

Why Receive Training?

Majority of foodborne illnesses in the United States are attributed to public eating establishments.

This proactive training material will:

Safeguard the health of your customers and employees.

Gain confidence knowing your employees consistently prepare and serve food in a safe and sanitary manner.

Protect the public image and reputation of your establishment.

At least one person in charge of a Risk Type 3 food establishment shall be a Certified Food Protection Manager. Certification is valid for five (5) years, and is nationally recognized.

Food Safety Manager Certification And Food Handler Training



Offered By The

Long Beach Island Health Department

Public Health
Prevent. Promote. Protect.

We educate and prepare food managers to successfully pass an exam administered through the National Registry of Food Safety Professionals.



Food Safety Trainers

Our registered trainers are regulatory officials themselves, and who better to train you than the regulatory experts?

Daniel Krupinski, MPH, HO, REHS
Health Officer

Nora Sullivan, REHS
Sr. Registered Environmental
Health Specialist

Food Safety Training & Management Principals

Based on the U.S. FDA 2013 Model Food Code

This course will ensure that food managers and supervisors have the necessary tools to educate their staff on the best practices of food handling.

Lesson Topics Include:

- Introduction to Food safety
- Food Hazards and Foodborne Illness
- Preventing Foodborne Illness
- Proper Food Handling and Sanitation

Two Day Program

Wednesday, May 8th, 2019
9:00 am – 4:00 pm

Thursday, May 9th, 2019
9:00 am – 1:00 pm

Location

Long Beach Township
Multi-Purpose Room

6805 Long Beach Blvd.
Brant Beach, NJ 08008

Registration

Fee: \$95.00

Includes text, materials,
and exam fees.

Deadline: 4/25/2019
(No refunds after this date)

Seating is limited

For More Information Call
609-492-1212

YES! I would like to attend a Food Safety Manager Certification & Food Handler course.

Name _____ Address _____

Company _____ City, State, Zip _____

Email _____ Phone _____ Fax _____

Please make check payable to the Township of Long Beach.

Send check & completed form to:

Long Beach Island Health Department
2119 Long Beach Boulevard
Ship Bottom, NJ 08008