

<b>U.S. DEPARTMENT OF LABOR</b> Employment and Training Administration  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b>					<b>1. EMPLOYER'S NAME AND ADDRESS</b>							
<b>2. HOUSING LOCATION</b>					<b>3. HOUSING DESCRIPTION</b>							
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>			
	1	2	3	4	1	2	3	4				
Length									<b>5. CAPACITY (Adults)</b>			
Width									<b>6. REGULATIONS COMPLIANCE</b> <i>("X" in proper box)</i>			
Ceiling Height									Water	Yes	No	
Square Feet									Electricity			
No. of Rooms									Site			
No. of Beds, Single									Screening			
No. of Beds, Bunks, Double									Heating			
<b>7. FACILITIES (Number of each)</b>												
Flush Toilets	Privy	Urinals	Lavatory or Washbasins	Showerheads								
Bathtubs	Movable Bathtubs	Laundry Machines	Fixed Laundry Tubs	Movable Laundry Tubs								
Cook Stoves	Refrigerators	Garbage Containers	First-Aid Kits	Fire Extinguishers (No. & Type)								
<b>8. COMMENTS</b>												
<b>9. EMPLOYER'S CERTIFICATION:</b>  I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, <input type="checkbox"/> OSHA <input type="checkbox"/> ETA, and that the housing described herein <input type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature					Typed Name and Title					Date		
<b>10. HOUSING INSPECTED BY:</b>												
Signature of Authorized Official					Typed Name and Title					Date		
<b>11. APPROVAL: Housing approved for occupancy by workers recruited interstate</b>												
Signature of Authorized Official					Typed Name and Title					Date		