2010 Farmworker Site Register

Site Address _____

_____

Grower's Address _____

_____

Type of Housing ☐ House ☐ Trailer ☐ Barracks ☐ Other _____

Status ☐ Migrant ☐ H2A ☐ Seasonal ☐ Other _____

Is this housing provided by the employer? ❒ Yes ❒ No

If yes, is the housing registered w/ NC DOL? ❒ Yes ❒ No

Date _____ **OR Worker** _____

Site No. _____ **Tel No.** _____

Grower's Name _____

Grower Telephone _____

Crew Leader _____

Are more workers expected this season at this location? ❒ Yes ❒ No

If yes, how many _____ **and when** _____

ENVIRONMENTAL SCAN of RESIDENCE: Check if any of these health risks apply: ❒ no drinking water ❒ fire hazard ❒ raw sewage ❒ no working shower ❒ overflowing garbage ❒ signs of rodents ❒ no heat in winter

If any boxes checked, and housing is provided by the employer, was report sent to DOL? ❒ Yes ❒ No • If no report was sent, please document response taken in notes section. If boxes are checked, but housing is not provided by employer, provide health ed.

Location:

Head of Household:

Residents:

Date	Notes/Follow-up