

Farmworker Housing Facility Inspection Addendum Form: Operator Attestation

Facility Name:

Facility Address:

Facility Operator Name:

Operator attestation:

I, _____ (name) attest that the Migrant Farmworker Housing Facility located at _____ is in a safe, clean, and structurally sound condition, and contains none of the following conditions:

- An electric service, wiring, or electrical system components that are an imminent fire or shock hazard;
- Cook stoves, or other heat producing equipment constituting a fire hazard or inadequate venting of fumes;
- Blocked fire exits by locking or other obstructions;
- The presence of construction materials that are an imminent fire hazard or a structural safety hazard;
- The potable water system serving the facility contains contaminants in excess of the levels prescribed in sections of Part 5 of the State Sanitary Code;
- The Disinfection of the potable water supply is not continuous, when required;
- The presence of cross-connections or other faults in the facility plumbing system that result or may result in contamination of the potable water supply;
- Sewage discharging on the ground surface in an area accessible to facility occupants, or in a manner which may contaminate food service areas, or result in pollution of a potable water supply source;
- The storage of hazardous materials, including agricultural chemicals and pesticides, or their containers in a manner which is hazardous to the health or safety of the housing occupants, or contamination of housing by hazardous materials that are hazardous to the health and safety of the housing occupants; or
- Other conditions which constitute a health hazard.

I further attest that the following facility operations are functional and adequate for use by the expected number of occupants:

- Water supply (quantity and quality of potable water acceptable);
- Sewage disposal system;
- Heating and electrical supply;
- Showers, toilets, urinals, and laundry facilities available on site;
- Smoke and CO detectors (properly installed);
- Fire extinguishers (properly inspected);
- Communication system to summon assistance for medical or safety emergencies;
- Fully stocked first aid kit, with necessary items for basic illness and wound care;
- Adequately sized and equipped sleeping area with adequate light, ventilation, and personal storage space for each worker;
- Adequately sized and equipped food preparation, storage, cooking, and consumption area for each worker, and dishwashing area, as applicable;
- Screening on windows and exterior doors; and
- Adequate means for storage and disposal of garbage and refuse.

I certify that I have reviewed Part 15 of the State Sanitary Code, and the facility described herein will remain compliant throughout the period of operation. I understand and agree to notify the Permit-Issuing Official if there are any changes to any of the conditions or operations notes above, or of any planned changes of the conditions or operations.

By signing this document, I attest the information contained on this form is accurate and I agree to the above statements:

Name of operator or representative (print name)

Signature

Date