



Calhoun County Public Health Department  
**Food Safety Class**

The food safety class is offered by the Calhoun County Public Health Department (CCPHD). This class provides practical information on food storage, handling, preparation, safe food temperatures, serving, leftovers, cleaning, foodborne illness, and many other topics. The class consists of a PowerPoint presentation, practical hands-on exercises, question and answer time, and an exam. Individuals passing the exam will receive a Safe Food Handler's certificate.

**WHERE AND WHEN**

Classes are held at the Health Department located in the Toeller Building, 190 E. Michigan Ave., Battle Creek. The class is held from 8 am – 12 pm. We recommend bringing materials for note taking.

There is a \$45.00 fee per person, handouts and materials included. A Food Safety Class Subscription is available for \$200 per year. **Payment is required prior to class** to confirm your reservation. Early registration is recommended. If you are unable to attend and would like to transfer your registration to another class date, a 48-hour notice must be given to CCPHD to transfer. Upon successful completion of the class, the certificate will be awarded.

**REGISTER**

If you are registering, payment is required prior to reserving your seat.

We at the Calhoun County Public Health Department firmly believe that attending a food safety course does make a difference. It is our goal to have a minimum of one person in each facility trained in food safety and sanitation.

**CLASS SCHEDULE 2018/2019: Tuesday, 8 am – 12 pm**

	July 23	Sept 24	Nov 12	

-----Return this portion with payment-----

**Payment is required prior to class.** Payment can be made via online, phone via credit card, by mailing in the bottom portion of this form with a check payable to CCPHD, or in person via credit card, check, or cash.

\*Note-a service fee will be charged for credit card transactions

If paying online via credit card:

1. Click on the link below, complete, and submit payment.
2. Email this form to [publichealth@calhouncountymi.gov](mailto:publichealth@calhouncountymi.gov) to complete transaction.



**FOOD SAFETY CLASS**

Company Name (if applicable) \_\_\_\_\_ Date Attending \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Name of person(s) attending class \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

**MAIL TO: CCPHD – EH, 190 East Michigan Avenue, Battle Creek, MI 49014**