



Safety & Health Certification Application

Thank you for your interest in obtaining the Safety & Health Certification. Please complete the following application to verify your facility meets the required eligibility criteria.

FACILITY INFORMATION

FACILITY NAME:

FACILITY ADDRESS:

CITY/STATE/ZIP:

CONTACT PERSON:

TITLE:

TELEPHONE/CELL:

EMAIL (required):

Eligibility Criteria

Your facility must meet the pre-requisites for one of the following pathways to qualify for certification. Please select the applicable pathway and provide the requested information.

Pathway 1

Our facility has had no OSHA citations in the past 12 months.

Our facility has experienced a decrease in the Experience Modification Rate (EMR) from the previous year (12 months).

CURRENT EMR:

PREVIOUS YEAR'S EMR:

Pathway 2

Our facility has participated in the most recent TRSA Safety Survey.

Our facility has experienced a decrease in both OSHA Total Recordable Incident Rate (TRIR) and OSHA Days Away, Restricted, or Transferred (DART) over the past 12 months.

CURRENT TRIR:

PREVIOUS YEAR'S TRIR:

CURRENT DART RATE:

PREVIOUS YEAR'S DART RATE:

DOCUMENTATION REQUIREMENTS

Safety Quality Assurance Manual

Your facility must have an effective OSHA recordkeeping program that complies with the OSHA Recordkeeping Standard. This includes capturing and maintaining accurate and complete records of all work-related injuries, illnesses, and first aid cases.

The following documentation must be submitted with your application based on the pathway you are applying for:

Pathway 1

- 1 | **OSHA Citations:** If your facility was cited but there was no financial penalty, eligibility may be granted. You must disclose this information on the application and provide documentation of the OSHA citation and the outcome.
- 2 | **EMR:** Your facility must provide two (2) years of the National Council on Compensation Insurance (NCCI) report that displays the annual EMR. A comparison of the reports will be conducted to verify your facility has experienced a decrease in EMR over those two years.

Pathway 2

- 1 | **TRIR and DART:** Your facility must provide your TRIR and DART reports for two (2) consecutive years. To qualify, the TRIR and DART must be under the Bureau of Labor Statistics (BLS) average, even if the metrics were trending upwards.
- 2 | **Loss Run Report:** Your facility must provide two (2) years of Incurred Cost of Claims.
- 3 | **TRSA Safety Survey:** TRSA will verify your participation in the most recent TRSA Safety Survey.

PAYMENT INFORMATION

A non-refundable application fee is required to process your certification request. Please complete the payment information below.

Fees:

- **Application Fee** | \$250 (non-refundable)
- **Audit Fee** | \$2,500
- **Annual Certification Fee** | \$1,000 (billed annually after certification is granted)
- **Auditor Expenses** | Billed separately based on actual costs

Please note: TRSA reserves the right to modify, update, or change pricing at any time without prior notice. Prices are subject to change due to market conditions, supplier costs, demand, and other factors.

BILLING CONTACT INFORMATION

BILLING CONTACT NAME:

BILLING CONTACT TITLE:

BILLING CONTACT TELEPHONE/CELL:

BILLING CONTACT EMAIL (required):

BILLING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS):

PAYMENT METHODS

Credit Card

Check

Invoice

NAME ON CARD:

CARD NUMBER:

EXPIRATION DATE/SECURITY CODE:

BILLING ADDRESS:

CHECK PAYMENTS

Please make checks payable to **TRSA** and mail to: **TRSA Safety and Health Certification**, 1800 Diagonal Rd, Ste 200, Alexandria, VA 22314

For any payment-related inquiries, please contact us at certification@trsa.org.

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 Safety and Health trademark or certification program, or its violation or breach of any term or requirement of this Contract.

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.

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.

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.

Audit Cancellations

Audits cancelled less than 14 days from the date of the audit will be subjected to all the auditors' cost for travel, which will be billed separately based on actual costs.

PRINTED NAME:

TITLE:

SIGNATURE:

DATE:
