

**Inspection Form and Report of Agricultural Housing
for Temporary Foreign Workers.**

(Employer Version)

EMPLOYER INFORMATION

Employer Name

Legal name: _____

Common name: _____

Address (Number / Street / PO Box #): _____

Mailing address if different _____

City/Town/County/Municipality: _____

Province/Territory: _____

Postal Code: _____

Representative Name: _____

Representative Job Title: _____

Representative Telephone Number: _____

A. BUILDING GENERAL / EXTERIOR / PROPERTY [Bldg # ___ of ___]

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 from 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

3. Are the following exterior components of the accommodations in good condition and weatherproof?

- | | | | |
|----------------|------------------------------|-----------------------------|---|
| Roof: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Windows: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Doors: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Wall surfaces: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Gutters: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Downspouts: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

4. Are the accommodations detached from any building or surroundings where highly inflammable materials are used or stored, and free of safety hazards and/or chemical substances which may become hazardous to the occupants?

Yes No

5. 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

6. 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

7. Are the following interior components of the accommodations in good condition and appropriately sealed?

Ceiling:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walls:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Are the ceilings in the accommodations' living spaces at least seven feet high?

Yes No

9. Can a temperature ranging between 20-23.5 degrees Celsius be maintained in the accommodations at all times?

Yes No

10. Is there adequate lighting by either natural or artificial means?

Yes No

11. Is there adequate ventilation by either natural or artificial means?

Yes No

12. Do all the windows and doors in the accommodation have screens covering all openings to the outside?

Yes No

13. Location of rodent-proof garbage containers:

Kitchen (mandatory) Living Room Dining Room
 Bedroom Other:

14. Do the accommodations have basic furnishings (tables, chairs, couches, shelves, etc.) that are compatible with the number of TFWs requested by the employer?

Yes No

Sleeping Quarters / Facilities

15. Are the sleeping quarters and facilities partitioned from other living areas?

Yes No

16. Are all the beds/bunks equipped with mattresses that are in good condition?

Yes No

17. Are beds/bunks at least 20 cms off the floor?

Yes No

18. Is there a minimum distance of 45 cms between all beds/bunks?

Yes No

19. Has a storage space/compartment been provided for each bed/bunk?

Yes No

Personal Washing Facilities

20. Are the personal washing facilities partitioned from other living areas?

Yes No

21. Are toilets and showers guarded with privacy barriers?

Yes No

22. Are all toilets operational, sanitary and equipped with toilet paper?

Yes No

23. Have hand washing provisions been installed near toilets?

Yes No

24. 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)

Kitchen

25. Are all of the following appliances clean, and in working condition?

Refrigerators:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stoves:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ovens:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Hot Plates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Mircrowaves:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

26. Has an adequate amount of protective food storage and cupboard space been provided?

Yes No

27. Has an adequate amount of the following kitchen items been provided?

Plates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bowls:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pots and Pans:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utensils:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tables and Chairs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. WATER SAFETY

28. Water Source for the Accommodations:

Public Water System Private Water Supply (e.g. Well)

29. If the water source for the accommodations is from a public water system, have you included a copy of a recent water bill/invoice confirming your water is monitored?

Yes No Not applicable as I have a private water supply

30. 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 Not applicable as I have a public water system

D. FIRE SAFETY

31. Number of fire extinguishers:

32. Location of fire extinguishers:

Kitchen near exit (mandatory) Living Room near exit
 Dining Room near exit Bedroom near exit Other:

33. Are all fire extinguishers easily seen, accessible at all times and located away from potential heat sources?

Yes No

34. Do all fire extinguishers have, at minimum, an ABC rating?

Yes No

35. Number of smoke detectors:

36. Location of smoke detectors:

Kitchen Living Room Dining Room
 Outside each Bedroom/Sleeping Area (mandatory) Other:

37. Have all smoke detectors been securely mounted and tested to ensure they are operational?

Yes No

E. OCCUPANCY CALCULATION

Total living space (square feet): _____ / 75 square feet per person = _____ (a)

Number of showers: _____ x 10 (1 per 10 workers) = _____ (b)

Number of toilets: _____ x 10 (1 per 10 workers) = _____ (c)

Number of sinks in washroom: _____ x 7 (1 per 7 workers) = _____ (d)

Number of ovens or stoves: _____ x 6 (1 per 6 workers) = _____ (e)

Number of fridges: _____ x 6 (1 per 6 workers) = _____ (f)

What is the lowest value in boxes (a) through (f) 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.

Note: The following criteria is mandatory and will automatically receive a failing grade for accommodations if not met: rodent proof garbage container in kitchen(s); fire extinguisher in kitchen(s); smoke detectors outside each bedroom/sleeping area; proof that water supply is safe to drink; and, agreeing to provide onsite laundry or access to laundromat.

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: _____

Inspector Name: Brian Hunt

Inspector Organization: Manitoba Agriculture, Food and Rural Initiatives

Inspector telephone number: (204) 856-9255

Inspector Signature: _____

Date: yy/mm/dd ____ / ____ / ____

Expiry 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 Human Resources and Skills Development Canada (HRSDC)/Service Canada (SC) for the administration of the Seasonal Agricultural Worker Program (SAWP). HRSDC/SC requires this information in order to make a Labour Market Opinion decision. Should I not consent to disclosing this information to HRSDC/Service Canada, I will not be considered for the SAWP.

This information is collected under the authority of the *Department of Human Resources and Skills Development Act* and will be administered in accordance with the *Privacy Act* and other applicable privacy laws. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank HRSDC PPU 110. Instructions for obtaining this information are outlined in the government publication *Info Source*, copies of which are located in Service Canada Centres or at the following internet address: <http://infosource.gc.ca>.

I have read and understand the inspection checklist: Yes No

Please print employer contact name: _____

Employer contact name signature: _____

Date: yy/mm/dd ____ / ____ / ____