Stark County Health Department
7235 Whipple Ave NW
North Canton, OH
44720
www.starkhealth.org

Person-In-Charge Certification Training

Class Dates for 2027

May 10th
or
October 18th

Time: 9:00a-12:00p

Course Fee: $25.00

REGISTRATION IS ONLY GUARANTEED WHEN THERE IS AVAILABILITY AND PAYMENT IS RECEIVED BY OUR OFFICE. NO SPOTS WILL BE HELD. NO REFUNDS WILL BE ISSUED AFTER REGISTRATION DEADLINE OF TWO WEEKS PRIOR TO CLASS DATE

For More Information Contact : Food Clerk 330-451-1465

The Stark County Health Department is offering an **approved course** by the **Ohio Department of Health** for **Person-In-Charge Certification in Food Protection**. This food safety training is open to anyone, yet is now **mandatory** under the following circumstances:

New Operations Licensed After March 1, 2010

- Any new licensed food facility opening after March 1, 2010 must have a certified person in charge per shift.

Existing Operations

- Any licensed food facility that has been implicated in a foodborne disease outbreak.
- Any licensed food facility that fails to have a knowledgeable person in charge per shift or has failed to maintain sanitary conditions.

New High Risk Mobile Food Service Operations/Retail Food Establishments

- As of Sept. 1, 2024, Ohio Administrative Code (OAC) 3701-21-25(K)(4) requires high risk mobile food service operations (FSO) and high risk mobile retail food establishments (RFE) initially licensed after Sept. 1, 2024 to have at least one person in charge (PIC) per license holder at each event that has obtained PIC certification.

During this three hour interactive training, participants will gain an understanding of safe food handling, personal hygiene, cross-contamination and cleaning/sanitizing. All participants will receive a **Person-In-Charge Certificate in Food Protection**.

To enroll please return this section along with a $25 **check** payable to:
Stark County Health Department
7235 Whipple Ave NW North Canton, OH 44720

Class Date: _____

Name: _____ Facility Name: _____

Home Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____