

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.

GPS Coordinates:

Location:

Head of Household:

Residents:

Date	Notes/Follow-up