



BC TFW AGRICULTURAL PRE-SEASON HOUSING INSPECTION RESPONSE FORM

2001

YEAR

PROPERTY ADDRESS

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1. EMPLOYER INFORMATION

a. Legal Name:
b. CRA #:
c. Common Business Name:
d. Mailing Address:
e. Contact Info:
Name:
Cell Phone:
Email:
Fax:

2. INSPECTION DETAILS

a. Inspection Date: DD/MM/YYYY
b. Building Number: of
c. Previously Inspected?
d. Used solely for TFW housing?

SAMPLE INSPECTION IS TO BE COMPLETED AS DETAILED IN THE BC TEMPORARY FOREIGN AGRICULTURE WORKER HOUSING INSPECTION GUIDE

Actual forms may be purchased by approved inspectors at the BCAC (Abbotsford) or BCFGa office (Kelowna).

3. INSPECTOR INFORMATION

a. Inspector name:
b. Phone number:
c. Email:
d. Inspector signature:

5. EXTERIOR/GENERAL ACCOMMODATION INFORMATION

a. Do the overall conditions of the accommodations meet the program requirements?
b. Nature of Accommodation:
c. If accommodations are part of a larger building are they sealed off from the other uses?
d. Are the accommodations located on a well-drained site and away from offensive or hazardous conditions?
e. Is the area around the accommodations clean & well maintained?
f. Are accommodations detached detached from highly flammable materials or chemical substances?

4. INSPECTION RESULTS

a. Result
b. Maximum number of occupants:
c. Notes of deficiencies and additional comments from the inspector

COPY OF PAGE 1 TO BE POSTED IN A VISIBLE LOCATION INSIDE OF THE ACCOMMODATIONS.

5. EXTERIOR/GENERAL

ACCOMMODATION INFORMATION (cont'd)

g. Are the following in good condition and weatherproof?

- i. Roof Yes No
- ii. Windows Yes No
- iii. Doors Yes No
- iv. Exterior Walls Yes No
- v. Gutters & Downspouts Yes No N/A

h. Do windows and doors have correctly fitting screens?
 Yes No

i. Sufficient exterior garbage containers with lids near accommodations?
 Yes No

j. Skirting installed around manufactured home?
 Yes No NA

8. BATHROOMS

a. Bathrooms partitioned and for the sole use of the TFW's?
 Yes No

b. Toilets and showers guarded with privacy barriers?
 Yes No

c. Toilets in good repair?
 Yes No

d. Sinks in or near bathrooms?
 Yes No

e. Floors and walls properly covered?
 Yes No

f. Adequate hot water?
 Yes No

6. GENERAL INTERIOR

ACCOMMODATION INFORMATION

a. Are all interior areas of the accommodation clean and free of excess stored items?
 Yes No

b. Are the interior walls, ceilings and floors in good condition?
 Yes No

c. Are ceilings at least seven (7) feet high?
 Yes No

d. Can temperature be maintained at most times between 18 & 27°C while occupied by TFWs?
 Yes No

e. Is there adequate lighting?
 Yes No

f. Is there adequate ventilation?
 Yes No

g. Are there adequate furnishings?
 Yes No

h. Correctly installed and maintained electrical systems?
 Yes No

9. LAUNDRY FACILITIES

a. On-site laundry facilities provided sole use TFWs?
 Yes No

b. Separate laundry facilities for protective equipment?
 Yes No

10. KITCHEN

a. Are all appliances CSA approved, correctly installed, clean and in good working condition?
 Yes No

b. Are floors and walls of kitchen made of or covered by suitable material that can be cleaned and sanitized?
 Yes No

c. Counter tops supported by enclosed cabinetry?
 Yes No N/A

d. Adequate space for food storage?
 Yes No

e. Adequate numbers of the following?

- i. Plates Yes No
- ii. Bowls Yes No
- iii. Cups & drinking glasses Yes No
- iv. Pots & Pans Yes No
- v. Cooking Utensils Yes No
- vi. Tables & chairs Yes No

7. BEDROOMS

a. Are sleeping quarters partitioned?
 Yes No N/A - Hotel style studio suite

b. All beds have mattresses, pillows and linens?
 Yes No

c. Beds at least 20cm off the floor?
 Yes No

d. Minimum distance of 75cm between all beds?
 Yes No

e. Adequate storage space?
 Yes No

11. WATER SAFETY

a. How is potable (drinking) water provided?

- 1. A single private water well or private connection to surface water.
- 2. A small water system (multiple users on the same system).
- 3. A community or municipal water supply.
- 4. Other (Provide description in question 16.f.)

b. If water supply is supplied by either 1 or 2 have you included your annual water quality tests?
 Yes No N/A

SAMPLE

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12. FIRE SAFETY

a. Are fire escape plans posted?
 Yes No

b. Are there the appropriate number of charged, serviced, and correctly mounted fire extinguishers?
 Yes No

c. Are smoke alarms correctly installed and operational?
 Yes No

d. If there are fuel-fired appliances in a room, kitchen or in an attached garage, is there an operational carbon monoxide alarm?
 Yes No N/A

15. EMPLOYER DECLARATION

a. I understand and agree that copies of this inspection report, including without limitation any and all personal information and other information contained within this report, will be shared with the applicable government agencies responsible for the administration of the temporary foreign worker programs and worker safety, applicable Consulate or Liaison Offices, the BC Agriculture Council Labour Committee ("BCAC") and the Western Agriculture Labour Initiative Corporation ("WALI"), and I hereby consent to the disclosure of this inspection report to all such entities and their respective directors, officers, employees and agents. I understand that the information in this report is collected for the purpose of assisting in meeting the requirements of the Temporary Foreign Worker Program.

b. I express, understand and agree that completion of this inspection report does not warrant that legislative or regulatory requirements have been met, and that neither BCAC or WALI makes any warranty or representation of any kind, express or implied, with respect to me. I further acknowledge and agree that in no event will BCAC, WALI, or their respective directors, officers, employees, agents, successors and assigns (collectively, the "Releasees") have any responsibility or liability in connection with this inspection or the completion of this report, and I HEREBY RELEASE the Releasees individually and collectively from and against all claims, causes of action, claims, debts and damages of any kind, including in any way relating to or arising out of this inspection report."

c. Employer Signature: _____

d. Employer Name (print) _____

13. MAXIMUM OCCUPANCY

	Max Number of Occupants
a. Total living space: _____ sqft / 80 =	_____
b. Total bedroom space: _____ cuft / 300 =	_____
c. Number of beds? _____ x 1 =	_____
d. Number of toilets? _____ x 7 =	_____
e. Number of showers? _____ x 7 =	_____
f. Number of bathroom sinks? _____ x 7 =	_____
g. Number of washing machine/dryer pairs? _____ x 10 =	_____
h. Number of fridges _____ x 6 =	_____
Or walk-in cooler space: _____ cu inch / 1,920 =	_____
i. Number of stove / cooktop elements permanently installed _____ x 1.5 =	_____
j. Is there at least one oven in each kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
k. Maximum number of occupants	_____

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16. SUPPLEMENTAL QUESTIONS

THE RESULTS OF THESE QUESTIONS DO NOT AFFECT THE OVERALL INSPECTION RESULT AT THIS TIME, BUT MUST BE COMPLETED.

Employers are reminded that this inspection is designed to assist in meeting TFW program housing requirements and does not replace or ensure that all legislative or other requirements have been met.

a. Is a fire safety plan in place and current?
 Yes No N/A Unknown

b. Has the local fire department or a licensed fire protection contractor completed a fire inspection report?
 Yes No N/A Unknown

c. If the Answer to Question 16b was yes, did the fire department leave a written copy of the report?
 Yes No N/A Unknown

d. Do the number of unrelated occupants sleeping in the building require that a fire alarm be installed?
 Yes No N/A Unknown

e. Is a copy of the occupancy permit available?
 Yes No N/A Unknown

f. Describe water source and any water treatment.

14. PHOTOGRAPHS TAKEN

a. Required photographs (exterior, kitchen, bathroom, bedroom) taken?
 Yes No

b. Other photographs taken?
 1. _____
 2. _____