Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

AMENDED
March 11, 2020

VHA DIRECTIVE 1850.03(1)
Transmittal Sheet
April 4, 2017

TEXTILE MANAGEMENT SERVICES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy for the use of textiles, including procedures and reporting requirements concerning textile management costs for the procurement, distribution, and processing of textiles. ***NOTE:*** *Reports mandated by this directive assist managers in developing comparative data supporting the development of business plans and other management initiatives.* ***NOTE:*** *Examples of textiles include, but are not limited to, sheets, pillows, pillow cases, blankets, bathrobes, towels, patient gowns, employee uniforms (purchased by government), lab coats, scrubs, aprons, donated patient clothing, table cloths and laundry bags.*

2. SUMMARY OF MAJOR CHANGES: Major changes include the revision of the reporting schedule for the Textile Care Processing Information and Cost Report, will be submitted quarterly (the 15th of January, April, July, and December) for textile care processing facilities in accordance with VHA Directive 1850.07, Textile Care Processing Facility Operation. This directive also contains an amendment, dated May 11, 2020, to address the following:

a. Removing the mandate for local policy creation in paragraph 3.c.(2).

b. Revising the reporting schedule for the Textile Care Distribution Costing Report from annually to quarterly (see Appendix A).

3. RELATED ISSUES: VHA Directive 1850.

4. RESPONSIBLE OFFICE: The Director of Environmental Program Services (10NA5C) is responsible for the content of this directive. Questions concerning this directive may be directed to the Healthcare Environment and Facilities Programs (HEFP) Administrative Services (10NA5A) at vhahefpadmin@va.gov.

5. RESCISSIONS: VHA Handbook 1850.03, dated March 25, 2010, and Manual M-1, Part VII, Chapter 7, dated March 24, 1994, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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CONTENTS

TEXTILE MANAGEMENT SERVICES

1. PURPOSE 1
2. POLICY 1
3. RESPONSIBILITIES 1
4. TEXTILE DISTRIBUTION OPTIONS 5
5. TEXTILE INVENTORY 6
6. TEXTILE CONTROL AND SECURITY 8
7. DELIVERY AND COLLECTION 9
8. TEXTILE REPAIR AND CONSERVATION 9
9. CONSOLIDATION AGREEMENTS 10
10. TEXTILE INVENTORY CONTROL REPORT, RCN 10-0132 10
11. WEIGH SCALES 11
12. SURGICAL PACK ROOM OPERATIONS 11
13. PERFORMANCE MEASURES 11
14. REFERENCES 12

APPENDIX A
SAMPLE WORKSHEET FOR THE TEXTILE DISTRIBUTION AND INVENTORY COST REPORT A-1

TEXTILE MANAGEMENT SERVICES

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy and reporting requirements for textile utilization, costs, procurement, inventory and distribution. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b). ***NOTE:*** *Examples of textiles include, but are not limited to, sheets, pillows, pillow cases, blankets, bathrobes, towels, patient gowns, employee uniforms (purchased by government), lab coats, scrubs, aprons, donated patient clothing, table cloths and laundry bags.*

2. POLICY

It is VHA policy that each medical facility maintains a textile distribution system, which includes the requisitioning, repair, replacement and distribution of textiles. Additionally, the textile distribution system must provide security controls to ensure an uninterrupted and ample supply of bacteriologically free clean textiles to support patient treatment programs.

3. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring that VHA's Textile Management Services comply with requirements contained in Federal laws and regulations, Executive Orders, and VA and VHA Directives and Handbooks.

b. **VHA Medical Facility Director.** Each VHA medical facility Director, or designee, is responsible for:

(1) The overall performance, financial support and long-term stewardship associated with Textile Care Management operational success.

(2) Meeting VHA reporting requirements and deadlines.

(3) Timely submission of action plans associated with annual and quarterly reporting, identifying root causes and corrective actions taken to meet performance measures when not met.

(4) Ensuring the Textile Care Officer (TCO) completes the Certified Laundry & Linen Management training program from the Association for Linen Management (ALM), or equivalent, from an independently controlled management-training program emphasizing institutional textile care management and processing. The training program should include at a minimum: washroom chemistry, infection prevention and control, textile distribution and inventory management, customer relations, productivity, textile performance measures and benchmarking. ***NOTE:*** *Training documentation shall be forwarded to Environmental Programs Services (10NA5C) upon request. If Environmental Management Service falls under another service or department within*

the medical facility or healthcare system (i.e., Facility Management), that service officer is the TCO.

c. **Chief, Environmental Management Service.** The Chief of Environmental Management Service's (facility TCO) responsibilities include, but are not limited to:

(1) The review and analysis of all collected data used to evaluate the status of the following three sub-functions:

a. Uniform management.

b. Textile management and distribution.

c. Patients Assistance Programs (PAP).

(2) Developing and maintaining a VA medical facility plan that standardizes textile management services and documenting the system used to enable the TCO to recognize and assess the degree of out-of-line situations. Each VA medical facility's textile management plan will address the following primary objectives:

a. Textile and uniform distribution system.

b. Temporary storage and inventory of patient belongings as part of the Patients Assistance Programs (PAP).

c. Reliable record keeping system.

d. Working relationships with using services.

e. Staff education.

f. Achievement of administration support through effective planning and coordination.

g. Appropriate textile usages, security controls and measures, storage requirements, and inventory management.

h. Maintenance of the established textile par levels through effective textile management.

(3) Ensuring that the control and security, transporting, textile conservation, scale validation, agreements, inventory reports and performance requirements specified in sections 7, 8, 9,10,11,12, and 13 of this directive are implemented.

(4) Ensuring housekeepers assigned to the textile, PAP and uniform distribution sections are costed in Textile Management (8571) and in the appropriate position description (i.e., Custodial Worker WG 3566 written with specific PAP, textile management, distribution and uniform management responsibilities included). ***NOTE:*** *For program continuity and consistency, permanent employees should be assigned to*

these functions. If the PAP sub-function requires fulltime staff, employees are costed in Patients Assistance Programs (8565) and in the appropriate position description (i.e., Custodial Worker WG 3566 written with specific PAP responsibilities included).

(5) Maintaining an effective textile management services operating plan that describes program logistics and distribution processes that meet the needs of the facility. This plan will include, but is not limited to, instructions addressing:

a. Distributing clean textiles (including uniforms).

b. Collecting soiled textiles (including uniforms).

c. Soiled linen rooms and retrieval schedules.

d. Handling soiled textiles.

e. Establishing distribution points within the facility.

f. Establishing distribution schedules for each distribution point.

g. Managing par levels

h. Conducting inventories (procedures and process).

i. Inventory management (determining adequate quantities and decisions to purchase).

j. Uniform record keeping process and inventory procedures

k. Receiving and returning patient belongings.

l. Staffing requirements.

m. Minimal cart set up for distribution points.

n. Minimum technical training requirement.

o. Record keeping (e.g., daily, weekly, monthly, yearly).

p. Records review schedule (e.g., quarterly, semi-annual)

q. Contact information (e.g., where to call, who to call).

r. Quality assurance process with measurable performance indicators.

s. Documenting and addressing customer complaints.

t. Operating Hours.

u. Identifying and disposing of unserviceable uniforms and textiles (may include reimbursement from recycling of unserviceable textiles)

v. Documenting and reporting theft and misuse.

w. Committee meetings and visiting Textile Care Processing Facilities (TCPF) notes.

(6) Managing the textile inventory in an economical and efficient manner. Ensuring textile reserves, supply requisitions, and deliveries are adequate and timely to meet the needs of the medical facility. ***NOTE:*** *Supervisory personnel and service employees for textile management services will be trained to properly accomplish their respective duties. Training shall be documented.*

(7) Maintaining a customer service feedback process that measures program efficiency and effectiveness.

(8) Trending and analyzing active textile distribution records to determine if unusual situations exist that may require an adjusted par level.

(9) Ensuring textile management recordkeeping is accurate and accounts for the total textile distribution flow and inventory. ***NOTE:*** *VA employee uniforms and PAP are included.*

(10) Implementing effective textile control measures, which meet the needs of the medical facility. The textile security procedures must be coordinated with all using services, and the medical facility police unit.

(11) Developing a close and cooperative relationship with the medical facility police and security force to ensure that textile control procedures properly interface with police security procedures, and that suspicious losses or conditions receive prompt investigation.

(12) Establishing a local Textile Care Committee that meets, at least quarterly, to discuss refinement of textile levels, new textile items, develop solutions for excessive losses, and improved textile control procedures. The objective is to optimize service to the users and minimize textile misuse and loss. ***NOTE:*** *Membership shall include, at a minimum, TCO, Textile Care Manager (TCM) from the TCPF, Infection Prevention and Control Professional, textile coordinators, clinical, and security representatives.*

(13) Ensuring that each delivery cart and ward storage area post a copy of the textile quota or standards for the using units.

(14) Participating as the Contracting Officer’s Representative (COR), assisting the contracting officer in conducting the pre-bid/award inspections; and monitoring contract performance for contracted services. Inspections of the contractor's facilities will be made monthly during the contract year. The COR is required to have a Federal Acquisition Certification-Contracting Officer's Representative course completion

certificate. ***NOTE:*** *This applies when the medical facility is relying on a commercial contract for textile processing services.*

(15) Staying current with textile processing techniques, distribution technologies, best practices and safety requirements. ***NOTE:*** *This can be accomplished through reading textile processing and distribution trade journals, attending seminars/conferences, participating in webinars and completing courses (i.e., ALM).*

(16) Ensuring the use of disposable textiles in lieu of reusable textiles is fully justified by means of a cost and/or benefit analysis. A review of the use of disposables textiles versus the use of reusable textiles should be conducted yearly with the most recent finding and analysis retained on file 1 year from last review.

(17) Ensuring that clean and soiled textiles are covered during transport to minimize cross-contamination.

(18) When serviced by a VHA consolidated TCPF or commercial TCPF contract, ensure there is a process in place for:

a. Preparing soiled textiles for shipment.

b. Receiving and accounting for VA property utilized.

c. Validating service provided (e.g., weights, quantities, quality).

NOTE: *The service provider will provide documentation certifying weigh scales are accurate and calibrated. The service provider shall provide this documentation from a certified independent weigh scale service contractor.* ***NOTE:*** *This requirement should be included in contracts and sharing agreements.*

4. TEXTILE DISTRIBUTION OPTIONS

There are three common systems of textile distribution: exchange carts, replenishment of fixed shelves or closets, and ordering:

a. **Exchange Cart System.** In an exchange cart system, each distribution point is allocated one to two carts based on a 24-hour required need. On a scheduled rotation, these carts are exchanged with another 24-hour supply. The carts that are exchanged return to the central distribution clean room where the remaining items on the cart are counted and recorded. These carts are replenished for the rotation. ***NOTE:*** *In some cases, distribution points may have less frequent delivery rotations.*

b. **Replenishing System.** In a replenishing system, the textile distribution personnel take items directly to the distribution point to stock cart(s) or closet(s) to the required par level.

c. **Ordering System.** In an ordering system, the distribution point users place orders with the central distribution clean room for their needs on a daily/weekly basis.

This method is most common in outpatient area pools, recreation areas and clinics that have unpredictable usage patterns. ***NOTE:*** *All described options have advantages and disadvantages. In many cases, a combination of the three options could be used. Efficiency, accountable, performance, cost, space, time and flexibility shall be strongly considered when establishing and maintaining a distribution process that meets the needs of the facility. The cart exchange system is most often used with the addition of the replenishment system to address small areas.*

5. TEXTILE INVENTORY

a. VA medical facilities' active textile inventory level is based upon the:

(1) Type of patients.

(2) Medical specialty program.

(3) Type of textile service.

(4) Length of time needed to collect and deliver textiles.

(5) TCPF turnaround time.

(6) Any other pertinent factors, such as: use of uniform and protective clothing valet systems.

b. Par level is the term used to describe the quantity of each textile item needed in circulation for a 24-hour period. The quantity of each item required in circulation is directly related to textile usage, losses, processing locations, and storage locations. By calculating the Daily Average Usage (DAU) for each item per distribution point (location for textile delivery), the par levels can be determined and used in accordance with the established distribution schedule (e.g., Daily, Monday-Thursday).

Example:

WARD 3B					
TEXTILE ITEMS	DELIVERY DAY SPAN	TOTAL QUANTITY DISTRIBUTED DURING A 14-DAY SPAN	DAU (BASE PAR LEVEL)	PAR LEVEL W/10% SAFETY MARGIN	PAR LEVEL W/20% SAFETY MARGIN
(A)	(B)	(C)	(D)	(E)	(F)
			=C/B	=(D*0.1)+D	=(D*.02)+D
FLAT SHEET	14	1850	132	145	159
PILLOW CASE	14	2403	172	189	206
THERMAL BLANKET	14	350	25	28	30
TOWEL	14	1650	118	130	141

NOTE: *It is recommended to add 10%-20% to the base par level number to compensate for emergent needs. A Par Calculator is available on the EPS, VHA Central Office, and Web site at: http://vaww.vhaco.va.gov/EPS/.* ***NOTE:*** *This internal VA Web site is not available to the public.*

c. The par level must be sufficient to maintain productivity and to preclude textile shortages at the using unit.

d. One par level (24-hour supply) is normally needed for each of the following stages of the textile service cycle:

(1) **Facility Related Textile Care Processing.** Facility-related textile care processing includes:

(a) Soiled transport and or receiving.

(b) Soiled sorting and/or wash.

(c) Drying, conditioning, and finishing.

(d) Stored inventory for distribution.

(2) **Medical Facility Related Textile Management.** Medical facility related textile care includes:

(a) Central Distribution.

(b) Cart or shelf, (ward or unit closet).

(c) Bed or room.

e. The above seven Textile Care Processing and medical facility related locations represent seven par. The seven pars are based on a 5-day TCPF operation. The par level determines the beginning inventory for each piece. Medical facilities with no on premise textile care processing facility shall maintain an additional two to three par in central distribution for emergencies.

f. The inventory of textiles directly affect the:

(1) Number of processes.

(2) Availability.

(3) Life expectancy.

(4) Cost of each piece.

g. Changes in inventory will be adjusted by the:

(1) Number of active beds.

(2) Turn-over rate.

(3) Level of service or acuity.

(4) Delivery system.

(5) Ambulatory care workload.

(6) Special emphasis programs or research.

h. The level of customer service, or patient acuity, determines the volume of each piece washed per day, and directly affects pounds per patient days, outpatient visits, and total poundage.

6. TEXTILE CONTROL AND SECURITY

a. In order to properly manage and secure government property at VA medical facilities, patients and employees must be formally notified that lockers, bedside stands, wardrobes, etc., are not considered private and are subject to inspection for inventory or sanitation purposes at any time. Patients and employees will be notified in advance of the expected date, time and duration of the inspection. NOTE: Conspicuous posting of the notice in the affected areas 48-hour prior to conducting the inventory is recommended.

b. Textile control must include, but is not limited to, the following security procedures:

(1) All textile storage areas and vehicles will be under locked and controlled access.

(2) Only one 24-hour supply (one par) shall be kept in clean storage for each using unit. These rooms will remain clean and free of dust. ***NOTE:*** *Clean textiles can share the same space with clean packaged surgical processing supplies (SPS) as long as the clean textiles are covered. However, since dispensing machines and shelving are utilized by SPS, a risk assessment should be conducted to determine the impact and feasibility of these machines sharing the same space (e.g., dust accumulation, fumes, cleaning accountability, security, and adequate space). At no time will soiled textiles, furniture or other equipment (other than approved SPS dispensing/shelving) share this space with clean textiles. Clean textile space must be a priority within the using areas of the facility.*

(3) Prior to distribution, textile items must be permanently marked in an easily visible location, as follows: VA PROPERTY, NOT FOR SALE.

(4) All clean textile delivery carts shall be clearly labeled as to their destinations, including a copy of the textile quota or standards for the using units and must be delivered directly to the designated textile drop point for each using unit.

(5) The clean textile cart shall be attended by designated employees until secured at the using unit.

(6) Carts utilized by an automated delivery system must be kept cleaned and have a provision for locking the contents for safekeeping.

7. DELIVERY AND COLLECTION

a. Textile delivery and collection schedules must be developed, consistent with local needs.

b. Procedures shall be established and used to ensure that during the movement of textiles, the possibility of contamination or cross-infection is minimized.

c. Soiled textiles shall be handled as little as possible and with minimum agitation to prevent contamination of persons handling the textiles. All soiled textiles will be bagged at the location where they were used; and will not be sorted or rinsed in patient care areas.

d. Procedures will be established and used to ensure sharps and surgical instruments are separated from soiled textiles. This will mitigate injury to TCPF working handling the textiles.

8. TEXTILE REPAIR AND CONSERVATION

a. Textile repair must be done to the maximum extent when economically feasible. Damaged or worn textiles beyond economical repair must be counted as fair wear and tear on the Textile Inventory Report and disposed of in accordance with Acquisition and Material Management requirements.

b. Textiles must be used only for the specific purpose for which they are intended. Textiles must not to be used as:

(1) Containers for other soiled textiles.

(2) Props for patients.

(3) Liners for TCPF carts.

(4) Food tray covers.

(5) Textile cart covers.

(6) Temporary maintenance fixes.

(7) Cleaning rags.

NOTE: *Damaged or worn textiles uses as rags must be marked and clearly identified as such prior to use to minimize misuse of government textiles.*

9. CONSOLIDATION AGREEMENTS

If a textile care processing facility is providing service to another VA medical facility, a written consolidation agreement must be in place that addresses:

a. Emergency contingency planning.

b. Adjustable textile quantities based on demonstrated needs (e.g., patient activity).

c. Cost transfer methodology and process.

d. Textile control responsibility documentation.

e. Routine (quarterly) customer service visits to the recipient facilities by the TCM or representative.

10. TEXTILE INVENTORY CONTROL REPORT, RCN 10-0132

a. Textile Inventory Control Report (RCN 10-0132) data is based upon an inventory control survey conducted during the first quarter of each FY for the previous FY. This report, in conjunction with the Textile Distribution and Inventory Cost Report (see Appendix A), is submitted to Environmental Programs Service after September 30 and no later than December 15th using the electronic Textile Care Management Report Data (TCMRD) collection application. This report assists managers in assessing comparative data and supporting the development of market-based business plans and other management initiatives.

b. The data submitted is based upon the contents of documented (auditable) textile management records and effective survey procedures. The survey must be conducted within a single 24-hour period.

c. Once the beginning inventory has been established, the following formula is used to determine unexplained disappearance and/or appearance of textiles:

(1) Abbreviations and definitions of the inventory variables are:

(a) BI = Beginning Inventory (Ending Inventory of previous year).

(b) NTR = New Textiles Received (and entered into the inventory).

(c) FW&T = Fair Wear and Tear.

(d) UD = Unexplained Disappearance.

(e) UA = Unexplained Appearance.

(f) EI = Ending Inventory (actual physical count).

(2) The formula for determining UD is: BI + NTR - FW&T - EI = UD and UA. ***NOTE:*** *A Textile Inventory Worksheet with calculating fields is available on the EPS, VHA Central Office, and Web site at: http://vaww.vhaco.va.gov/EPS/.* ***NOTE:*** *This internal VA Web site is not available to the public.*

d. The TCO and or TCM shall review and analyze data to determine its validity and evaluate the status of the textile management and control functions. This evaluation shall identify the priority of need, i.e., short-term actions and long-term direction for future objectives for improved operations.

(1) Positive (+) UD values generally indicates a lack of textile control, e.g., loss or misuse, or it may indicate problems with record keeping, as well as inventory methods.

(2) A negative (-) value or UA is likely to be indicative of inaccurate record keeping and inventory control methods.

e. The data and summary factors of the Textile Inventory Control Report (RCN 10-0132) are to work in conjunction with the Textile Distribution and Inventory Cost Report (see appendix A). That information, when integrated with a 100 percent line-item inventory, enables the TCO to pinpoint the most prevalent items comprising UD and or UA, so that appropriate actions and objectives can be determined.

11. WEIGH SCALES

Weigh scales used to weigh clean and soiled textile carts must be calibrated annually by a certified independent service contractor to ensure accurate costing and workload associated with textile care processing and billing.

12. SURGICAL PACK ROOM OPERATIONS

Surgical pack assembly areas will operate under the guidelines and practices of the American National Standards Institute (ANSI) and Association for the Advancement of Medical Instrumentation (AMMI) standard ST65:20008/(R) 2013, “Processing of reusable Surgical Textiles for use in health care facilities.” The ANSI/AAMI ST65:2008/(R) 2013 or current surgical pack room operating standards is available at no cost on the VHA Center for Engineering & Occupational Safety and Health (10NA11) website at http://vaww.ceosh.med.va.gov/01BE/Pages/AAMI_Membership_Warning.shtml. ***NOTE:*** *This is an internal VA Web site that is not available to the public.*

13. PERFORMANCE MEASURES

a. Facilities shall establish procedures to meet VHA textile management and processing performance measures. The performance measures are available on the Environmental Programs Service (10NA5C), VHA Central Office Web site at: http://vaww.vhaco.va.gov/EPS/default.asp. ***NOTE:*** *This is an internal VA Web site that is not available to the public.*

b. Facilities shall provide action plans identifying root cause, corrective action, and point of contact for performance measures not met.

c. Action plans shall be submitted through Veterans Integrated Service Network (VISN) offices to Environmental Programs Service (10NA5C) within 30 calendar days of published Textile Care Management Reports.

14. REFERENCES

a. CDC Guidelines for Environmental Infection Control in Health-Care Facilities; June 6, 2003 / 52(RR10); 1-42. Available at the following link: (Accessed 9/30/16) http://www.cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm.

b. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008. Available at the following link: (Accessed 9/30/16) http://www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html.

SAMPLE WORKSHEET FOR THE TEXTILE DISTRIBUTION AND INVENTORY COST REPORT

(To be submitted by all VA medical facilities)

1. FISCAL YEAR _____

2. QUARTER _____

3. FACILITY NUMBER _____

4. FACILITY NAME _____

5. POINT OF CONTACT _____

   a. Telephone number _____

   b. E-mail address _____

6. Soiled pounds laundered _____

NOTE: *Pounds processed by contractor and or Department of Veterans Affairs (VA).*

7. Total Full-time Equivalent (FTE) employee(s) assigned to Textile Distribution Cost Center 8571 _____

NOTE: *Staffing FTE must match FTE data in the 830 Report.*

8. Total Textile Distribution Employee Labor Cost $ _____

NOTE: *Total dollar amount for distribution labor. This would include all full-time and part-time staff associated with the distribution of textiles including benefits; all Wage Grade (WG), Wage Leader (WL), Wage Supervisor (WS), and General Schedule (GS) staff that distribute textiles within the medical facility or health care system and that are directly assigned to the 8571 cost center. Labor cost must match labor cost data in the 830 Report. Any exceptions must be referred to the Environmental Programs Service (10NA5C) at vhahefpadmin@va.gov or 202-266-4632.*

9. Contract Labor (to include Compensated Work Therapy (CWT)) Cost $ _____

NOTE: *Total dollar amount for staff contracted through temporary agencies or CWT staff that is charged to the 8571 cost center; retrieve data from the 830 Report.*

10. Total value of the current textile inventory purchased by the facility $ _____

NOTE: *Based on inventory results, determine the dollar value of total textile inventory, e.g., bedding, surgery textiles, towels, bed pads, patient apparel, uniforms, and specialty items. Exclude those items purchased by other entities. Retrieve data from VA Form 10-9036, Textile Inventory Control Report.*

11. Textile replacement cost for this report period $ _____

NOTE: *Based on inventory results, determine annual cost to replace any textile item (Cost Center 8571, Sub Accounts 2665 divided by 2666) within the textile inventory. Retrieve data from VA Form 10-9036.*

12. Total unexplained loss of textiles in dollar amount $ _____

NOTE: *Based on inventory results, determine the value of losses that cannot be accounted for through fair wear and tear, report of survey, or other documented process. Retrieve data from VA Form 10-9036.*

13. The cost Facility Transportation (Drivers), if in-house $ _____

NOTE: *Total labor costs for in-house FTE employees that provide transportation services for textile distribution on station and or to pick up textile from contractor.*

14. Inter Facility Vehicle Cost (including fuel) $ _____

NOTE: *Total vehicle costs associated with the transportation of textiles on station and, if appropriate, to pick up textile from contractor.*

The following are to be completed by VA facilities receiving textile processing service from the private sector.

15. Total Annual Textile care processing Service Contract Cost $ _____

NOTE: *Total dollar amount spent for textile care processing services provided by contractor (exclude Government-owned Contractor-operated (GOCO)).* The service(s) provides:

a. Transportation: Yes _____ No _____

b. Textile Replacement: Yes _____ No _____

c. Textile Care Processing Service: Yes _____ No _____

16. Last date of scale certification provided from Contractor. _____

NOTE: *There must be documentation that commercial scales, used to weigh clean and soiled textile carts, have received maintenance and are certified by independent service company.*