

ORDER FORM

Form-100

Child Care Health and Safety Products

	Quantity	Unit Price	Sub-Total
1. National Health and Safety Policies / Including OSHA/ Bloodborne Pathogen (BBP) Exposure Control Plan (ECP)		\$75.00	
2. MN Health and Safety Policies / Including OSHA/ BBP ECP (3 Ring Binder w/Indexed/Tabbed)		\$150.00	
3. Bloodborne Pathogen Exposure Control Plan (OSHA Law)		\$50.00	
4. "First Aid & ER Prep Reference Guide" Manual (4.5" x 6.5")		\$15.00	
5. "Cleaner" and "Sanitizer" Labels Kit; includes pre-print self adhesive, color coded labels: 4 (each) Food Service Cleaner, Rinse and Sanitizer 4 (each) Diaper/Bathroom Cleaner, Rinse and Sanitizer 2 Bleach Concentration Charts		\$10.00	
6. CPR Face Shield		\$5.00	
7. Bleach (Chlorine) or Quat Strips (100/tube) (Please Circle)		\$10.00	
8. Choking/CPR Poster 2012 (Infant/Child) (11x17)		\$5.00/each	
9. First Aid Poster 2012 (11x17)		\$5.00/each	

Prices are subject to change.

Sub-total:	
Shipping & Handling	
\$5-\$25	\$6.00
\$25-\$50.00	\$8.00
\$50.01-\$125.00	\$14.00
\$125.01-\$200.00	\$18.00
> \$201.00	\$22.00
Sub-total A:	

10. A to Z Health & Safety Manual		\$52.99	
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Send Order Form and Check or money order to:

Health Consultants For Child Care Inc. (HCCC)
 1210 Morningview Drive
 Mound, Minnesota 55364 (Hennepin County)
 Office/Fax (952) 472-3915
www.healthconsultantsforchildcare.com
 E-mail: hccc_barbstoll@mail.com

Shipping & Handling	
One manual	\$9.00
2-3 manual	\$19.00
4-9 manual	\$28.00
Ten or more manuals (shipping invoice enclosed).	

Sub-total B:	
Sub-total A and B	

MN Sales Tax		7.275%	
Add .5% for Brainerd, Mankato Area, Mpls, Rochester, St. Cloud Area or St. Paul = 7.775% Add 1% for Duluth = 8.275%			

11. SUID (SIDS)/AHT (SBS) Self Learning Packet		\$20	
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Tax Exempt Certificate # _____

Total Amount Due (Including TAX):	
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Credit Card Payment: Billing Zip Code _____
 Acct # _____

Exp. Date. _____ Security Code _____

Name on Card: _____ Signature: _____

Make Payable to: Health Consultants For Child Care (HCCC)

Organization: _____

Your Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Received By: _____