



# APPLICATION FOR REGISTRATION OF AGRICULTURAL LABOR HOUSING (ALH)

Please answer the following questions (print or type): *If the form is not complete, the application will not be processed.*

**Complete one separate form for each separate location.**

Send this completed form to Oregon OSHA - 1225 Ferry St. SE, U110, Salem, OR 97301-4282

Phone: (503)378-3274 - Fax (503)378-4921

**THERE ARE NO FEES**

Official use only  
Employer ID#

New

**Renewal (Complete both sides of form)**

1. **ALH Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
(ex: Lower Camp)

Address of ALH: \_\_\_\_\_  
*Street address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP*

2. **Legal Name of business operating ALH (if known):** \_\_\_\_\_

Address (if different from ALH address): \_\_\_\_\_  
*Street address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP* Contact person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

3. **ALH Operator:** \_\_\_\_\_

Address (if different from ALH address): \_\_\_\_\_  
*Street address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP*

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

4. **Onsite contact** (if different from above): \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

5. **Registration for (year):** **January 1, 20\_\_** to **December 31, 20\_\_**

6. ALH to be occupied from approximately \_\_\_\_\_ to \_\_\_\_\_  
*(Month/ day)* *(Month/ day)*

7. Anticipated number of occupants: \_\_\_\_\_ **These are**  Families  Single males  Both

8. Number of shower heads: \_\_\_\_\_ Total number of sinks: \_\_\_\_\_

Number of toilets, including privies and portables: \_\_\_\_\_

9. Number of buildings: \_\_\_\_\_

10. **Structure:**  Wood frame  Cinder block  Metal  Tent  Manufactured home  Trailer

11. Taxpayer Identification No. or Social Security No.: \_\_\_\_\_

12.  I have  I request a copy of OAR 437, Division 4/J, rules for Agricultural Housing.

**I understand that a copy of the registration certificate must be posted in an area visible to occupants.**

Applicant's name and title: \_\_\_\_\_  
*(Please Print)*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* ALH is used as an abbreviation for Agricultural Labor Housing.

*The following items represent the most common deficiencies found in housing facilities. This checklist has been designed to help you prepare for occupancy. It is not intended to be a complete list of the requirements in OAR 437, Division 4/J.*

## RENEWAL ONLY

: Mark with a check if completed or if arrangements have been made to complete prior to occupancy.

### Drinking Water Supply:

- " Well or spring has been tested and certified potable.
- OR**
- " [Public water sources \(no testing required\)](#).

### Grounds:

- " Grounds are maintained to within 30 feet from buildings and free of debris.

### Garbage Facilities:

- " Covered garbage containers are provided.
- " Garbage is removed regularly (weekly or when full).

### Structure:

- " Glass and screens are intact on doors and windows.
- " Electrical wiring is insulated, covered, or otherwise inaccessible to contact.
- " Floors and walls are free of structural defects that could be hazardous, i.e. holes.

### Cooking/Dining:

- " Food preparation and storage areas are smooth and cleanable.
- " Refrigerator(s) and stove(s) are operable.
- " Burners are at least 18" from flammable surfaces.
- " Propane storage tanks located outside of structure.
- " Adequate eating facilities for number of occupants.

### Bathing/Washing/Sanitation Facilities:

- There is:
- " Adequate hot and cold water provided.
  - " One shower head per 15 occupants of each sex.
  - " One toilet per 15 occupants of each sex.
  - " One sink per 15 occupants.
  - " Covered containers provided for toilet paper/sanitary products, etc.

### Living Areas:

- " A bed, bunk, or cot is provided for each occupant.
- " Mattresses/pads (minimum 2") are provided and are in good condition.
- " Beds are at least 6" off the floor.
- " The amount of living space provided meets the requirements outlined in OAR 437-004-1120 (16)(j-k). See chart.

### General:

- " Fire extinguishing equipment is functional [garden hose(s) adequate].
- " Arrangements have been made to regularly inspect, maintain/repair facility.
- " First-aid supplies are available and an emergency medical plan is in place and posted.
- " Smoke detectors are in place and functioning (in sleeping areas).
- " Street numbers (address) are visible from the street for use by emergency vehicles.



Oregon Occupational Safety &  
Health Division (OR-OSHA)