

**AHE
ENVIRONMENTAL SUSTAINABILITY
CERTIFICATION APPLICATION**

FACILITY AND APPLICANT INFORMATION (1 OF 10)

FACILITY INFORMATION		
Facility Name:		
Facility Address:		
City:	State:	ZIP:
Phone Number:		Fax Number:
Company Website (If Applicable):		
#Staffed Beds:	#EVS FTE's:	Cleanable Square Feet:

APPLICANT INFORMATION	
Name:	Membership Number:
Title:	
Department:	
Phone Number:	E-mail:

CERTIFICATE LEVEL INFORMATION:

Current Level¹: None Silver Gold Platinum

Level Seeking²: Unsure Silver Gold Platinum

¹ Does not apply to first time applicants.

² The Review Committee ultimately makes the decision but is informed by the certificate level you hope to attain.

CERTIFICATION:

In submitting this application on behalf of our facility, I am certifying that our facility is in compliance with all guidelines and regulations and that I have provided an accurate assessment of the methods, volumes, equipment, chemicals and practices being utilized in our facility. The authorized contact is a manager with authority to grant permission to submit application.

Signature of Applicant: **Date:**
(electronic signature accepted)

Authorized Contact Name, Title:

Certificate Scoring Summary For Staff/Committee Use Only			
<input type="checkbox"/> None	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum
Program Start Date: _____			

FACILITY INFORMATION

Facility Name:

PROGRAM SUBMISSION GUIDELINES & REVIEW PROCESS CHECKLIST

Please make sure that all submission materials adhere to the guidelines below.

- Submit all required documents, reports and/or information requested. *See below for application fees.*
 1. Facility and Applicant Information (page 1)
 2. Certificate Application Requirements (page 3-8)
 3. List of attachments (title of document(s), file name)
 4. Payment /Submission Information (page 8)
 5. Waste Volume Analysis (see link)
- Submit one application for any of the three (3) certificate levels available:
 1. Silver
 2. Gold
 3. Platinum
- Only one (1) application per facility.
- All material should be compiled and submitted electronically as one package. It is difficult to track multiple submittals that make up one application.
- Hard copy applications will not be accepted.
- Application fees are based on the size of your facility.
- Complete page 8 of the application form - **PAYMENT/SUBMISSION INFORMATION** – to identify form of payment.
- If payment is by check/money order, the application will not be reviewed until payment has been obtained by AHE. Submit a copy of the check along with an electronic version of the application.

REVIEW PROCESS:

- All documentation needs to be sent with a complete application and payment to AHE before application will be reviewed.
- It is the responsibility of the facility submitting the application to review all requirements and confirm that all required material is included with the package submitted.
- Incomplete applications will not be considered.
- All applications will be evaluated based on the completeness and achievements of the facility based on the material submitted.
- A 1-2 hour interview will be set-up between the primary contact and a member of the rewards committee within 4 weeks from application receipt.
- Please allow 2-3 weeks for a final response from AHE, allowing 6 weeks of total elapsed time from the day the application and payment is submitted.
- In the event that a level is applied for and not achieved, the committee can elect to award a certificate for a different level if criteria is met. Likewise, the committee may award a higher level than for which is applied.
- The determination of the committee will be final.
- The certificate will be valid for a twelve (12) month period based on the certificate announcement date. It may be renewed or upgraded at the end of twelve months by submitting a renewal application if the current level is maintained and documented by completing an application for a higher level if the facility meets the requirements for that level.

FACILITY INFORMATION

Facility Name:

1. WASTE VOLUME ANALYSIS:

Complete Waste Volume Analysis Form (see link for form). Please refer to sections 4-7 to include the description for each waste stream.

2. SUSTAINABILITY COMMITTEE:

Identify Administration Participation & Number of Departments Represented on Committee:

ADMINISTRATION & DEPARTMENT REPRESENTATION
2.1 Administration Representative(s):
2.2 List Department(s) Represented:
2.3 Describe scope of committee, meeting frequency, etc.:

3. DOCUMENTATION, POLICY, REPORTS:

Attach policy and supporting documents, describe implementation procedures. Please do not duplicate answers provided in other questions.

		Required for Level (or Higher)			Notes
		Silver (Pre-req)	Gold	Platinum	
<input type="checkbox"/>	A. Waste Management Plan	✓			
<input type="checkbox"/>	B. Statement of Sustainability – including business case, communication plan, future goals. In general, how it is used to drive change	✓			
<input type="checkbox"/>	C. Sustainability Assessment	✓			
<input type="checkbox"/>	D. Environmentally Preferable Purchasing (EPP)*	✓			
<input type="checkbox"/>	E. Training and Education – describe methods to provide information and training to staff				
<input type="checkbox"/>	F. Hazardous Chemical Management Policies*	✓			
<input type="checkbox"/>	G. Pharmaceutical Disposal Policy*	✓			
<input type="checkbox"/>	H. Integrated Pest Management Policy*	✓			
<input type="checkbox"/>	I. Regulated Medical Waste*	✓			
<input type="checkbox"/>	J. Community partnerships (e.g., waste disposal/recycling, pharmaceutical take-back, home-generated sharps, etc.)			✓	
<input type="checkbox"/>	K. Donation policies and programs		✓		
<input type="checkbox"/>	L. Landfill or transfer station annual visit to review waste handling & disposal	✓			
<input type="checkbox"/>	M. Take-Back programs (e.g., electronics, pallets, packaging, etc.)		✓		
<input type="checkbox"/>	N. Paper reduction efforts	✓			
<input type="checkbox"/>	O. Fragrance Free policies			✓	
<input type="checkbox"/>	P. Truck Idling Policy	✓			
<input type="checkbox"/>	Q. Other – specify				
<input type="checkbox"/>	R. Other – specify				
<input type="checkbox"/>	S. Other – specify				

*see additional sections per the topic

FACILITY INFORMATION

Facility Name:

SECTIONS 4-7 SHOULD REFERENCE THE “WASTE VOLUME ANALYSIS” SUBMITTAL. For each section, please describe implementation strategies, programs, and include copies of appropriate documents. Include cost and environmental improvements, and challenges.

4. HAZARDOUS CHEMICAL AND WASTE (HW) MANAGMENT PROGRAM:

- 4.1 Is EVS responsible for HW Program management? (Yes/No)
 - 4.1.1 If no, please describe departmental responsibilities (e.g., how does EVS participate in the HW program?).
 - 4.1.2 If yes, describe your HW management and reduction efforts (attach policy as per Section 3).
- 4.2 What is your EPA Generator Status? (LQG, SQG, CEQG, don't know):
- 4.3 HW Training Program provided (list and describe required and optional training for D.O.T., Hazwopper, other. List training providers, frequency, and other descriptors)
- 4.4 Do you recycle universal waste? (Yes/No). Please describe:
- 4.5 Describe your Pharmaceutical Waste implementation program:
- 4.6 Verification that facility is mercury free:
- 4.7 Describe other HW minimization programs (e.g., chemical free floor scrubbers, solvent recycling, purchase of non- or less-toxic chemicals):

5. REGULATED MEDICAL WASTE (RMW) REDUCTION:

Describe your RMW reduction efforts (attach policy as per Section 3).

5.1

5.2

5.3

6. WASTE – RECYCLING:

Describe your recycling efforts.

6.1

FACILITY INFORMATION

Facility Name:

6.2

6.3

6.4

7. REUSE – SOURCE REDUCTION:

Identify and describe disposable items that were converted to reusable (e.g., surgical linens, sharp containers, suction canisters, reusables in the kitchen like flatware, mug refill program, etc.).

7.1

7.2

7.3

7.4

8. INTEGRATED PEST MANAGEMENT (IPM) PROGRAM:

8.1 Are you using AHE's IPM Recommended Practice Guide? Yes No

8.2 Describe your IPM practices to reduce use of toxic chemicals (attach policy as per Section 3).

FACILITY INFORMATION

Facility Name:

9. ENVIRONMENTALLY PREFERABLE PURCHASING (EPP) PRACTICES:

- 9.1 Please identify purchasing practices that benefit the overall environment (e.g., reduce waste, less toxic), and/or improve worker health and safety. Describe implementation and operations as per attached policy per Section 3.
- 9.2 Please describe ways in which EVS collaborates with the Purchasing Department on EPP-related programs:

10. EQUIPMENT & PRODUCTS: CHECK ALL THAT APPLY

Indicate type of

EQUIPMENT & PRODUCTS			
<i>Check all that apply</i>	<i>Certification programs*</i>	<i>Benefits(cost savings, attributes)*</i>	<i>Challenges*</i>
<input type="checkbox"/> Chemical Free Scrubber			
<input type="checkbox"/> Microfiber Mops			
<input type="checkbox"/> Microfiber Cloth			
<input type="checkbox"/> Paper Products with Recycled Content			
<input type="checkbox"/> Chemical Reduction Pads			
<input type="checkbox"/> Air Quality Initiatives (equipment transitioned to with noise level below 68 decibels, or utilizing HEPA filters)			
<input type="checkbox"/> Finish Free Floors			
<input type="checkbox"/> Energy Star Rated Equipment – please list			
<input type="checkbox"/> WaterSense Rated Fixtures/Devices – please list			
<input type="checkbox"/> Laundry-related equipment			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			

*Note Certifications that may apply, if any: AEG, CRI, ECO Logo, Green Seal, Green Guard, Green Spec, etc. Please also describe noteworthy aspects that were either beneficial or challenging.

FACILITY INFORMATION

Facility Name:

11. ENVIRONMENTALLY FRIENDLY OR “SAFER” CHEMICALS:

	<i>Check all that apply</i>	<i>Certification* programs</i>	<i>Benefits(cost savings, attributes)*</i>	<i>Challenges*</i>
<input type="checkbox"/>	Baseboard Stripper			
<input type="checkbox"/>	Bonnet Shampoo			
<input type="checkbox"/>	Bowl Cleaner (acid free)			
<input type="checkbox"/>	Carpet Neutral Rinse			
<input type="checkbox"/>	Carpet Pre-Spray			
<input type="checkbox"/>	Carpet Spotter			
<input type="checkbox"/>	Crème Cleanser			
<input type="checkbox"/>	Daily Restorer			
<input type="checkbox"/>	Defoamer			
<input type="checkbox"/>	Degreaser			
<input type="checkbox"/>	Deodorizer			
<input type="checkbox"/>	Disinfectants			
<input type="checkbox"/>	Finishes (Copper Alloy?)			
<input type="checkbox"/>	Furniture Polish			
<input type="checkbox"/>	General Purpose			
<input type="checkbox"/>	Glass Cleaner (ammonia free)			
<input type="checkbox"/>	Graffiti Remover			
<input type="checkbox"/>	Gum Remover			
<input type="checkbox"/>	Hydrogen Peroxide:			
<input type="checkbox"/>	Ionized Water “Cleaners”			
<input type="checkbox"/>	Laundry detergents/alternatives			
<input type="checkbox"/>	Mop Treatment			
<input type="checkbox"/>	Neutral Floor			
<input type="checkbox"/>	Powdered Cleanser			
<input type="checkbox"/>	Rotary Shampoo			
<input type="checkbox"/>	Sealer			
<input type="checkbox"/>	Spray Buff			
<input type="checkbox"/>	Stainless Steel			
<input type="checkbox"/>	Stripper			
<input type="checkbox"/>	Tannin			
<input type="checkbox"/>	Urinal Pucks (water-less urinals?)			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>				
<input type="checkbox"/>				

*Note Certifications that may apply, if any: AEG, CRI, ECO Logo, Green Seal, Green Guard, Green Spec, etc. Please also describe noteworthy aspects that were either beneficial or challenging.

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12. OTHER SUSTAINABILITY IMPROVEMENT PROJECTS:

Identify any other noteworthy activities that support your sustainability efforts not previously highlighted in the application. (E.g., waste disposal practices, single use device reprocessing, Joint Commission (TJC) or other surveys that mentioned specific accommodations for excellence, etc. Of course, try to include both cost and environmental improvements.

	<i>Benefits(cost savings, attributes)</i>	<i>Challenges</i>
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

13. SUSTAINABILITY GOALS:

Identify process improvement measures to be implemented in the next twelve (12) months. These goals do not carry significant weighting on your application – the application focus is on work accomplished.

13.1

13.2

13.3

FACILITY INFORMATION

Facility Name:

AHE STAFF/COMMITTEE ONLY

Bed Verification	Initials

	Date	By		
Application Received:		1.		
Document Pre-Interview Review Completed:		1.	2.	3.
Telephone Interview Completed:		1.		
Document Review Completed:		1.	2.	3.
Determination:		1.		

FACILITY INFORMATION

Facility Name:

PAYMENT/SUBMISSION INFORMATION

PROGRAM SUBMISSION:

Please refer to page 2 for instructions. Submit the application with ALL corresponding program materials (including payment) to ahc@aha.org. In the subject, please include "AHE Environmental Sustainability Certificate Program – "Name of Facility". (No hard copies of the application will be accepted).

You will receive an electronic confirmation communication when the application has been received, to set up the telephone interview, and when the application has been processed.

Online Link:

If you have an online link to which you have uploaded your materials for download and review, please include the web address here (e.g., BoxNet, DropBox)

APPLICATION FEE INFORMATION:

Fees as outlined below must be received by AHE before the technical review period begins. Fees are due at the time of submission and are non-refundable. AHE may ask for validation related to # of beds.

	Up to 249 Beds	250-499 Beds	500+ Beds
Application Fee Members:	\$500	\$750	\$1,000
Application Fee Non-Members:	\$750	\$975	\$1.225

If applicant and Review Committee determine that an onsite visit is necessary, additional site visit costs will not exceed 1,200. Economy travel costs will be billed separately prior to visit.

Check/ Money Order Payment

Check or Money Order IN THE MAIL. Payable to: AHE Send to: 155 N. Wacker Drive, Suite 400, Chicago, IL 60606
*** Check and Money Orders must arrive at the AHE office before the application will be reviewed.*

Credit Card Payment

To pay with a credit card, please contact AHE's Membership Department directly at 312-422-2765.

If you have any questions about the application, please contact the Association for the Healthcare Environment via phone at 312-422-3860 or via e-mail at AHE@aha.org.