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**Healthcare Laundry Accreditation Council**

**ACCREDITATION INSPECTION AGREEMENT**

**(PLEASE READ: “*HLAC ACCREDITATION INSPECTION PROCESS GUIDE*”)**

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

If applying for **Reaccreditation**, provide current Accreditation Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list desired timeframe (i.e., week of) to schedule the HLAC inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***(Laundry Organizations due for reaccreditation can be inspected 60 days prior to and up to the expiration date of their current accreditation.)***

### 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):**
2. Healthcare Textiles processed only \_\_\_\_\_\_\_\_\_\_
3. Healthcare and Hospitality Textiles processed (Mixed Plant) \_\_\_\_\_\_\_\_\_\_
4. Percentage of healthcare textiles processed at this location \_\_\_\_\_\_%

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

1. Of the healthcare textiles processed, please provide the following percentages:
2. Acute care (hospital) \_\_\_\_\_\_\_\_\_\_%
3. Long term care (nursing homes, etc.) \_\_\_\_\_\_\_%
4. Retail medical (dental, ambulatory surgical, clinics) \_\_\_\_\_\_\_\_\_%
5. Does this laundry organization have a surgical pack assembly room? \_\_\_\_ **YES** \_\_\_\_ **NO**
6. Does this laundry organization sterilize textiles onsite? \_\_\_\_ **YES** \_\_\_\_ **NO**
7. Age of laundry organization \_\_\_\_\_\_\_\_
8. Square footage of this laundry organization \_\_\_\_\_\_\_\_\_\_
9. Number of employees \_\_\_\_\_\_\_\_\_\_
10. List how many full shifts \_\_\_\_\_\_\_\_\_\_
11. List hours of operation by departments **(if necessary, list on separate sheet)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any days the laundry organization is not open during the next 45 days, including weekends and federal holidays? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this laundry organization have an offsite Depot (Associated with main processing facility)? \_\_\_ **YES** \_\_\_ **NO**
2. If yes, provide the address of the depot(s) - **(if necessary, list on separate sheet)**

**Depot #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Depot #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If yes, what is the square footage of the offsite Depot(s)?

**Depot #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Depot #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the mileage between the main laundry organization and the offsite Depot?

**Depot #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Depot #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If mileage is greater than a 10-mile radius, a $1,500 additional fee is required.

1. How many hours away is the offsite depot to the main laundry organization?

**Depot #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Depot #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the depot is **3 hours or more** away from the main facility, please **add $300** to the depot inspection fee. If the depot is **6 hours** or more away from the main facility, please **add $600** to the depot inspection fee.

1. Does this laundry organization process textiles entirely at one facility? \_\_\_\_ **YES** \_\_\_\_ **NO** If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 **(if necessary, list on separate sheet)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. LAUNDRY ORGANIZATION NAME ON PLAQUE AND HLAC WEBSITE**

If **accredited**, please list the **Laundry Organization Name** as it is to appear on the Accreditation Plaque and the HLAC website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **accredited**, please list the Laundry Organization **Web Address**. A link to the Laundry Organization’s website will appear next to the Laundry Organization’s name on the HLAC website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. 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 Inspection Process Guide*.

|  |  |  |
| --- | --- | --- |
| **BASIC INSPECTION FEES\***  **(All monies are listed in U.S. currency)** | | |
|  | **United**  **States** | **Canada**  **Mexico** |
| **Countries outside North America, contact HLAC for fees** | | |
| **First Time Accreditation** | **$5,150** | **$6,150** |
| **Renewal Accreditation** | **$5,150** | **$6,150** |
| **Inspection for Depot (Associated with main processing facility greater than a 10-mile radius)** | **$1,500\*** | **$1,500\*** |
| **If the depot is 3 hours or more away from the main laundry facility, please add $300 to the depot inspection fee.** | **$300** | **$300** |
| **If the depot is 6 hours or more away from the main laundry facility, please add $600 to the depot inspection fee.** | **$600** | **$600** |
| **Remediation Visit \*\*** | **$2,500\*** | **$2,500\*** |
| **\* 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 less than 45 days before scheduled inspection plus any travel expenses, fees and penalties** **incurred by HLAC Inspector)** | **$500** | **$500** |
| **\*Laundry organizations in different countries, please call HLAC for the Basic Inspection Fee** | | |

**V. 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 Three or More Facilities\***  **(All monies are listed in U.S. currency)** | |
| To **Qualify** for the special rate, the laundry organization must submit the following:   1. All agreements and Inspection Fees for all Facilities at the same time 2. Provide proof of common ownership or management (i.e., articles of incorporation or letter from lawyer) | |
| **The following rates will be deducted from 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.** | |

**VI. HLAC ACCREDITATION AGREEMENT & PAYMENT**

|  |
| --- |
| **HLAC ACCREDITATION INSPECTION AGREEMENT & PAYMENT** |
| **Company Check Payable to: Healthcare Laundry Accreditation Council or HLAC** |
| **Mail HLAC Accreditation Inspection Agreement & Company Check to HLAC Lockbox:**  **Healthcare Laundry Accreditation Council**  **22640 Hazel Lane**  **Rapid City, SD 57430**  **For ACH Payments:**  **Financial Institution: PNC Bank**  **Account Name: Healthcare Laundry Accreditation Council**  **Routing Number: ABA 021052053**  **Account Number: 12792978** |

**VII. HLAC RESPONSE TIMEFRAME**

Due to the unique circumstances of each inspection, additional work and research may need to be completed before the HLAC Accreditation Sub-Committee can respond after an inspection or after receiving remediation (corrective) materials. This process can take up to three (3) weeks to complete.

**VIII.** **HLAC UNANNOUNCED RE-INSPECTIONS**

HLAC reserves the right to perform an unannounced re-inspection at an HLAC accredited laundry at any time during regular business hours which may affect its accreditation status. If the re-inspection shows that *HLAC Standards* are not met, accreditation may be revoked.

#### IX. HLAC POLICY - REACCREDITATIONS

Reaccreditation inspections can be scheduled 60 days prior to and **up to the expiration date** of their current accreditation expiration date. Laundry organizations that do not complete their reaccreditation during this timeframe will lose their accreditation.

On the day after their accreditation expiration date, the laundry organization’s name will be removed from the HLAC website and all marketing stating they are HLAC Accredited must be stopped immediately.

#### X. HLAC INSPECTION REMEDIATION (CORRECTIONS)

Remediation (corrections) may be allowed for laundry organizations that do not qualify for accreditation during its inspection depending upon the extent of the failures. The laundry organization will be allowed up to **15 business days** from the date of the HLAC inspection results letter to remediate (correct) *HLAC Standards* failures; or in special circumstances, the Accreditation Sub-Committee may provide the laundry organization up to **45 days** to remediate based on the extent of the remediation (corrections). Laundry organizations that do **NOT** submit remediation (corrections) within the designated time will have their accreditation **revoked** and will not be able to re- apply for accreditation for a period of six months.

#### XI. ACKNOWLEDGEMENT

By signing this agreement, the laundry organization agrees to the terms set forth in this document as well as the ***HLAC* *Accreditation Inspection Process Guide*.** It further acknowledges understanding of the HLAC Mission Statement, Inspection Process and ***Accreditation Standards for Processing Reusable Textiles for Use in Healthcare Facilities***, 2016 Edition,as published on the HLAC’s website at [www.hlacnet.org](http://www.hlacnet.org/).

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# Signed Printed Name

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date Title*

**For more information or questions, please contact:**

**Healthcare Laundry Accreditation Council (HLAC)**

**Toll Free:** 855-277-HLAC (4522)

**Telephone:** 815-436-1404

**www.hlacnet.org**