



280 S DECATUR BLVD, LAS VEGAS, NV 89107
(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 Used Mattress and Bedding Sanitation Plan Review Application 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 - DRAWN TO ENGINEER'S OR ARCHITECT'S SCALE
 - 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 Law Label Requirements 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 MATCHING GOVERNMENT ID (Visa / MC / AMEX), Money Order, and Business Checks (not starter). Personal checks are NOT ACCEPTED.

TELEPHONE NUMBER: (702) 759-0660

HOURS: 8AM – 4:00PM

FEES: Plan Review - \$175



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LAW LABEL REQUIREMENTS FOR USED MATTRESS AND BEDDING

<p>For articles of bedding that contain whole or in part any secondhand (used) filling materials: RED LABEL-BLACK INK <i>(Instructions in parentheses and italics)</i></p> <p style="text-align: center;"><i>(Space for Stitching)</i></p> <p>UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY THE CONSUMER <i>(Minimum type size one-eighth inch in height, in capital letters)</i></p> <p>THIS PRODUCT CONTAINS SECONDHAND (USED) FILLING MATERIALS <i>(Insert description of filling materials by clearly imprinting in English, using capital letters not less than one-eighth inch high. Insert a description of any newly added filling materials)</i></p> <p>Finished Size: Net Wt. of Filling Material (LBS.): Registry No.</p> <p>Certification is made by the manufacturer that the materials in this article are described in accordance with law.</p> <p>Name and Address of vendor or manufacturer</p> <p>Either on the law label or on a separate label or stamp with indelible ink an implicit statement: "THIS ARTICLE MEETS THE STANDARDS OF THE SOUTHERN NEVADA HEALTH DISTRICT"</p> <p>AND</p> <p>The date when the article was refurbished or the date of delivery</p>	<p>For packaged filling materials ready to use by the ultimate customer: YELLOW LABEL-BLACK INK <i>(Instructions in parentheses and italics)</i></p> <p><i>(The law label or separate label shall be affixed to the article sanitized using silicate of soda or any type of approved adhesives)</i></p> <p>UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY THE CONSUMER <i>(Minimum type size one-eighth inch in height, in capital letters)</i></p> <p style="text-align: center;">Certification is made that this SECONDHAND (USED) ARTICLE HAS BEEN SANITIZED <i>(The words "Secondhand (Used) Article and "Sanitized" must be minimum type size three-eighth inch in height, in capital letters)</i> By a process approved by <i>(Insert description originating agency of jurisdiction if other than the Health Authority)</i></p> <p>AND PURSUANT TO THE REQUIREMENTS OF THE SOUTHERN NEVADA HEALTH DISTRICT <i>(This can be on the law label or on a separate label, if the article is processed in another agency of jurisdiction)</i></p> <p>Lot No. Label No. <i>(The assigned sanitization label serial number)</i></p> <p>Article Description: Method of Sanitization: Date: Registry No.:</p> <p><i>(The name, address, and Health Permit and/or registry number of the originating facility shall be marked on all label(s). For articles sanitized or refurbished outside of the jurisdiction of the Health Authority, the article shall have both the facility's registry number from its jurisdiction of origin imprinted as part of both the "Secondhand (Used) Material" and "Sanitization" law label(s) and the Letter of Approval for Reciprocity number issued to the facility by the Health Authority stamped on the article's labels in erasure-proof black ink.)</i></p> <p>Name and Address of sanitizing plant, vendor or manufacturer</p> <p>Either on the law label or on a separate label or stamp with indelible ink an implicit statement: "THIS ARTICLE MEETS THE STANDARDS OF THE SOUTHERN NEVADA HEALTH DISTRICT"</p>
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**UNDER PENALTY OF LAW THIS TAG NOT TO BE
REMOVED EXCEPT BY THE CONSUMER**

**THIS PRODUCT CONTAINS SECONDHAND
(USED) FILLING MATERIALS:**

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

REGISTRANT INFORMATION

Owner:			
Sole Proprietorship:	Partnership:	Corporation:	LLC:
Owner Mailing Address:			
Phone:	Fax:	Email:	

MEMBER / OFFICER LISTING (to be completed unless Sole Proprietorship)

Name:	Title:

A separate list of owners / members/ officers may be attached with application submission.

CONTACT DURING PLAN REVIEW PROCESS

Name:	Title:	
Phone:	Fax:	Email:

If the owner is not the contact, submit an authorization letter signed by an owner / officer / managing member.

RESPONSIBLE PARTY FOR ALL SANITATION FACILITY OPERATIONS

Name:	Title:	
Phone:	Fax:	Email:

AGREEMENT

1. Please call to schedule an appointment to submit plans for review, (702) 759-0660.
2. All appointments are held at 280 S Decatur Blvd, Las Vegas, NV 89107.
3. Plan Review and / or registration fees are collected at the time of appointment. Fees are nonrefundable. Acceptable forms of payment include: Cash, Credit / Debit Card with matching ID (Visa / MC / AMEX), Money Orders or Business Check (not starter).

APPLICANT SIGNATURE (OWNER / REPRESENTATIVE)

The facility will agree to comply with SNHD Regulations Governing the Sanitation and Safety of Used Mattress and Bedding. The facility will also allow representatives of the Southern Nevada Health District access to the establishment for inspection during normal hours of operation and to any records needed to establish compliance. I attest to accuracy of the information provided in application submitted.

SIGNATURE	PRINT NAME	DATE



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USED MATTRESS AND BEDDING SANITATION PLAN REVIEW APPLICATION

SANITATION FACILITY INFORMATION										
Business Name:										
Site Address:										
SANITATION PROCESSES AT FACILITY										
Boiling & Washing		Steam Under Pressure		Streaming Steam		Chemical		Dry Heat		Other
ONSITE CONTACT RESPONSIBLE FOR SANITATION										
Name:			Phone:			Email:				
SANITATION FACILITY INFORMATION										
Business Name:										
Site Address:										
SANITATION PROCESSES AT FACILITY										
Boiling & Washing		Steam Under Pressure		Streaming Steam		Chemical		Dry Heat		Other
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Boiling & Washing		Steam Under Pressure		Streaming Steam		Chemical		Dry Heat		Other
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Name:			Phone:			Email:				