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This newsletter can be found on the SafeFood web site.

Check it out at:

<http://www.colostate.edu/Orgs/safefood/>

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Putting Knowledge to Work

SAFE FOOD NEWS

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CDC LAUNCHES GET SMART – KNOW WHEN ANTIBIOTICS WORK CAMPAIGN

During the cold winter months, many people find themselves feeling the effects of colds or the flu and ask their doctors for antibiotic prescriptions to treat their ailments. Unfortunately, this seemingly easy solution or quick-fix to ease the symptoms of viruses and other illnesses has led to the problem of antibiotic resistance, which the Centers for Disease Control and Prevention (CDC) describes as one of its top concerns. Antibiotics, or antimicrobial drugs, are drugs that fight bacterial infections; they are not effective against infections caused by viruses, such as the common cold and the flu, even though many people have grown accustomed to using antibiotics to treat such viral infections. Over time, the improper use and overuse of these drugs has led to the development of antibiotic-resistant bacteria, bacteria which have changed or mutated in ways that allow them to survive the adverse conditions created by the antibiotic drug. As people repeatedly take antibiotics, fewer of the infectious bacteria are killed, leading to the development of resistant germs that are able to cause longer, more serious illnesses and even death. According to the CDC and the Food and Drug Administration (FDA), most of today’s bacterial infections, including malaria, HIV, *Staph aureus*, and *Mycobacterium tuberculosis*, are becoming resistant to antibiotics.



The development of antibiotic resistance is a biological process that is accelerated by human factors, including incorrect use of antibiotic drugs for inadequate lengths of time, inadequate doses or potency, or to treat the wrong types of infection. Microbes are then able to survive, adapt, and pass on resistance genes to other bacteria. Because bacterial populations have found ways to outsmart many antibiotic drugs over time, conditions

from tuberculosis to ear infections are now harder to treat than they once were. The increased use of more potent antibiotics when “first-line drugs” are ineffective only makes the situation worse, as resistant bacteria then gain the ability to survive even the strongest drugs available. The problem is relatively serious – the CDC reports that more than 70% of the bacteria that cause infections acquired in hospitals are now resistant to one or more of the drugs used to treat them. In addition, persons with resistant bacterial infections are more likely to have longer hospital stays and require treatment with stronger, more toxic drugs.

Researchers are working on strategies to combat this growing problem. The CDC currently provides hospitals with information and educational materials for health care providers to use in an attempt to reduce resistance in their facilities. The CDC suggests that proper use of antibiotics is the key to controlling antibiotic-resistant bacteria, and offers the following important tips as part of its “Get Smart – Know when Antibiotics Work” campaign:

- When talking to a doctor about an illness, don’t demand an antibiotic if the doctor decides that it is not the appropriate treatment.
- Ask your doctor what other treatments, besides antibiotics, will help relieve symptoms.
- Remember, antibiotics do not cure colds, coughs or viral infections, and should only be used when a doctor determines they are appropriate.
- If an antibiotic is prescribed, take the entire dosage exactly as directed for the full course determined by a doctor, even if symptoms improve. Medication should not be saved for later use.
- Never take an antibiotic prescribed for someone else.

Overall, the CDC stresses that antibiotics kill bacteria, not viruses, and should only be used when they will be beneficial as determined by a doctor. For more information on antibiotic resistance and the proper use of antibiotic drugs, check out the following websites:

<http://www.cdc.gov/drugresistance/community>
http://www.fda.gov/cder/consumerinfo/antibiotics_text.htm
<http://www.niaid.nih.gov/dmid/antimicrob/>
<http://www.who.int/mediacentre/factsheets/fs194/en/print.html>

WILL AVIAN FLU BE THE NEXT PANDEMIC?

Increasing attention has been placed in recent months on the potential development of a pandemic (large scale or world wide epidemic) caused by avian influenza, more commonly known as “bird flu.” Avian (bird) flu is an infection caused by influenza viruses that occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually don’t get sick from them. Avian flu is very contagious among birds, and can make some domesticated birds, including chickens, turkeys, and ducks, very sick. Domestic birds become infected through direct contact with waterfowl or other poultry that have the illness, or by contact with contaminated surfaces, water, or feed.



Avian flu generally refers to type A influenza viruses in birds, and has two main forms – a “low pathogenic” form (LPAI) and a “high pathogenic” form (HPAI). The low pathogenic form causes very mild symptoms in birds, such as decreased egg production. The high pathogenic form, however, is more serious, can spread rapidly through flocks, and is often fatal with death rates reaching up to 90-100% in some infected flocks.

The influenza virus that has caused so much recent concern is the H5N1 virus, which occurs mainly in birds, but has adapted so that it has the ability to infect humans and cause severe illness. Between 2003 and 2004, outbreaks of avian influenza H5N1 killed more than 100 million poultry across eight countries in Asia. While the risk for transfer of avian flu to humans is relatively low, more than 150 human cases, half of which have ended in death, have been reported worldwide since human cases of avian flu first appeared in Southeast Asia at the end of 2003. Most of these cases have been caused by direct or close contact with infected domestic poultry or contaminated surfaces; however, a few cases of human-to-human spread of H5N1 also have been seen.

So far, the spread of H5N1 virus among humans has been rare and has not continued beyond one person. Still, researchers studying avian flu are worried that

the virus could adapt as influenza viruses often do, and could gain the ability to spread much more easily among humans, potentially triggering a worldwide outbreak of the disease in a population with no developed immune protection. For this reason, vaccines are being developed and clinical trials are ongoing.

Symptoms and Transmission of Avian Flu. Thus far, avian flu has not been seen in humans in the United States. Symptoms range from typical flu-like symptoms (fever, cough, sore throat, and body aches) to more serious eye infections, pneumonia, and acute respiratory distress. The greatest risk of exposure to the avian flu virus is through the handling and slaughtering of live infected poultry. Transmission is also possible through surfaces contaminated by poultry feces. Poultry products, however, are safe to eat as long as proper preparation and consumption precautions are taken.

Prevention. The World Health Organization (WHO) and Food and Agricultural Organization (FAO) recommend the following precautions to prevent avian flu:

1. If you come across any dead or sick birds, do not touch them.
2. Cook all poultry to an internal temperature of 70°C (180°F). While the virus is not killed by refrigeration or freezing, it is destroyed by conventional cooking. Cooked poultry should have no pink spots.
3. Cook eggs until the white and yolk are firm. Because eggs can contain H5N1 virus both on the outside (shell) and inside (whites and yolk), eggs from areas with H5N1 outbreaks in poultry should not be consumed raw or partially cooked (runny yolk). While there have been no outbreaks of H5N1 in poultry in the U.S., cooking eggs thoroughly is always a good idea to prevent the spread of salmonella and any other bacteria or viruses that may be present.
4. Carefully avoid cross-contamination during food preparation. Drippings or juice from raw poultry should never be allowed to come into contact with prepared foods, and surfaces used to prepare raw meat should be cleaned thoroughly with soap and hot water.

5. Wash hands thoroughly with soap and hot water after handling raw poultry to prevent the spread of any viruses or bacteria.

The following websites provide more information on this emerging health concern:

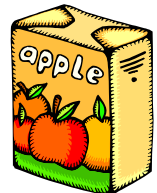
- http://www.aphis.usda.gov/lpa/issues/avian_influenza/index.html
- <http://www.cdc.gov/flu/avian/>
- <http://www.pandemicflu.gov/>
- http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/print.html

Sources:

1. CDC. Key facts about avian influenza and avian influenza A (H5N1) virus. November 25, 2005.
2. WHO. Avian influenza frequently asked questions. December 5, 2005. available at: http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/print.html
3. UPI. Report: Avian flu may not show symptoms. Jan 19, 2005.

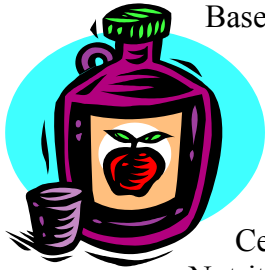
JUICE SAFETY: WHAT'S TO DRINK?

Fruit and vegetable juices are not commonly considered “high risk products.” However, without pasteurization or other adequate treatment, juice products can be unsafe and may contain bacteria such as *E. coli* O157:H7 and *Salmonella* that can cause serious illness. Juices can be contaminated from bacteria on the outside of the fruit that get into the finished product and grow there. Some of these bacteria, such as *E. coli* O157:H7, can be quite resilient in acidic conditions and survive for long periods in the acidic environment that juices provide.



Pasteurization is a process designed to destroy any bacteria, yeast and mold spores that may be present in raw juices. Roughly 98% of juices and juice drinks sold in the United States have been pasteurized and thus are safe to drink. However, unpasteurized juices are also available on the market and have been indicated in some recent outbreaks of foodborne illness. For example, a 1996 multi-state outbreak of *E. coli* infection was linked to untreated apple juice; an outbreak of *Cryptosporidium* infection in 2003

was linked to inadequately treated apple cider. A more recent outbreak of *Salmonella* infection in 2005 was linked to inadequately treated orange juice labeled as “fresh squeezed.”

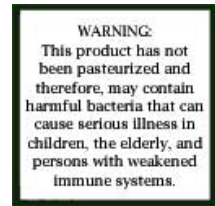


Based on results of a study that found contamination of juices can occur at any point in the growing, harvesting, packaging and delivery stages, the Food and Drug Administration’s Center for Food Safety and Applied Nutrition (CFSAN) developed regulations in 1997 requiring juice producers follow a HACCP (Hazard Analysis and Critical Control Point) plan to ensure all stages of production are safe. According to these requirements, juice treatment procedures must achieve a 5-log (100,000-fold) reduction in bacteria that will last as long as the shelf life of the juice when stored under normal conditions.

With so many juice choices on the market today, it is important to understand the types of treatments used to achieve this 5-log reduction in bacteria. Pasteurization is the process by which juice is heated to a very high temperature for a short period of time before being placed on the market. This process kills pathogens that may be present. The production of frozen juice concentrate also includes a heat treatment that is equivalent to pasteurization. Fresh juices that have been pasteurized will be labeled as such and can be found in refrigerated sections of grocery stores. These juices need to remain refrigerated after they are purchased and taken home. “Treated” juices also have been processed to achieve a 5-log reduction in bacteria, but with a different system such as UV irradiation or Ultra High Temperature (UHT) processes. UHT treated juices are often packaged in airtight containers such as non-refrigerated boxes, bottles and cans to make them shelf stable.

In contrast, untreated or “raw” juices have not had any treatment to destroy harmful bacteria. Untreated juices, such as apple cider, are commonly sold refrigerated in health food specialty stores or at farmer’s markets. As mandated by the Food and Drug Administration (FDA), these juices must carry a warning label stating that the juice is not pasteurized and may contain illness-causing bacteria.

As with other high-risk foods, it is important that children, elderly persons, and other immune-compromised persons avoid drinking untreated juices. The FDA and CDC recommend that immune-compromised persons avoid drinking any juices not clearly labeled or not known to have been treated to kill pathogens. To avoid the risk of foodborne illness, all consumers should carefully read juice containers and avoid buying juice products that have not been adequately treated.



Sources:

1. Center for Food Safety and Applied Nutrition (CFSAN). <http://www.cfsan.fda.gov>. Accessed January 2006.
2. Centers for Disease Control and Prevention. Preventing health risks associated with drinking unpasteurized or untreated juice. <http://www.cdc.gov>. Accessed January 2006.
3. Food Labeling: Warning and Notice Statement: Labeling of Juice Products Final Rule. Department of Health and Human Services, Food and Drug Administration. Federal Register: July 8, 1998: 63(130); 37029-37056. Available at the Federal Register Online via GPO Access www.access.gpo.gov or <http://www.cfsan.fda.gov/~lrd/fr98708a.html>.

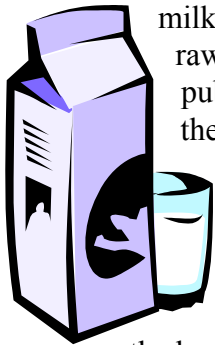
RAW MILK: WHY PASTEURIZE?

In recent years, we have seen a growing interest in raw milk among some consumers. Proponents of raw milk suggest that pasteurization destroys nutrients, enzymes that facilitate calcium absorption, and beneficial bacteria present in milk; another claim is that pasteurized milk is associated with allergies. A quick search on the internet using the key words “raw milk” brings up several websites devoted to the far-reaching virtues of raw milk, from calming nerves to reversing malnutrition. Is raw milk the answer to our health issues, or is drinking raw milk a potentially dangerous practice that can cause serious foodborne illness?

Milk and other milk-based products naturally contain both beneficial and pathogenic bacteria. Beneficial bacteria, like *Lactobacillus*, help produce yogurt and other dairy foods and have a role in promoting gastrointestinal health. Harmful bacteria, such as *Campylobacter jejuni*, *E. coli* O157:H7, *Listeria monocytogenes*, and *Salmonella*, may get into milk

through cross-contamination and grow in the nutrient-rich environment milk provides. Infections from these pathogens, especially in persons with compromised immune systems, can cause severe diarrhea, cramps, fever, nausea, vomiting, headache and dehydration, as well as more serious complications like hemolytic uremic syndrome.

Because of the dangers of pathogenic bacteria, most milk is treated by pasteurization, a heat treatment originally developed to kill the bacterium that causes tuberculosis. Pasteurization is effective in destroying the bacteria in milk that cause tuberculosis, salmonellosis, diphtheria, typhoid fever, and other illnesses without adversely affecting the milk's nutritional content, flavor or quality. Rapid cooling of the milk and storage below 40 degrees F. following treatment help prevent milk spoilage and keep treated



milk safe to drink. Despite the claims of raw milk advocates, the FDA and other public health agencies maintain that there are no known significant nutritional differences between unpasteurized and pasteurized milk and that pasteurized milk provides all the nutrients found naturally in raw milk. According to the FDA, the benefits of destroying harmful bacteria far outweigh any potential health benefits claimed by raw milk advocates, and recent outbreaks of foodborne illness associated with untreated milk have helped to renew public awareness of the dangers of raw milk consumption.

These outbreaks include one caused by *Salmonella* Typhimurium in 2002-03 in which 62 people in Illinois, Indiana, Ohio, and Tennessee became ill after consuming raw milk sold in Ohio. More recently, an outbreak in late 2005 of *E. coli* O157:H7 infection in Washington state caused serious illness in 8 people and was linked to locally sold raw milk. The unlicensed provider of the milk was ordered to close. In another recent case, five people became ill with campylobacteriosis early this January after drinking raw milk linked to a dairy in Larimer County, Colorado. Although the direct sale of raw milk is illegal in Colorado, consumers may buy shares in dairy cows; raw milk from a shared cow was likely the cause of this outbreak, according to the Colorado Department

of Public Health and Environment. In cases such as these, raw milk can cause severe illness and related complications.

Federal law requires that milk shipped across state lines for sale at retail stores must be pasteurized. However, within each state, the regulation is up to local governments, and some states allow the sale of raw milk. In some states where the sale of raw milk is illegal, consumers can get around the law by “cow sharing” – groups pay a fee to a farmer to purchase a cow and use the raw milk. Other states, like Wisconsin where an outbreak of *Campylobacter jejuni* infection was linked to raw milk from cow sharing, have banned cow sharing programs.



Despite the possible health benefits touted by raw milk advocates, the FDA and other public health officials recommend taking precautions to avoid foodborne illness from raw milk or other unpasteurized dairy products. Recommendations advise consumers to avoid drinking beverages or eating foods made with unpasteurized milk, including raw milk soft cheeses from any source. Those at increased risk of foodborne illness, including the young and elderly, pregnant women, or those with diseases that compromise immune function, should especially be advised to avoid raw milk products and to have the best information available from their healthcare providers regarding the risks of raw milk.

Sources:

Why pasteurize? The dangers of consuming raw milk. Cornell University Dairy Science Factsheets. Department of Food Science, Ithaca, NY. 2002.

Got milk? Make sure it's pasteurized. *FDA Consumer*. http://www.fda.gov/fdac/features/2004/504_milk.html. Accessed January 2006.

Multistate outbreak of *Salmonella* serotype Typhimurium infections associated with drinking unpasteurized milk – Illinois, Indiana, Ohio, and Tennessee, 2002-2003. *MMWR Weekly*. 2003; 52(26); 613-615.

E. coli outbreak in southwestern Washington highlights risks of raw milk. Washington State Dept. of Health News Release. http://www.doh.wa.gov/Publicat/2005_news/05-164.htm. Accessed January 2006.

Raw milk sickens five: Larimer dairy implicated. *The Daily Reporter-Herald*, Loveland, CO. January 21, 2006.

FOOD ALLERGY OR INTOLERANCE?

If you experience an unpleasant reaction, such as hives, nausea or diarrhea, when you eat certain foods, you may have a food allergy. Then again, it may be a food intolerance. Either way, your best response is often to avoid the offending food in the future.

Food allergies. If you have a true food allergy, your immune system is unusually sensitive to a protein contained in particular foods. When a food containing the protein is eaten, the immune system produces antibodies to attack what it considers a foreign and harmful substance. This reaction triggers the release of histamines and a chain of reactions which result in uncomfortable, sometimes life-threatening, symptoms affecting the skin, the respiratory and gastrointestinal tracts, or even the cardiovascular system.



True allergic reactions to foods are rare, but can be quite severe, and include tingling in the mouth, swelling of the tongue or throat, shortness of breath or difficulty breathing, nausea, vomiting, diarrhea, hives, dangerously low blood pressure, and unconsciousness. In fact, an estimated 150 persons in the U.S. die each year from a severe food allergic reaction. The symptoms of an allergic reaction appear quickly, usually within two hours after the offending food is consumed.

For adults with food allergies, the most common triggers are shellfish such as shrimp and lobster, peanuts, tree nuts, fish, and eggs. Reactions in children are most often caused by eggs, milk, soy, and peanuts. Children may outgrow certain food allergies, but those that first appear in adulthood usually remain for life. In addition, true allergies to peanuts, tree nuts, fish, and shellfish are usually life-long for both children and adults.

Food intolerances. If the adverse reaction to food doesn't involve the body's immune system, but rather is the result of the body's inability to digest certain foods or components of foods, it is called a food intolerance. Lactose intolerance is a common type of food intolerance. Individuals with this condition cannot properly digest milk due to the body's

deficiency of an enzyme called lactase, which breaks down the sugar in milk. If a lactose-containing substance such as milk is consumed, cramps and diarrhea result. For some, the reaction occurs with any amount of the offending food. Others can enjoy small amounts of lactose-containing foods, but have trouble digesting a full glass of milk or bowl of ice cream, for example.



Dealing with a food allergy or intolerance:

Currently, there are no cures for food allergies or intolerances. There are digestive aids that can help with intolerances to the sugars in milk and beans. For annoying, but not severe food allergy symptoms, your doctor may prescribe an antihistamine. For severe reactions, an injection of epinephrine (adrenaline) may be necessary. People prone to severe reactions to food are advised to wear an alert bracelet or necklace.

Once a food allergy or intolerance is diagnosed, the following steps can help prevent an adverse reaction:

- Consult with your health care professional or a registered dietitian to learn how to manage your food allergy or intolerance.
- Always know what you are eating and drinking. Read food labels carefully.
- Learn the common ingredient terms for the offending substance. For example, if you are allergic to eggs, avoid foods that list albumin and globulin in the ingredient list.
- When eating out, ask about ingredients and preparation methods of menu items before ordering.

More information on food allergies and intolerances is available at the following websites:

<http://www.aaaai.org>



<http://www.foodallergy.org>

<http://www.cfsan.fda.gov>



SLOW COOKER SAFETY

The U.S. Department of Agriculture's Meat and Poultry Hotline is encouraging Americans to take the necessary steps this winter to ensure proper food safety when preparing meals in a slow cooker. Because food is cooked at lower temperatures for longer periods of time, there are some different aspects to consider.

Is A Slow Cooker Safe?

Yes, the temperatures usually range between 170° and 280° F, which is safe while still low enough to help less expensive, leaner cuts of meat become tender and shrink less during cooking. The direct heat, lengthy cooking time and the steam created within the tightly covered container combine to destroy bacteria and make the slow cooker a safe process for cooking foods. However, because the slow cooker might take several hours to reach a safe, bacteria-killing temperature, it is important to follow basic food safety principles.

Safe Beginnings

As always, it is important to begin with a clean cooker, clean utensils and a clean work area and wash hands before and during food preparation. Cut meat and vegetables should be separated and stored in the refrigerator until ready to add to



the cooker. Meat and poultry should be cut into chunks or smaller pieces, and should always be defrosted before putting into a slow cooker. Slow cookers are not intended for large roasts or a whole chicken because the interior of

the meat could remain in the bacterial "Danger Zone" (40°F -140 °F) for too long. The cooker should be filled no less than half full and no more than two-thirds full. Because vegetables cook slower than meat and poultry in a slow cooker, they should be placed at the bottom and around the sides, then adding the meat, covering with liquid and keeping the lid in place.

Settings

Most cookers have two or more settings. Certainly, foods will cook faster on high than on low. It is best to use the highest setting for the first hour of cooking, then turn to low or the setting called for in the recipe. However, if the precautions listed in "Safe Beginnings" are followed, it is safe to cook foods on low the entire time if preparation time is limited. While food is cooking and once it's done, food will stay safe as long as the cooker is operating.

Power Out

If home when the power goes out, it is safe to finish cooking the ingredients immediately by some other means: on a gas stove, on the outdoor grill or at a house where the power is on. When you are at home, and if the food was completely cooked before the power went out, the food should remain safe up to two hours in the cooker with the power off. However, it may be necessary to discard the food if a power outage occurs while away from home and one cannot tell if the food got fully cooked.

Handling Leftovers

As with any foods, leftovers should be placed in shallow covered containers and refrigerated within two hours after cooking is finished. Reheating leftovers in a slow cooker is not recommended. However, cooked food can be brought to steaming on the stovetop or in a microwave oven and then put into a preheated slow cooker to keep hot for serving.

Consumers with food safety questions can call the toll-free USDA Meat and Poultry Hotline at 1-(888) 674-6854. The hotline is available in English and Spanish and can be reached from 10 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Recorded food safety messages are available 24 hours a day.

Source:

USDA-FSIS News Release. Jan. 31, 2006. Go to http://www.fsis.usda.gov/News_&_Events/NR_013106_01/index.asp.

RESOURCES

HURRICANE KATRINA AFTERMATH: KEEPING FOOD SAFE DURING FLOODING AND POWER OUTAGES

Although the hurricane season is past, the after effects are still on everyone's mind. The FSIS website has several useful consumer food safety bulletins. Go to http://www.fsis.usda.gov/News_&_Events/NR_082905_01/index.asp.

"IS IT DONE YET?"

USDA FOOD THERMOMETER EDUCATION KITS

The Food Safety and Inspection Service (FSIS) of the U.S. Department of Agriculture (USDA) has launched a new campaign to promote the use of food thermometers. The campaign aims to raise consumer awareness about food thermometer use in order to ensure that meat, poultry, fish and egg products are "perfectly cooked; perfectly safe." Food safety instructors, health educators and others will find this a wonderful new resource to utilize.



Each kit comes with a colorful brochure,

poster and handy refrigerator magnet showing safe end-point cooking temperatures for various foods. Additionally, the kit comes with a DVD containing pdf files, radio PSAs and printer-ready art files. Materials are available to download from the website at <http://www.IsItDoneYet.gov> or request by email, IsItDoneYet@fsis.usda.gov.

CSU FOOD PROCESSING SUPPORT SERVICES

CSU's Food Processing Lab can provide food processing support services in the areas of product development and testing, nutritional analysis (based on ingredients and formulation provided by the client), and product labeling. Prices vary according to the consulting or analytical services performed. For more information, call 970-491-3874, or visit the website at:

<http://www.cahs.colostate.edu/fshn/foodsupport.asp>.

COMING EVENTS

SAVE THE DATES!

➔ National Food Safety Education Conference Denver, Colorado

Mark your calendar now for the upcoming food safety education conference, *"Reaching At-Risk Audiences and Today's Other Food Safety Challenges"* to be held **September 27 - 29, 2006**, at the Adams Mark Hotel in Denver. The conference is sponsored by FDA, FSIS, CDC, CSREES, NSF International and NSF/WHO Collaborating Center for Food Safety. Pre-conference workshops will be held September 25 - 26.

For more information go to

<http://www.fsis.usda.gov/Denver2006/>.

Call for Abstracts! To submit an abstract for consideration for the 2006 Food Safety Education Conference, please go to

http://www.nsf.org/regulatory/conferences/abstract_submission.doc to download the abstract submission form (DOC only), complete it, and return it via email to Denver2006@nsf.org. **The submission deadline is February 17, 2006, 5:00 pm EST.**

➔ Annual Rocky Mountain Food Safety Conference Arvada, Colorado

The Rocky Mountain Food Safety Conference will be held May 23 - 24, 2006, at the Arvada Center for the Performing Arts. The annual scholarship fund-raising Golf Tournament is scheduled for May 22. For more information, contact Devin Koontz at (303) 236-3020. Registration brochures will be sent in late February. If interested, please email, julie@cobeef.com, to be placed on the mailing list.



➔ LF Smith Conference for Nutrition Educators Fort Collins, Colorado

The Lillian Fountain Smith conference for Nutrition Educators will be held June 15 - 16, 2006, at the Marriott Hotel in Fort Collins.

SERVSAFE® TRAININGS

Denver Metro Region

Manager level ServSafe® trainings are offered monthly in the Denver metro area through the Colorado Restaurant Association. Cost: members - \$130; non-members - \$170. Please call 303-830-2972 for a complete schedule of dates and locations.

Western Region

<u>Date</u>	<u>Location</u>	<u>Intended Audience</u>	<u>Fee</u>
05/18/06 8 – 5:30p	Eagle County	Mgrs Certification Trng (by May 8)	\$100
<i>Contact: Glenda Wentworth (970) 328-8630</i>			

Northern Region

<u>Date</u>	<u>Location</u>	<u>Intended Audience</u>	<u>Fee</u>
03/21/06 1:30 – 6p	Brush, CO	Food Handler Trng	\$25
<i>Contact Joy Akey (970) 332-4151</i>			

ADDITIONAL FOOD HANDLER TRAININGS

Food SafetyWorks Program - Food Handler Training
from 2 – 5 pm at various Larimer County locations:

<u>Date</u>	<u>Location</u>	<u>Fee</u>
03/13/06	Loveland, CO	\$25
03/15/06	Fort Collins, CO (Spanish)	\$25
04/10/06	Fort Collins, CO	\$25
05/08/06	Fort Collins, CO	\$25

Contact Edie McSherry (970) 498-6015

Weld Star Program - Food Handler Training

<u>Date</u>	<u>Location</u>	<u>Fee</u>
02/28/06	Greeley, CO (Spanish)	\$5
05/16/06	Ft Lupton, CO	\$5
05/23/06	Ft Lupton, CO (Spanish)	\$5

Registration required and fee due one week prior to class date.
Call 970-304-6415, ext. 2209.

This newsletter was prepared by Food Science & Human Nutrition Extension Specialists:

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