \$160 ____ Non Clients of US Foodservice and non MRA Members

Lunch, text book and tests are included. Class size is a minimum of 15 and a maximum of 30. Go/No go for classes will be decided the day before on classes close to minimum. Call the MRA office to be sure class will be held if in doubt. Participants must be registered and paid within 7 days of class. Participants who fail the course will be allowed one retake of the class and the test within 60 days of the original date. There will be a \$40 cost for the retake. Participants need to enter the US Foodservice building at the employee entrance on the East side of the building for a visitor's badge.

REGISTRATION

Please complete the registration below and mail, email or fax to Missouri Restaurant Association, attention Diane Archambault, 1810 Craig Road, Creve Coeur, MO 63146. Email address: darchambault@morestaurants.org, fax to: 314-576-2999. For more information call the MRA at 314-576-2777. **PLEASE PRINT!**

Name: _____ Date: _____ Phone: () _____

Name of Facility: _____

Address: _____ City: _____ State: _____ ZIP: _____

No. attending: _____ (attach a list of complete names if more than 1) Date Attending: _____

Payment: ____ Enclosed ____ Credit Card ____ American Express ____ M/C ____ Visa

Name on Card: _____ Credit Card #: _____ Exp Date: _____

Signature: _____