

Keep Calm and Food Truck On: A Beginning to On the Road MFU Course

April 10-11, 2019



City Hall: EOC Training Room
401 Laureate Way
Kannapolis, NC

Sponsored by the Environmental Health State of Practice Committee



PURPOSE: This course is designed to advance Mobile Food Unit knowledge for Environmental Health Specialist. Areas that will be covered are;

- Application
- Plan review and menu review
- Safety issues
- Construction of trucks
- Commissary requirements
- Permitting
- Management of food trucks operators
- Enforcement scenarios

Class size limited to 25; MAX 2 registrants per county

Field Trip –Day Two PM: The City Kitch
9545 Pinnacle Drive Charlotte, NC

CREDIT: 11.25 CE's

Environmental Health Specialists (EHS): Application will be made to the N.C. State Board of Environmental Health Specialist Examiners for **11.25 hours** of continuing education credit.

REGISTRATION INFORMATION:

www.ncehsop.org

Fees: \$99

Lunch Provided Day 1

DAY 1

8:30 – 9:00	Registration
9:00 - 9:30	Course overview
9:30 – 10:30	Applications and Commissary
10:30 - 10:45	Break
10:45 – 12:30	Menu review and equipment needed (Exercise)
12:30 - 1:30	Lunch (provided)
1:30 - 2:45	Equipment to maintain product temperatures on unit and at commissary (Exercise)
2:45 - 3:00	Break
3:00 – 4:30	Water, Dry storage, Chemical storage (Exercise)
4:30 – 5:00	Wrap up

DAY 2

8:30 – 9:00	Registration
9:00 – 9:45	Safety, Fit and finish of trucks
9:45 – 10:15	Communicating with operators
10:15 – 10:30	Break
10:30 – 11:30	All things permit related
11:30 – 12:00	Wrap-up AND Proposals for MFU rules
12:00 – 1:30	Lunch and Travel to The City Kitch
1:30 – 3:30	The City Kitch (Certificates given out at end of field trip)





Google.com

Super Fun Contest! Prizes!

We want to see your craziest mobile food unit pictures! Prizes will given for the best pictures. Send your wacky MFU pictures to

terri.ritter@ncdhhs.nc.gov. Please include a caption with your picture.

(one per person, must receive by April 5, 2019)

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Registration Form

Course Title & Date: _____

First & Last Name: _____

E-mail: _____

Contact Number: _____

County and State of Employment: _____ REHS/Intern Number: _____

Supervisor Name: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Please specify if special accommodations are needed

All information must be completed and returned to:

NCEHSOP - PO Box 489 Efland, NC 27243

With payment of check or money order made out to NCEHSOP for the total of: \$99; must be post marked at least 7 calendar days from the first day of the course in order to be registered.

Upon payment approval your registration will be confirmed.