



Healthcare Laundry Accreditation Council

ACCREDITATION INSPECTION APPLICATION

(PLEASE READ: "HLAC ACCREDITATION APPLICATION AND PROCESS GUIDE")

1st Time Applicant: **YES** **NO**

If applying for **Reaccreditation**, provide current Accreditation date: _____

I. LAUNDRY ORGANIZATION INFORMATION

Laundry Organization or Company Name: _____

Contact Person: _____

Position or Title: _____

Street Address: _____

City, State, Zip: _____

Country: _____

Telephone: _____ Fax: _____

Contact Person's Cell Phone: _____ E-mail: _____

Is the invoice address the same as above? **YES** **NO**

If **NO**, please provide invoice address:

II. DEMOGRAPHICS

Demographic information is held strictly confidential within HLAC.

1. Type of laundry organization (**please check one**):

A. Healthcare Textiles processed only _____

B. Healthcare and Hospitality Textiles processed (Mixed Plant) _____

2. Percentage of healthcare textiles processed at this location _____%

(Pounds: i.e., 50% healthcare, 50% non-healthcare)

3. Of the healthcare textiles processed, please provide the following percentages:

A. Acute care (hospital) _____%

B. Long term care (nursing homes, etc.) _____%

C. Retail medical (dental, ambulatory surgical, clinics) _____%

4. Does this laundry organization have a surgical pack assembly room? **YES** **NO**

5. Does this laundry organization sterilize textiles onsite? **YES** **NO**

6. Age of laundry organization _____
7. Square footage of this laundry organization _____
8. Number of employees _____
9. List how many full shifts _____
10. List hours of operation by departments (if necessary, list on separate sheet)

11. If you run a mixed laundry organization, list the hours when you process healthcare textiles

12. List hours of breaks and lunches by department (if necessary, list on separate sheet)

13. Are there any days the laundry organization is not open during the next 45 days, including weekends and federal holidays? _____

14. List contact names and their cell phone numbers per shift, so that Inspectors do not have to search for individuals to answer questions. (if necessary, list on separate sheet)

15. Does this laundry organization have an offsite Depot (Associated with main processing facility)? **YES** **NO**

A. If so, what is the square footage of the offsite Depot? _____

B. What is the mileage between the main laundry organization and the offsite Depot? _____ If mileage is greater than a 10-mile radius, a \$1,500 additional fee is required.

16. Does this laundry organization process textiles entirely at one facility? **YES** **NO**
If not, please explain: _____

17. Has there been any major expansion and/or renovation (i.e., infrastructure versus capacity increase) to the laundry since the last HLAC inspection? **YES** **NO**

If **YES**, please explain: _____

III. INSPECTION FEES

In the table below, the basic inspection fees are listed. Specific detailed information related to the fees and processes are listed in the *HLAC Accreditation Application and Process Guide*.

BASIC INSPECTION FEES (Effective January 1, 2012) (All monies are listed in U.S. currency)		
	United States	Canada
First Time Accreditation	\$5,000*	\$6,000*
Renewal Accreditation	\$5,000*	\$6,000*
Inspection for Depot (Associated with main processing facility greater than a 10-mile radius)	\$1,500*	\$1,500*
Remediation Visit **	\$2,000*	\$2,000*
* Travel Expenses not included		
** Remediation fees apply when a follow-up inspection is required to review corrective actions		
Travel Expenses	Actual Expenses Incurred billed following the inspection	
Inspection Rescheduling Fee (If rescheduled/cancelled less than 45 days before scheduled inspection plus any travel expense fees and penalties incurred by HLAC Inspector)	\$500	\$500

IV. SPECIAL RATES – MULTIPLE FACILITIES

In the table below, special rates are provided for laundry organizations with three or more facilities.

Special Rate for Laundry Organizations with <u>Three or More</u> Facilities* (Effective January 1, 2012) (All monies are listed in U.S. currency)	
To Qualify for the special rate reductions, the laundry organization must submit the following:	
<ol style="list-style-type: none"> 1. All applications and Inspection Fees for all Facilities at the same time 2. Provide proof of common ownership (i.e., articles of incorporation or letter from lawyer) 	
The following rate reductions will be applied to the Basic Inspection Rates Listed Above.	
3 to 5 Laundry Facilities	\$500 per Laundry Facility
6 to 10 Laundry Facilities	\$750 per Laundry Facility
Over 10 Laundry Facilities	\$1,000 per Laundry Facility
*For those laundry organizations with facilities in different countries, the country where the facility is located will determine the Basic Inspection Fee.	

V. LAUNDRY ORGANIZATION NAME ON PLAQUE (If Accredited)

If **accredited**, please list the Laundry Organization Name as it is to appear on the Accreditation Plaque:

VI. ACKNOWLEDGEMENT

By signing this application, the laundry organization agrees to the terms set forth in the document, **HLAC Accreditation Application and Process Guide**, as well as acknowledges understanding of the HLAC Mission Statement, Inspection Process and **Accreditation Standards for Processing Reusable Textiles for Use in Healthcare Facilities**, 2011 Edition, as published on the HLAC's website at www.hlacnet.org.

Signed

Printed Name

Date

Title

Make Company Check Payable to:	
Healthcare Laundry Accreditation Council or HLAC	
Mail Application and Company Check to HLAC Lockbox:	If you have questions, please contact:
Healthcare Laundry Accreditation Council P.O. Box 777014 7014 Solution Center Chicago, IL 60677-7000	Healthcare Laundry Accreditation Council Toll Free: 855-277-HLAC (4522) Telephone: 815-464-1404 Fax: 815-464-1405