



# BC TFW AGRICULTURAL PRE-SEASON HOUSING INSPECTION RESPONSE FORM

2501

YEAR

PROPERTY ADDRESS

PROPERTY ADDRESS

### 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?  
 Yes  No

d. Used solely for TFW housing?  
 Yes  No

**INSPECTION IS TO BE COMPLETED AS DETAILED IN THE B.C. TEMPORARY FOREIGN AGRICULTURE WORKER HOUSING INSPECTION GUIDE**

### 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?  
 Yes  No

b. Nature of Accommodation:  
 Single Family Home  
 Apartment (include number of units) \_\_\_\_\_  
 Dormitory / Bunk house  
 Suite within another structure  
 "Hotel" style studio suite  
 Other: Describe: \_\_\_\_\_

c. If accommodations are part of a larger building are they sealed off from the other uses?  
 Yes  No  N/A

d. Are the accommodations located on a well-drained site and away from offensive or hazardous conditions?  
 Yes  No

e. Is the area around the accommodations clean and well maintained?  
 Yes  No

f. Are accommodations detached from highly flammable materials or chemical substances?  
 Yes  No

### 4. INSPECTION RESULTS

a. Result  
 Pass  Fail

a. Maximum number of occupants:  
 Section 13 - Smallest number of a to k = \_\_\_\_\_

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°C and 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 potable water is supplied by either 1 or 2, has the employer included an annual water quality test?  
 Yes  No  N/A

**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 operational?  
 Yes  No

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

**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:	_____

**14. PHOTOGRAPHS TAKEN**

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

b. Other photographs taken?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**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 expressly understand and agree that completion of this inspection report does not guarantee that legislative or regulatory requirements have been met, and that neither BCAC nor WALI makes any warranty or representation of any kind, express or implied, with respect to same. I further acknowledge and agree that in no event will BCAC, WALI, or their respective licensors, licensees, affiliates or subsidiaries or any of 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 of and from any and all actions, causes of action, claims, debts and damages howsoever arising in any way relating to or arising out of this inspection report."

c. Employer Signature: \_\_\_\_\_

d. Employer Name (print) \_\_\_\_\_

**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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_