



1103 Broadway St., Ste 100
 Alexandria, MN 56308
 Phone: 320-762-2124
 Toll-free: 800-568-5940
 zimnyinsuranceagency.com

Date of Proposal: ___/___/___

Client Name: _____ Content Person: _____

Contact Email: _____ Contact Number: _____

PROGRAM DEVELOPMENT & TRAINING	PROGRAM	TRAINING	COST
A Workplace Accident and Injury Reduction (AWAIR)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Right to Know	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Return to Work	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fleet Safety	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Learning Management System	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Silica Exposure and Control	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Powered Industrial Truck (Forklift)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Hoist and Cranes	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Confined Space Permitting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Trenching and Excavation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fire Prevention	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Emergency Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Control of Hazardous Energy (Lockout/Tagout)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mobile Earthmoving Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Back Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Bloodborne Pathogen Awareness	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Cold Stress	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Walking and Working Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Basic Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Ladder Safety and Inspection	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

