

BC INSPECTION FORM AND REPORT OF AGRICULTURAL HOUSING  
for Temporary Foreign Workers

PLEASE PRINT CLEARLY

0001

EMPLOYER INFORMATION

Legal name: \_\_\_\_\_

Email Address of Company Owner: \_\_\_\_\_

Common name: \_\_\_\_\_

Company Owner's Telephone Number: \_\_\_\_\_

Address (Number / Street / PO Box #): \_\_\_\_\_

Representative Name: \_\_\_\_\_

\_\_\_\_\_

Representative Job Title: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Representative Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Email Address of Representative: \_\_\_\_\_

City/Town/County/Municipality: \_\_\_\_\_

Program: ☐ SAWP ☐ AG STREAM

Province/Territory: \_\_\_\_\_

☐ Other (Please Specify) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Consulate: \_\_\_\_\_

Name of Company Owner(s): \_\_\_\_\_

\_\_\_\_\_

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 (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 inflammable 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: \_\_\_\_\_  
\_\_\_\_\_

General

B. BUILDING INTERIOR

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

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
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      ☐
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" 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

0001

Total living space (square feet):  
\_\_\_\_\_/80 square feet per person = \_\_\_\_\_ (a)

Number of showers  
\_\_\_\_ x 7 (1 per 10 workers) = \_\_\_\_\_ (b)

Number of toilets:  
\_\_\_\_ x 7 (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)

Total bedroom space (300 cubic feet per person):  
\_\_\_\_ cu ft of bedroom space /300 = \_\_\_\_\_ (g)

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: \_\_\_\_\_  
\_\_\_\_\_

Inspector Name: \_\_\_\_\_

Inspector Organization: \_\_\_\_\_

Inspector telephone number: \_\_\_\_\_

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), with the appropriate Consulate and the SAWP Enhancement Committee. 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.

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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