

333 N RANCHO DR # 450, LAS VEGAS, NV 89106 (702) 759-0660 | www.snhd.info

USED MATTRESS AND BEDDING SANITATION PLAN REVIEW SUBMISSION REQUIREMENTS

*** PLEASE CALL (702) 759-0660 TO MAKE AN APPOINTMENT TO SUBMIT PLANS FOR REVIEW ***

- 1. Completed <u>Used Mattress and Bedding Sanitation Plan Review Application</u> with the following items attached:
 - Copy of the recorded deed or lease agreement for each facility to be registered
 - Signed authorization letter (if applicant is not the owner)
 - A copy of the Business License
- 2. Operations Plan for all locations that has the following items:
 - Method of Disinfection / Sterilization for each item type accepted
 - Site Plan / Map <u>DRAWN TO ENGINEER'S OR ARCHITECT'S SCALE</u>
 - Process Flow Diagram
 - Listing of Equipment and / or Chemicals to be used and any applicable technical / safety specifications
 - Process Controls and / or Training Programs for Disinfection / Sterilization Process
 - Maintenance Plan of Sanitation Areas addressing cleanliness and harborage of vermin
- 3. Sample Company Law Label that is to be affixed to the used mattresses / bedding
 - See attached <u>Law Label Requirements</u> handout for reference
- 4. Payment of any applicable fees
- 5. An approved site inspection by SNHD staff

ACCEPTED FORMS OF PAYMENT: Cash, Credit & Debit Cards with <u>MATCHING GOVERNMENT ID</u> (Visa / MC / AMEX), Money Order, and Business Checks (not starter). Personal checks are NOT ACCEPTED.



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LAW LABEL REQUIREMENTS FOR USED MATTRESS AND BEDDING

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SOUTHERN NEVADA HEALTH DISTRICT"	or delivery	SOUTHERN NEVADA HEALTH DISTRICT"

UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY THE CONSUMER
THIS PRODUCT CONTAINS SECONDHAND (USED) FILLING MATERIALS:
Finished Size:
Finished Size:
Net Wt. of Filling Material (LBS.):
Registry No.
Certification is made by the manufacturer that the materials in this article are described in accordance with law.
Name and Address of vendor or manufacturer:
"THIS ARTICLE MEETS THE STANDARDS OF THE SOUTHERN NEVADA HEALTH DISTRICT"
Date:

UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY THE CONSUMER
Certification is made that this SECONDHAND (USED) ARTICLE HAS BEEN
By a process approved by AND PURSUANT TO THE REQUIREMENTS OF THE SOUTHERN NEVADA HEALTH DISTRICT
THIS ARTICLE MEETS THE STANDARDS OF THE SOUTHERN NEVADA HEALTH DISTRICT
Lot No.
Label No.
Article Description:
Method of Sanitization:
Date:
Registry No.:
Name and Address of sanitizing plant, vendor or manufacturer:



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USED MATTRESS AND BEDDING SANITATION PLAN REVIEW APPLICATION

REGISTRAINT INFOR	PIAITON			
Owner:				
Sole Proprietorship:	Partnership:	Cor	poration:	LLC:
Owner Mailing Address:				
Phone:	Fax:		Email:	
MEMBER / OFFICER	LISTING		(to be compl	eted unless Sole Proprietorship)
Name:		Title:		
A separate list of owner	ers / members/ officers m	ay be attached wit	h application su	omission.
CONTACT DURING P	LAN REVIEW PROCESS			
Name:	Tit	le:		
Phone:	Fax:		Email:	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	er / officer / managing member.
RESPONSIBLE PART	Y FOR ALL SANITATION	N FACILITY OPER	ATIONS	
Name:		Title:		
Phone:	Fax:		Email:	
AGREEMENT				
 All appointments and Plan Review and / 6 	nclude: Cash, Credit / Deb	r, Suite 450, Las Ve lected at the time o	egas, NV 89106. of appointment. F	ees are nonrefundable. Acceptable / AMEX), Money Orders or Business
	URE (OWNER / REPRES	SENTATIVE)		
The facility will agree Bedding. The facility wi inspection during norm the information provide	to comply with SNHD R ill also allow representative nal hours of operation and ed in application submitted	egulations Governi es of the Southern I I to any records ne	Nevada Health D	n and Safety of Used Mattress and istrict access to the establishment for a compliance. I attest to accuracy of
SIGNATURE	Pl	RINT NAME		DATE



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USED MATTRESS AND BEDDING SANITATION PLAN REVIEW APPLICATION

SANITATION FACILITY INF	ORMATION						
Business Name:							
Site Address:							
SANITATION PROCESSES AT FACILTY							
Boiling & Steam Under Washing Pressur		Chemical	Dry Heat	Other			
ONSITE CONTACT RESPONSIBLE FOR SANITATION							
Name:	Phone:	Email:					
SANITATION FACILITY INF	ORMATION						
Business Name:							
Site Address:							
SANITATION PROCESSES A	T FACILTY						
Boiling & Steam Under Washing Pressur]	Chemical	Dry Heat	Other			
ONSITE CONTACT RESPONSIBLE FOR SANITATION							
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