



Hygienically Clean Certification – Healthcare Application, Audit and Certification Process

Important Information

It is recommended for you to review and download a copy of the [Hygienically Clean Healthcare Standard](#) prior to submitting your application. **Please retain this page for your reference.**

Application Process

1. Complete all sections of your application in its entirety. An incomplete application may cause a delay in processing.
2. Determine the appropriate application and inspection fees based upon whether the company is a member or non-member. **See Section IV of the application.**
3. Submit a copy of your application with payment to TRSA by check or credit card. Applications are accepted by U.S. Postal Service, Courier Service (i.e., UPS, FedEx), or e-mail. **See Section XII of the application.**
4. Confirmation of receipt of your application along with additional information will be emailed to you from TRSA.
5. Sample Selection for Microbiological Testing (*For first time applicants only*): Testing may begin prior to the submission of your application. Initial test results must be submitted within 60 days after the submission of your application. Secondary test results must be submitted no later than 45 days after the initial results are received. For more information regarding testing, reference Section 7 of the [Hygienically Clean Healthcare Standard](#).
6. Quality Assurance Manual: The Quality Assurance (QA) manual must be compiled prior to the initial inspection. For more information regarding compiling your QA manual, reference Section 5 of the [Hygienically Clean Healthcare Standard](#).
7. Hygienically Clean E-Learning Course: Each facility is required to identify an employee to complete the [Producing Hygienically Clean Textiles Course](#) during the certification process. The E-Learning certificate will be verified as a part of the audit process.

Inspection Process

1. Upon receipt of the secondary sample submission meeting the standard requirements, TRSA will contact you regarding the audit process.
2. Auditors must have access to facilities during normal business hours to conduct audits for the purpose of determining compliance with this standard. Audits will be scheduled at a mutually agreeable time between the TRSA Auditor and the facility. For more information regarding audits, reference Section 6 of the [Hygienically Clean Healthcare Standard](#).
3. Once an audit is conducted, expenses incurred by TRSA for onsite audits will be invoiced separately based on actual costs.

Certification Process

1. After the audit confirms compliance with Hygienically Clean Certification Healthcare requirements, the facility will be certified.
2. Full payment of all program fees (application, and inspection) for all facilities must be paid prior to certification being granted. Subsequent fees (inspector costs and certification fee) will be invoiced after certification is granted. **See Section X of the application for applicable fees.**
3. Once certification is granted, a Certificate of Compliance stating conformance to production of hygienically clean textiles will be issued. The facility will then be given permission to use the Hygienically Clean logo indicating conformance to this standard. For more information regarding the certification process, reference Section 9 of the [Hygienically Clean Healthcare Standard](#).



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Hygienically Clean Healthcare Certification Initial Certification Application

Important Information

Please reference the *Hygienically Clean Certification Healthcare Application, Audit and Certification Process* document while completing this application. **Please complete all sections in their entirety.**

Section I: General Information

Company Name: _____

Plant Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

Primary Contact: _____ Title: _____

Primary Contact's Email: _____

Audit On-site Contact Name (if different than primary contact): _____

Audit On-site Cell Phone: _____ Audit On-site Contact's Email: _____

Billing Address: (if different than plant address)

Address: _____

City: _____ State: _____ Postal Code: _____

Billing Contact: _____ Telephone: _____

Billing Contact's Email: _____

Section II: Producing Hygienically Clean Textiles Course Registration

Please provide the name of a plant employee to complete this course (if different than primary contact)

Employee Name: _____ Title: _____

Email Address: _____ Telephone: _____

Section III: Depot Information

Offsite Depot: Yes No (if no, skip to Section III)

If yes, please indicate number of depots: _____

Please complete the following information for all depots. If necessary, you may list on a separate sheet.

Depot #1 Address: _____

Mileage from Plant Location: _____

Depot #2 Address: _____

Mileage from Plant Location: _____

Depot #3 Address: _____

Mileage from Plant Location: _____

Depot #4 Address: _____

Mileage from Plant Location: _____

Depot #5 Address: _____

Mileage from Plant Location: _____

Section IV: Hygienically Clean Program Fees

Application Fee # of plants applying for certification: _____	Member:	\$ 1,800
	Non-member:	\$ 3,600
Certification Fee (Due annually for current certification period – 3 years)	Member:	\$ 1,000
	Non-member:	\$ 2,000
Audit Fee	Member:	\$2,200¹
	Non-member:	\$ 4,400¹
Depot Inspection Fee # of depots applying for certification: _____	Member:	\$ 1,300¹
	Non-member:	\$ 2,600¹
Microbiological Sample Testing	Laboratory Dependent	

¹Does not include auditor's cost for travel, which is billed separately based on actual costs.

Section V: Indemnification Notice

Applicant shall indemnify and hold harmless TRSA, its officers, directors, members, and employees against any and all suits, actions, claims, damages, losses, liabilities, judgments, awards and costs (including reasonable legal fees and expenses), that may be sustained or incurred by, relating to, arising out of or resulting from any acts or omissions of applicant in connection with its use of the Hygienically Clean trademark or certification program, or its violation or breach of any term or requirement of this Contract.

Section VI: Confidentiality Statement

Information included in this application is strictly confidential. All information submitted on the application and in conjunction with the application will be held confidentially by TRSA and will not be disclosed to any third party without written consent of the Applicant. Access to the Application and all associated data will be restricted to personnel who need the information in order to fulfill the certification requirements.

Section VII: Media Notification

TRSA reserves to right to announce the acquisition of certifications to the laundry industry and media outlets via press releases, website updates, weekly newsletters and or *Textile Services Magazine*.

Section VIII: Conflict of Interest Statement

It is TRSA policy that employees of TRSA must be free from conflicts of interest that could adversely influence their judgment, objectivity or loyalty to TRSA in conducting TRSA business activities. TRSA recognizes that employees may take part in legitimate financial, business, charitable and other activities outside their jobs, but any potential conflict of interest raised by those activities must be disclosed promptly to TRSA management.

Section IX: Inspection Cancellations

Inspections cancelled less than 14 days from the date of inspection will be subjected to all inspector's cost for travel, which will be billed separately based on actual costs.

Section X: Payment Schedule

Fee Type	Explanation
Application Fee(s)	Full payment must be received with your application
Audit Fee(s)	Full payment must be received with your application
Auditor Costs	Invoiced separately, based on actual cost, after completion of audit
Certification Fee	Invoiced annually after certification is awarded

Section XI: Payment Information

Application & Inspection Fees Amount Due: \$ _____ Fees paid on another application
 Check Enclosed Credit Card Type: VISA MasterCard AMEX Discover

Credit Card Number: _____ Exp. Date: ____/____ CVV#: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

Section XII: Application Submission

Applications may be mailed, courier serviced, emailed or faxed to TRSA. **For your security, if emailing and paying by credit card, please call us with your credit card information or password protect your document.**

Section XIII: Authorization and Signature

By signing this form, you are authorizing the information provided to be accurate and agree to the statements in Sections V-IX.

Printed Name

Signature

Date: _____

Title: _____