State of California
Department of Industrial Relations
Division of Occupational Safety and Health

1. Date:_____

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