

Company Name: _____

Employee Housing:

- 1) Do you provide any housing for employees? Yes No
- 2) Please provide address(es): _____
 - If there are more location, please attach a separate sheet
 - Please provide pictures of housing units
- 3) If yes, is the cost of housing included in the payroll? Yes No
- 4) Do you participate in the H-2A Program? Yes No
- 5) Number of seasonal employees hired each year: H-2A: _____ Other: _____
- 6) Do you hire a crew chief/farm labor contractor each year? Yes No For how many years? _____

Housing information:

| TYPE OF HOUSING PROVIDED | # UNITS | AVERAGE # OF EMPLOYEES IN EACH UNIT | MAXIMUM # OF EMPLOYEES PER UNIT | # OF MONTHS PER YEAR |
|--------------------------|---------|-------------------------------------|---------------------------------|----------------------|
| House | | | | |
| Apartment | | | | |
| Trailer | | | | |
| Room | | | | |
| Labor Camp/Dormitory | | | | |

- a) Is each unit inspected for safety hazards? Annual Semi-Annual Quarterly Monthly
- b) Is housing self-inspection programs documented in writing? Yes No
- c) Do you have a housing agreement with employees, outlining their duties to maintain the housing? Yes No

Life Safety Controls - Protection Systems

- a) Type
 - Smoke Detectors Yes No
 - Hard Wired Battery
 - Carbon Monoxide Yes No
 - Hard Wired Battery
- b) If battery operated, are batteries replaced every 6 months? Yes No
- c) Are exits properly marked and lighted? Yes No
- d) Are emergency exits free and clear of any obstructions? Yes No
- e) Are portable fire extinguishers mounted in each kitchen? Yes No
- f) Do workers/occupants know emergency exit procedures? Yes No
- g) Is there a designated location to meet in emergencies for a head count of employees? Yes No

Employee Transportation:

Do you provide group transportation for your workers? Yes No
 ➤ If yes, please answer the following questions.

Vehicle Information:

a) Vehicle Types – Please attach vehicle schedule

| | | | |
|----------|---------|---------------------------------|--------------|
| Pick-Ups | # _____ | Maximum Seating Capacity: _____ | Radius _____ |
| Vans | # _____ | Maximum Seating Capacity: _____ | Radius _____ |
| Buses | # _____ | Maximum Seating Capacity: _____ | Radius _____ |

- b) Are the vehicles inspected on a regular basis? Yes No
- c) Do the vehicles have seat belts for every passenger? Yes No
- d) Are the employees required to wear their seatbelts? Yes No
- e) Are all tools, equipment & bags stored properly to prevent shifting? Yes No

Driver Information:

- a) Do you provide the drivers? Yes No
- b) Do drivers have CDL Licenses? Yes No
- c) Do drivers have state issued licenses Yes No
- d) If no state issued license, do drivers have an international license? Yes No
- e) Are Motor Vehicle Records (MVRs) pulled on drivers, each year? Yes No
- f) Can drivers read and speak English? (Read and comprehend traffic control devices?) Yes No
- g) Is there a driver safety program in place? Yes No
- h) Do they have a no cell phone use & no texting policy? Yes No
- i) Are drivers familiar with the route(s) they drive? Yes No
- j) Are seasonal workers used as drivers? Yes No
- k) Is there a seasonal driver orientation program? Yes No
- l) Does an experienced driver ride with and familiarize new drivers? Yes No

Signature: _____ **Title:** _____ **Date:** _____

Print Name of Signature: _____

Agent Signature: _____