

Email: certification@trsa.org • www.hygienicallyclean.org

## Hygienically Clean Certification – Hospitality Application, Audit and Certification Process

## Important Information

It is recommended for you to review and download a copy of the <u>Hygienically Clean Hospitality Standard</u> 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 audit 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 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 Hospitality Standard.
- 6. Quality Assurance Manual: The Quality Assurance (QA) manual must be compiled prior to the initial audit. For more information regarding compiling your QA manual, reference Section 5 of the <a href="Hygienically Clean">Hygienically Clean</a> Hospitality Standard.
- 7. Hygienically Clean E-Learning Course: Each facility is required to identify an employee to complete the <a href="Producing Hygienically Clean Textiles Course">Producing Hygienically Clean Textiles Course</a> 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 <a href="https://example.com/ht
- 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 Hospitality 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 Hospitality Standard.



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## Hygienically Clean Hospitality Certification Initial Certification Application

## **Important Information**

Please reference the *Hygienically Clean Certification Hospitality 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: Sta	ate: Postal Code:
Telephone:	Fax:
Website:	Email:
Primary Contact:	Title:
Primary Contact's Email:	
Audit On-site Contact Name (if different than	n primary contact):
Audit On-site Cell Phone:	Audit On-site Contact's Email:
Billing Address: (if different than plant addre	ess)
Address:	
City: Sta	ate: Postal Code:
Billing Contact:	Telephone:
Billing Contact's Email:	<del></del>
Section II: Producing Hygienically Cl	lean Textiles Course Registration
Please provide the name of a plant employee	e to complete this course (if different than primary contact)
Employee Name:	Title:
Const. Address.	Talanhana

## Section III: Depot Information

Offsite Depot:	☐ Yes	□ No (if no, skip to Section III)
If yes, please indicate n	number of depot	<b>::</b>
Please complete the fol	lowing informati	on for all depots. If necessary, you may list on a separate sheet.
Depot #1 Address:		
Mileage from P	lant Location:	
Depot #2 Address:		
Mileage from P	lant Location:	
Depot #3 Address:		
Mileage from P	lant Location:	
Depot #4 Address:		
Mileage from P	lant Location:	<del></del>
Depot #5 Address:		
Mileage from P	lant Location:	

## Section IV: Hygienically Clean Program Fees

Application Fee	Member:	\$ 1,800	
# of plants applying for certification:	Non-member:	\$ 3,600	
Certification Fee	Member:	\$ 1,000	
(Due annually for current certification period – 3 years)	Non-member:	\$ 2,000	
Audit Fee	Member: Non-member:	\$2,200¹ \$ 4,400¹	
Depot Inspection Fee # of depots applying for certification:	Member: Non-member:	\$ 1,300 <sup>1</sup> \$ 2,600 <sup>1</sup>	
Microbiological Sample Testing	Laboratory De	Laboratory Dependent	

<sup>&</sup>lt;sup>1</sup>Does 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

Application & Inspection Fees  Check Enclosed		☐ Fees paid A ☐ MasterCard ☐	d on anoth	er application Discover
Credit Card Number:		Exp. Date:	/	CVV#:
Cardholder Name:				
Cardholder Signature:		Date:		
Section XII: Application Sub	omission			
Applications may be mailed, co paying by credit card, please card,				
Section XIII: Authorization	and Signature			
By signing this form, you are au in Sections V-IX.	ithorizing the information p	rovided to be accurate	and agree	to the statements
Printed Name		gnature		
Date:		tle:		