



# CODE CENTRAL APPLICATION LAUZON LIFE SAFETY CONSULTING

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

## Organization Information

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

## Contact Information

(Whom should 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	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	

## How Did You Hear About Us?

<input type="checkbox"/> WHEA	<input type="checkbox"/> Internet	<input type="checkbox"/> Current Code Central Member Referral (Fill in below)
<input type="checkbox"/> Leading Age	<input type="checkbox"/> Other Method (List)	Name
<input type="checkbox"/> Other Group (List)		Name of Organization

## Payment (E-mail completed form to: [hlauzonwerner@gmail.com](mailto:hlauzonwerner@gmail.com))

- Invoice We will e-mail back an invoice for the membership fee.
- Credit C We will send you an invoice for your records and call you to take your card information. Additional fees apply.