

YEAR: _____

PROPERTY ADDRESS: _____

{Bldg # ___ of ___}

EMPLOYER INFORMATION

SAMPLE

Legal name: _____

Common name: _____

Address: _____

Mailing address if different: _____

City/Province/Postal Code: _____

Company Owner(s): _____

Email: _____

Owner's Telephone Number: _____

Representative Name: _____

Job Title: _____

Telephone Number: _____

Email: _____

Company Fax No: _____

Program: SAWP AG STREAM Other

Consulate: _____

Actual forms may be purchased by approved inspectors from BCAC or BCFGA in Kelowna

A. BUILDING GENERAL / EXTERIOR / PROPERTY

1. Nature of accommodation:
 Single Family Dwelling Apartment Dormitory/Bunkhouse
 Converted Storage Area Mobile Home Other: _____
2. Are the accommodations located on well-drained ground at least 30 meters (OR separated by a foundation wall) from any building to be used or intended to be used for sheltering animals or for poultry husbandry likely to cause offensive environmental conditions or other environmental conditions that may be hazardous to health?
 Yes No (automatic fail grade)
3. Are the following exterior components of the accommodations in good condition and weatherproof?
 Roof: Yes No Wall surfaces: Yes No
 Windows: Yes No Gutters: Yes No Not applicable
 Doors: Yes No Downspouts: Yes No Not applicable
4. Are the accommodations detached from any building or surroundings where highly flammable materials are used or stored, and free of safety hazards and/or chemical substances which may become hazardous to the occupants?
 Yes No (automatic fail grade)
5. Are the accommodations used solely for worker housing i.e. not to be used as a work or storage place? If accommodation is part of a multi-unit facility all units must be inspected and approved or sealed off from use.
 Yes No
6. Have sufficient garbage containers with lids been placed around the exterior of the accommodations to ensure all garbage accumulated between collections can be stored?
 Yes No
7. Location of rodent-proof garbage containers:
 Kitchen (mandatory) Living Room Dining Room Bedroom Other: _____
8. If it is a mobile home, has skirting been installed around the bottom perimeter to protect the crawl space from debris and animals?
 Yes No Not applicable

Additional Comments: _____

B. BUILDING INTERIOR

- General**
9. Are the following interior components of the accommodations in good condition and appropriately sealed?
 Ceilings: Yes No Walls: Yes No
 Windows: Yes No Floors: Yes No
 Doors: Yes No
 10. Are the ceilings in the accommodations' living spaces at least seven feet high?
 Yes No
 11. Can a temperature ranging between 18 degrees Celsius minimum and 25.5 degrees Celsius maximum be maintained in the accommodations at all times either by heating or cooling as necessary?
 Yes No
 12. Is there adequate lighting by either natural or artificial means?
 Yes No

continued on next page

B. BUILDING INTERIOR (cont'd)**17001**

13. Is there adequate ventilation by either natural or artificial means?
 Yes No
14. Do all the windows and doors in the accommodation have screens covering all openings to the outside?
 Yes No
15. Do the accommodations have basic furnishings in good repair (tables, chairs, couches, shelves, etc.) that are compatible with the number of TFW's requested by the employer?
 Yes No

Sleeping Quarters / Facilities

16. Are the sleeping quarters and facilities partitioned from other living areas (excludes hotel style accommodations designed for maximum one or two person occupancy)?
 Yes No
17. Are all the beds/bunks equipped with mattresses, pillows and linens that are clean, sanitary and non-ripped condition?
 Yes No
18. Are beds/bunks at least 20 cms (8 inches) off the floor?
 Yes No
19. Is there a minimum distance of 75 cms (30 inches) between all beds/bunks?
 Yes No
20. Has an adequate amount of enclosed storage space/ compartment been provided i.e. two dresser drawers, hanging closet space, excess luggage storage, etc. per worker?
 Yes No

Personal Washing Facilities

21. Are the personal washing facilities partitioned from other living areas and for the sole use of the resident TFW's?
 Yes No
22. Are toilets and showers guarded with privacy barriers and for the sole use of the resident TFW's?
 Yes No
23. Are all toilets operational, sanitary and in good repair and for the sole use of the resident TFW's?
 Yes No
24. Have hand washing provisions been installed near toilets and for the sole use of the resident TFW's?
 Yes No

25. Are the floors and walls of the washroom and/or shower facilities made of or covered by a suitable material that can be cleaned and sanitized?
 Yes No
26. Are adequate laundry facilities (e.g. washer) provided on site or has the employer agreed to provide weekly access to a local laundromat?
 On site Weekly access
 No facilities / no access (automatic fail grade)
27. Are laundry facilities separate from machines designated for personal protective equipment cleaning?
 Yes No NA (weekly laundromat)
28. Is there an adequate supply of hot water to accommodate the number of TFW's?
 Yes No

Kitchen

29. Are all of the following appliances clean, and in working condition?
 Refrigerators: Yes No
 Stoves: Yes No
 Fans (over stove) Yes No
 Ovens: Yes No NA
 Hot Plates: Yes No NA
 Microwaves: Yes No NA
30. Are the floors and walls of the kitchen facilities made of or covered by suitable material that can be cleaned and sanitized?
 Yes No
31. Kitchen counter tops that are not supported by attached enclosed cabinetry may not be longer than 3 feet in length. Are there counter tops longer than 3 feet which are not supported by enclosed cabinetry?
 Yes No
32. Has an adequate amount of protective food storage and enclosed cupboard space been provided?
 Yes No
33. Has an adequate amount of the following kitchen items been provided (minimum one set per TFW)?
 Plates: Yes No
 Bowls: Yes No
 Cups and Drinking Glasses Yes No
 Pots and Pans: Yes No
 Utensils: Yes No
 Tables and Chairs: Yes No

C. WATER SAFETY

34. Water Source for the Accommodations:
 Public Water System Private Water Supply (e.g. Well)
35. If you have a private water supply, have you included your annual water quality test results showing that a sample is safe for occupants to drink?
 Yes No

D. FIRE SAFETY

(This section does not supersede any requirements by the Fire Department of the District in which the accommodation is located.)

36. Number of fire extinguishers: _____
37. Location of fire extinguishers:
 Kitchen near exit (mandatory) Living Room near exit
 Dining Room near exit Bedroom near exit
 Other: _____
38. Are all the fire extinguishers easily seen, accessible at all times and located away from potential heat sources?
 Yes No
39. Do all fire extinguishers have, at minimum, an ABC rating?
 Yes No
40. Number of smoke detectors: _____
41. Location of smoke detectors:
 Kitchen Living Room Dining Room
 Outside each Bedroom/Sleeping Area (mandatory)
 Other: _____
42. Have all smoke detectors been securely mounted and tested to ensure they are operational?
 Yes No

E. OCCUPANCY CALCULATION

17001

Total living space (square feet): _____ /80 square feet per person = _____ (a)	Number of ovens or stoves: _____ x 6 (1 per 6 workers) = _____ (e)
Number of showers _____ x 7 (1 per 7 workers) = _____ (b)	Number of fridges: _____ x 6 (1 per 6 workers) = _____ (f)
Number of toilets: _____ x 7 (1 per 7 workers) = _____ (c)	Total bedroom space (300 cubic feet per person): _____ cu ft of bedroom space /300 = _____ (g)
Number of sinks in washroom: _____ x 7 (1 per 7 workers) = _____ (d)	What is the lowest value in boxes (a) through (g) directly above: _____ *

* Figures indicates the maximum number of workers permitted in accommodation

INSPECTION RESULT

Inspection Result:

Pass Pass with follow-up actions Fail

If "pass" or "pass with follow-up actions", the accommodation is suitable for a maximum of _____ workers.

List of follow-up actions required by business to meet inspection standards:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____
9. _____
10. _____

----- More than 10 follow-up actions is a failing grade -----

11. _____
12. _____
13. _____
14. _____
15. _____

Date all follow-up actions are to be completed:

yy/mm/dd _____ / _____ / _____

General Comments: _____

SAMPLE

Inspector Name: _____

Inspector Organization: _____

Inspector telephone number: _____

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Inspector Signature: _____

Date: yy/mm/dd _____ / _____ / _____

Were photographs taken during inspection? Yes No

EMPLOYER DECLARATION:

I understand that copies of this inspection report will be shared with Employment and Social Development Canada (ESDC)/Service Canada(SC) for the administration of the temporary or seasonal foreign worker programs, with the appropriate Consulate and the BC Agriculture Council Labour Committee. ESDC requires this information in order to make a Labour Market Opinion decision. Should I not consent to disclosing this information to ESDC/SC, I will not be considered for the foreign worker programs.

I have read and understand the inspection checklist and agree to be re-inspected to confirm any follow up actions are completed or to confirm that the housing site is maintained at the level of first inspection:

Yes No **(automatic fail grade)**

Please print employer contact name: _____

Employer contact name signature: _____ Date: yy/mm/dd _____ / _____ / _____

INSPECTION FEES	
Base Fee	\$
Additional Fees (Specify)	\$
Travel Fee	\$
GST (___%)	\$
TOTAL	\$