

190001

1. Employer Information

Questions	Responses
a. Legal Name	
b. CRA #	
c. Common Business Name	
d. Mailing address	
e. Contact info	Name: Phone: Email: Fax:

2. Inspection details

Questions	Responses
a. Inspection date: (DD/MM/YYYY)	
b. Property Address: House Number, Street, City	
c. Building Number:	_____ of _____
d. Previously inspected?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
e. Used solely for TFW housing?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

3. Exterior/General Accommodation Information

Questions	Responses
a. Nature of Accommodation	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Apartment (include number of units) <input type="checkbox"/> Manufactured Home (model # _____) <input type="checkbox"/> Suite within another structure. <input type="checkbox"/> "Hotel" style studio suite <input type="checkbox"/> Other: (describe)
b. Sealed off from the other uses?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> NA
c. Site well drained?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
d. Is the area around the accommodations clean?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
e. 30m from any offensive/hazardous buildings?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
f. Detached from highly flammable materials or chemical substances?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
g. Are the following in good condition and weather proof?	
Roof <input type="checkbox"/> Yes / <input type="checkbox"/> No Gutters <input type="checkbox"/> Yes / <input type="checkbox"/> No Downspouts <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 Exterior walls <input type="checkbox"/> Yes / <input type="checkbox"/> No
h. Do windows and doors have correctly fitting screens?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
i. Sufficient exterior garbage containers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
j. Skirting installed around manufactured home?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

SAMPLE

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4. Interior Accommodation Information

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Questions	Responses
a. Are all interior areas of the accommodation clean?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
b. Are the following in good condition? Ceilings Floors Walls	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No
c. Are ceilings at least seven (7) feet high?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
d. Can temperature be maintained between 18 & 27°C?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
e. Is there adequate lighting?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
f. Is there adequate ventilation?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
g. Are there adequate furnishings?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
h. Correctly installed electrical systems?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

5. Bedrooms

Questions	Responses
a. Are sleeping quarters partitioned?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A - hotel style studio suite
b. All beds have mattresses, pillows and linens	<input type="checkbox"/> Yes / <input type="checkbox"/> No
c. Beds at least 20cm off the floor?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
d. Minimum distance of 75cm between all beds?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
e. Adequate storage space?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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6. Bathrooms

Questions	Responses
a. Bathrooms partitioned and for the sole use of the TFW's?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
b. Toilets and showers guarded with privacy barriers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
c. Toilets in good repair?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
d. Sinks in or near bathrooms?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
e. Floors and walls properly covered?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
f. Adequate hot water?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

7. Laundry Facilities

Questions	Responses
a. On site laundry facilities provided?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
c. Separate laundry facilities for protective equipment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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8. Kitchen

Questions	Responses
a. Following in working condition?	
Refrigerators	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Stoves with hood fans vented to the exterior	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes / <input type="checkbox"/> No
b. Floors and walls properly covered?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
c. Counter tops supported by enclosed cabinetry?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
d. Adequate space for food storage?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Adequate numbers of the following?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
i. Plates	
ii. Bowls	
iii. Cups & drinking glasses	
iv. Pots & Pans	
v. Cooking Utensils	
vi. Tables & chairs	

9. Water Safety

Questions	Responses
a. Source of potable water?	<input type="checkbox"/> A single private water well or private connection to surface water <input type="checkbox"/> A small water system (multiple users on the same system) <input type="checkbox"/> A community or municipal water supply
b. Describe water source.	
c. Water test results included?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> NA

SAMPLE

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10. Fire Safety

Questions	Responses
a. Safety plan prepared?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
b. Local fire department fire inspection completed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
c. Is a fire alarm required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
d. Appropriate number of fire extinguishers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
e. Fire extinguishers properly located?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
f. Operational smoke detectors correctly installed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
g. Carbon monoxide alarms?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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Questions	Responses
a. Source of potable water?	<input type="checkbox"/> A single private water well or private connection to surface water <input type="checkbox"/> A small water system (multiple users on the same system) <input type="checkbox"/> A community or municipal water supply
b. Describe water source.	
c. Water test results included?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> NA

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b. Describe water source.	<p style="text-align: center; color: red; font-size: 2em; font-weight: bold;">SAMPLE</p> <p style="text-align: center; color: red;">Actual forms may be purchased by approved inspectors from the BCAC office (Abbotsford) or BCFGAs office (Kelowna).</p>
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g. Carbon monoxide alarms?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

11. Maximum Occupancy

Questions	Responses	
a. Total living space:	# ____ sqft	Sqft / 80 = ____
b. Total bedroom space:	# ____ cuft	Cuft / 300 = ____
c. Number of beds?	# ____	#/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 / walk-in cooler space:	# ____	# x 6 = ____
i. Number of stoves?	# ____	# x 6 = ____
j. Maximum number of occupants:	# ____	

12. Inspection Results

Questions	Responses
a. Result	<input type="checkbox"/> Pass / <input type="checkbox"/> Fail
b. Notes of deficiencies and additional comments from the inspector	
<p>SAMPLE</p> <p>Actual forms may be purchased by approved inspectors from the BCAC office (Abbotsford) or BCFGA office (Kelowna).</p>	

13. Inspector Information

a. Inspector Name	
b. Phone number	
c. email	
d. Inspector Signature	

14. Photographs Taken

Questions	
a. Required photographs (exterior, kitchen, bathroom, bedroom) taken	<input type="checkbox"/> Yes / <input type="checkbox"/> No
b. Other photographs taken? (List)	

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15. Employer Declaration

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.

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.”

Employer Signature _____

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15. Employer Declaration

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.

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.”

Employer Signature _____

SAMPLE

Employer Name (print) _____

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