



Code Central Membership Benefits

“What does this code mean?” “Do I qualify for one of the exceptions?”

“This book has me bouncing all over the place; I just want to know what I need to do!”

Let us help!

With an annual membership to Code Central for your facility you will receive valuable benefits.

- Ask an unlimited number of questions via telephone or e-mail specific to your life safety code situation. (Maximum 15 min. research time per question)
- Save 10% on the current hourly rate for additional work by Lauzon Life Safety Consulting including on-site inspections, training, life safety plan development, etc.
- Visit the “Members Only” Portion of Our Website which includes:
 - Code Tool Box – Gain unlimited access to the latest editions of this copyrighted summary of code requirements and inspection check lists.
 - Report Tool Box – Gain unlimited access to the latest editions of this copyrighted summary of documentation requirements and inspection check lists
 - Inspection Forms – Gain access to copyrighted forms that contain the code inspection requirements for CMS and TJC inspections.

Level 2 Membership add-on available to Contractors Architects, and Designers - Save an additional 10% on the current hourly rate for plan reviews and construction inspections.

Price for the membership is \$210-\$1000 annually (depends on size and type of business)

Join Today

1. Complete the application form and send it to heather@lauzonlifesafety.com
2. Pay the invoice and receive a username and password.
3. Start enjoying your benefits



CODE CENTRAL APPLICATION

Facilities

In order to effectively serve you, please provide the following information as accurately as possible. Membership is individual for each location. Please fill out a separate form for each campus.

Organization Information

Organization:	Name	Application Date	Facility Occupancies	
	Street		<u>Types of Use</u>	<u>Size (approx SF)</u>
	City/State/Zip		<input type="checkbox"/> Hospital	
	Main Phone #		<input type="checkbox"/> Nursing Home	
Inspection Information		<input type="checkbox"/> Clinic		
Organization	Date of Most Recent Survey	Anticipated Next Survey	<input type="checkbox"/> ASC	
<input type="checkbox"/> Joint Commission			<input type="checkbox"/> CBRF	
<input type="checkbox"/> DNV			<input type="checkbox"/> Dialysis	
<input type="checkbox"/> CMS			<input type="checkbox"/> Hospice	
<input type="checkbox"/> DHS			TOTAL SF =	
<input type="checkbox"/> Other			Do not include RCAC or other Assisted Living	

Contact Information

Whom should have access to Code Central information or receive emails regarding code updates, training, invoices, promotions, inspection results, etc. List at least 2 people.

	Name	Title	Email	Phone	Cell
Primary					
Secondary					

Potential Service Needs (Indicate what services would be helpful for your organization. Check all that apply)

<input type="checkbox"/> Life Safety Plan Evaluation/Update	<input type="checkbox"/> Staff Training Online	<input type="checkbox"/> Construction Inspection	<input type="checkbox"/> Facility Survey	<input type="checkbox"/> Other (Fill in below)
<input type="checkbox"/> PM Inspection Documents/Binders	<input type="checkbox"/> Staff Training On-site	<input type="checkbox"/> Plan Review	<input type="checkbox"/> Document Review	
<input type="checkbox"/> Help After a Survey (IDR, POC, etc)	<input type="checkbox"/> Off-site Training Seminar	<input type="checkbox"/> Utility Diagrams	<input type="checkbox"/> Evacuation Plans	

Payment (E-mail completed form to: heather@lauzonlifesafety.com)

- Invoice We will e-mail back an invoice for the membership fee.
- Credit Card We will send you an invoice for your records and a link to make your payment online. Additional fees apply.