



## Hygienically Clean Certification – Healthcare Renewal 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.**

### Renewal Process

1. Complete all sections of your application in its entirety. An incomplete application may cause a delay in processing.
2. Determine the appropriate 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. Quality Assurance Manual: The Quality Assurance (QA) manual must be updated prior to the audit. For more information regarding updating your QA manual, reference Section 5 of the [Hygienically Clean Healthcare Standard](#).
6. Hygienically Clean E-Learning Course: Each facility is required to identify an employee to complete the [Producing Hygienically Clean Textiles Course](#) at least one year from your scheduled audit date. The E-Learning certificate will be verified as a part of the audit process.

### Audit Process

1. Approximately 90 days prior to your expiration date, 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 renewed.
2. Full payment of all program fees (certification and renewal audit) for all facilities must be paid prior to renewal being granted. Subsequent fees (inspector costs and remaining certification fee) will be invoiced after renewal is granted. **See Section X of the application for applicable fees.**
3. Once renewal 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 renewal process, reference Section 9 of the [Hygienically Clean Healthcare Standard](#).



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## Hygienically Clean Healthcare Certification Renewal Application

### Important Information

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

### Section I: General Information

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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

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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

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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

<b>Certification Fee</b> (Due annually for current certification period – 3 years)	<b>Member:</b>	<b>\$ 1,600</b>
	<b>Non-member:</b>	<b>\$ 3,200</b>
<b>Renewal Audit Fee</b>	<b>Member:</b>	<b>\$2,200<sup>1</sup></b>
	<b>Non-member:</b>	<b>\$ 4,400<sup>1</sup></b>
<b>Depot Inspection Fee</b> # of depots applying for certification: _____	<b>Member:</b>	<b>\$ 1,300<sup>1</sup></b>
	<b>Non-member:</b>	<b>\$ 2,600<sup>1</sup></b>
<b>Microbiological Sample Testing</b>	<b>Laboratory Dependent</b>	

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

## Section V: Indemnification Notice

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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

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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

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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

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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: Audit Cancellations

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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

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Fee Type	Explanation
<b>Certification Fee</b>	Full payment for first year must be received with your application, invoiced annually for remaining two years.
<b>Renewal Audit Fee(s)</b>	Full payment must be received with your application
<b>Auditor Costs</b>	Invoiced separately, based on actual cost, after completion of audit

## Section XI: Payment Information

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Application & Audit 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

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Applications may be mailed, courier serviced, or emailed 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

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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:** \_\_\_\_\_