

**HLAC LAUNDRY PROCESS MONITORING TOOLKIT™**

**AGREEMENT**

Please list desired timeframe (i.e., month or weeks of) to schedule the testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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. Hospitality Textiles processed only \_\_\_\_\_\_\_\_\_\_
5. Percentage of healthcare textiles processed at this location \_\_\_\_\_\_%

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

1. Age of laundry organization \_\_\_\_\_\_\_\_
2. Number of employees \_\_\_\_\_\_\_\_\_\_
3. Is the Laundry Organization HLAC **accredited**? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**III. *HLAC LAUNDRY PROCESS MONITORING TOOLKIT****™* **FEES**

1. All monies are listed in U.S. currency
2. *HLAC Laundry Process Monitoring* *ToolKit™* fee must be paid prior to the Test Kit being sent to the Laundry Organization.

|  |  |  |
| --- | --- | --- |
| **ONE TIME TOOLKIT TESTING RATE**  **(All monies are listed in U.S. currency)** | **Cost with Contact Plates** | **Cost with ATP Swabs** |
| 1. **Bioburden Analysis (Textile Analysis)** 2. Includes aerobic plate count, yeast and mold and spore forming testing for 3 types of linen (cotton, polyester, and blend) 3. **Contact Surface Testing** 4. Contact plate testing (10 plates) 5. ATP Analysis (10 swabs) 6. **Air Sampling** (3 plates) 7. **Laundry Process Water Analysis** (3 bottles) 8. **Hand Hygiene Testing** (3 kits) |  |  |
| **PRICE** | **$1,975** | **$1,575** |
|  |  |  |

1. In the table below, Subscription ToolKit Rates are provided for laundry organizations.
2. Laundry Organizations may choose testing: Bi-Annually, Quarterly, Semi-Annually, or Annually.
3. Subscription ToolKit Testing Rates may be applied to a laundry with one facility or across multiple facilities.

**Example 1:** A single-facility laundry may order the quarterly testing package and spread out its testing annually every three months for that one facility.

**Example 2:** A multiple-facility laundry, for example with four facilities, purchasing the same quarterly testing package, may apply a single test to each of its four laundries.

1. *HLAC Laundry Process Monitoring* *ToolKit™* fee must be paid prior to the ToolKit being sent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUBSCRIPTION RATES**  **(All monies are listed in U.S. currency)** | **Cost with Contact Plates** | **Cost**  **Per Test**  **Package** | **Cost with ATP Swabs** | **Cost**  **Per Test**  **Package** |
| **Bi-Monthly Test Package**  (includes all 5 tests, performed **6 times in a year**) | **$9,550** | **$1,591** | **$7,150** | **$1,191** |
| **Quarterly Test Package**  (includes all 5 tests, performed **4 times in a year**) | **$6,650** | **$1,662** | **$4,980** | **$1,245** |
| **Semi-Annual Test Package**  (includes all 5 tests, performed **2 times in a year**) | **$3,475** | **$1,737** | **$3,025** | **$1,512** |
| **Annual Package**  (includes all 5 tests, performed **1 time in a year**) | **$1,975** |  | **$1,575** |  |
| **TOTAL** |  |  |  |  |
|  |  |  |  |  |

**VI. RETURN OF *HLAC LAUNDRY PROCESS MONITORING TOOLKIT****™* **TO THELABORATORY**

1. After completion of testing, pack the ToolKit according to the directions received.
2. A return label will be provided included with the ToolKit. Adhere the label to the ToolKit.
3. The ToolKit must be returned using 2nd day shipment.

**VII. *HLAC LAUNDRY PROCESS MONITORING TOOLKIT****™* **AGREEMENT & PAYMENT**

1. The company check is made payable to **Healthcare Laundry Accreditation Council** or **HLAC**.
2. Mail the check to:

**Healthcare Laundry Accreditation Council**

**P.O. Box 777014**

**7014 Solution Center**

**Chicago, IL 60677-7000**

#### VIII. ACKNOWLEDGEMENT AND AGREEMENT

By signing this agreement, the laundry organization agrees to the terms set forth in this document as well as the *HLAC* *Laundry Process Monitoring ToolKit™* Laundry Acknowledgement and Agreement (see attached).

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

# 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**

**Fax: 815-436-1403**

**Email: pmtk@hlacnet.org**

[**www.PMTKnet.org**](http://www.PMTKnet.org)

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