

Housing Occupancy Certificate — Migrant and Seasonal Agricultural Worker Protection Act

U.S. Department of Labor
Wage and Hour Division



OMB Number: 1235-0006
Expiration Date: 08-31-2020

A. IDENTIFYING INFORMATION

1. Location of Housing Inspected:

Description of Housing Units and Number of Units:

2a. Name and Address of Owner of Housing Units:	3a. Name and Address of Individual(s) in Charge:
b. Phone:	b. Phone:
4a. Name and Address of Farm Labor Contractor, if Any:	5. Date Inspection was Requested:
b. Registration No.:	6. Expected Dates of Occupancy From: To:

B. CERTIFICATION: For Completion By Agency Personnel Conducting Housing Inspection

The housing identified above has been inspected by the undersigned and found to meet the substantive safety and health standards prescribed in one of the following Department of Labor regulations.

29 C.F.R. § 1910.142 Occupational Safety and Health Administration Regulations

20 C.F.R. Part 654 Employment and Training Administration Regulations

The definition of substantive safety and health standards is given in 29 C.F.R. § 500.133.

Date of Inspection: _____

Date Certificate Expires: _____

Maximum Occupancy: _____

Special Conditions (If none, write "None "):

District Office Address:	_____
	(Signature and Title of Person Issuing Certificate) _____ (Date Issued) _____

Important Notice: A copy of this certificate must be posted at the site of the housing identified above. This certificate is valid for one year from the date of issuance. If after one year from the date of this certificate the property identified above is to be utilized to house migrant workers, a new certificate must be requested.

The original of this certificate must be kept as a record for three years from the date of issuance.

This inspection certificate does not relieve any person from compliance with any applicable State, county or local ordinance. Receipt and posting of this certificate of occupancy does not relieve the persons who own or control this facility or property from the responsibility of ensuring that such facility or property meets the applicable State and Federal safety and health standards. Once such facility or property is occupied, such person shall supervise and continually maintain such facility or property to ensure that it remains in compliance with the applicable safety and health standards.

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no person is required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and maintaining the records. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Pursuant to 29 C.F.R. § 500.135, prior to occupancy it is mandatory for any person or organization which owns or controls a facility or real property to be used for housing a migrant agricultural worker to obtain certification from a State or local health authority or other appropriate agency, including a federal agency, that the facility or real property meets applicable safety and health standards. A copy of the certification must be posted at the housing site prior to occupancy.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

U.S. DEPARTMENT OF LABOR Employment and Training Administration EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(see instructions on reverse)</i>					1. Employer Name and Address							
2. Housing Location					3. Housing Description							
4. Sleep Rooms (no. & Measurements)	a. Dormitory Type				b. Family Type				ES USE ONLY			
	1	2	3	4	1	2	3	4	5. CAPACITY (Adults)			
Length									6. REGULATIONS COMPLIANCE <i>("X" proper box)</i>			
Width									Yes	No		
Ceiling Height									Water	<input type="checkbox"/>	<input type="checkbox"/>	
Square Feet									Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms									Site	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single									Screening	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Bunks or Doubles									Heating	<input type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES <i>(Number of each)</i>									(For use on Range Housing)			
Flush Toilets	Privy	Urinals		Lavatories or Washbasins		Showerheads			Housing meets requirement for 655.235 Standards for range housing.			
Bathtubs	Movable bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs			Housing Certification expiration Date:			
Cook Stoves	Refrigerators		Garbage Containers		First Aide Kits		Fire Extinguishers <i>(No. & type)</i>					
8. COMMENTS												
9. EMPLOYER CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor , <input type="checkbox"/> OSHA <input type="checkbox"/> ETA and that the housing described herein <input type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature						Typed Name and Title				Date		
10. HOUSING INSPECTED BY:												
Signature of Authorized Official						Typed Name and Title				Date		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official						Typed Name and Title				Date		

TITLE 20 – EMPLOYEE BENEFITS – PART 654 – HOUSING FOR AGRICULTURAL WORKERS

WORKSHEET

	<u>Yes</u>	<u>No</u>	
Camp Area	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.404)
Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.405)
Excreta & liquid waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.406)
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.407)
Screening	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.408)
Heating	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.409)
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.410)
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.411)
Washrooms, bathrooms, and laundry tubs	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.412)
Cooking & eating Facilities	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.413)
Garbage & other refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.414)
Insect & rodent control	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.415)
Sleeping facilities	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.416)
Safety & fire prevention	<input type="checkbox"/>	<input type="checkbox"/>	(Sec. 654.417)

COMMENTS:

I hereby certify that all items on this form are are not in compliance with the regulations.

Signature Date
Career Center Representative

I certify that my housing will be in full compliance with the regulations at least 30 days before the _____(give specific date) housing is to be occupied and that I will notify the Colorado Division of Employment and Training that said premises are ready for re-inspection.

Signature of Employer Date

Worksheet completed by
(Signature)

Date Completed

Employer Signature Date



OMB No. 1235-0002
Expires/Se caduca: 08/31/2020

HOUSING TERMS AND CONDITIONS

TÉRMINOS Y CONDICIONES DE LA VIVIENDA

Important Notice to Migrant Agricultural Worker: The Migrant and Seasonal Agricultural Worker Protection Act requires the furnishing of the following information.

Aviso Importante Para Obreros Agrícolas Migratorios: La Ley Para la Protección de Obreros Migratorios y Temporeros exige que se provea la información siguiente.

1. The housing is provided by

1. La vivienda la provee

Name _____

Nombre _____

Address _____
City & state / Zip code

Dirección _____
Ciudad y estado / Código Postal

2. Individual(s) in charge

2. Persona(s) encargada(s)

Name _____

Nombre _____

Address _____
City & state / Zip code

Dirección _____
Ciudad y estado / Código Postal

Phone _____

Teléfono _____

3. Mailing address of housing facility

3. Dirección de correo de la vivienda

Address _____
City & state / Zip code

Dirección _____
Ciudad y estado / Código Postal

Phone _____

Teléfono _____

4. Conditions of occupancy

4. Condiciones de ocupación

Who may live in housing facility
Charges made for housing (if none, so state)
Meals provided (if none, so state)
Charges for utilities (if none, so state)
Other charges, if any
Other conditions of occupancy

Quién puede habitar la vivienda
Cargos hechos por proporcionar la vivienda (Si no los hay, declárelo)
Comidas proporcionadas (si no las hay, declárelo)
Cargos por servicios(luz, agua, gas) (si no los hay, declárelo)
Otros cargos, si los hay
Otras condiciones de ocupación

**Important Notice to Farm Labor Contractor,
Agricultural Employer, or Agricultural Association:**

This form may be used for the disclosure required by section 201(c) of the act. It must be posted in a conspicuous place or presented to each worker in English, Spanish, or another language, as appropriate.

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. If you have any comments regarding these estimates or any other aspect of this survey, including suggestions for reviewing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

**Aviso Importante Para Contratistas de Trabajo
Agrícola, Empleadores Agrícolas o Asociaciones
Agrícolas:**

Se puede utilizar este formulario para la declaración exigida por la sección 201 (c) de la ley. Se tiene que exhibir en un lugar conspicuo o se le tiene que dar una copia a cada obrero en inglés, español u otro idioma, según la necesidad.

Declaración Pública de Responsabilidad

Se calcula que tomará un promedio de 30 minutos para rellenar la compilación de esta información, incluyendo el tiempo para repasar las instrucciones, para buscar las fuentes informativas existentes, para recolectar y mantener la información necesaria, y para rellenar y repasar la compilación de la información. Si tiene algún comentario sobre estos cálculos o sobre cualquier otro aspecto de esta encuesta, incluyendo sugerencias para repasar esta responsabilidad, envíelos al Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Se le avisa al que rellene este formulario que no responda a la compilación de esta información a menos que se encuentre y se exhiba un número actualmente válido de control de OMB.