

LABOR CAMP HOUSING REFERRAL FORM

2. Reason for Referral:

a. As a result of a compliance inspection of the workplace:

- No valid labor camp permit
- Obvious housing hazard

b. As a result of a complaint involving employee housing:

- Allegation--housing hazard
- Allegation--no permit
 - Inspected--no valid labor camp permit found
 - Inspected--obvious housing hazard(s) found

3. Description of problem: _____

4. Camp information:

Name: _____
Location: _____
Number of Employees: _____ Permit No.: _____ ID No.: _____

5. Employer Name and Address: _____

6. Type of Establishment: _____

7. Referring Cal/OSHA/Industrial Hygienist: _____

8. District Office Address: _____

9. District Office Telephone: _____

District Manager