



Application For Registering Agricultural Labor Housing (ALH)

Complete the **form and checklist** for each separate location



- ☐ New (Consultation is required) ☐ H2A (Consultation is required)
☐ Renewal – Complete form only and correct any changes to existing information

| | |
|---|--|
| ALH Camp | ALH Camp Name: _____ Phone: _____ (ex: Lower Camp) |
| | Address of Camp: _____ Street address |
| | City _____ State _____ ZIP _____ County _____ |
| | Onsite contact (if different from Operator): _____ |
| | Title: _____ Phone: _____ Cell Phone: _____ |
| | Registration for: January 1, 2025 to December 31, 2025 |
| | ALH is occupied from approximately _____ to _____ (Month / day) (Month / day) |
| | Structure: <input type="checkbox"/> Wood frame <input type="checkbox"/> Cinder block <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured home <input type="checkbox"/> Other |
| Total number of: <i>If incorrect, please cross out number and write in correct number.</i> | |
| Buildings: _____ Shower heads: _____ Sinks: _____ Toilets, including privies and portables: _____ | |
| Anticipated number of occupants: _____ Maximum occupants approved by OSHA: _____ | |

| | |
|--------------|--|
| Owner | Legal Business Name of Owner: _____ |
| | Owner Name: _____ |
| | Mailing Address: (if different from ALH address) _____ Street address |
| | City _____ State _____ ZIP _____ Phone: _____ |
| | Cell Phone: _____ Email Address: _____ |

| | |
|-----------------|--|
| Operator | Legal Business Name of Operator: _____ |
| | Operator Name: _____ |
| | Mailing Address: (if different from ALH address) _____ Street address |
| | City _____ State _____ ZIP _____ Phone: _____ |
| | Cell Phone: _____ Email Address: _____ |

Quick reference: Required Floor Space Per Occupant (Square Feet = ft²)

Where workers cook, live, and sleep:

At least 100 ft² per occupant

Sleeping rooms:

- 40 ft² per occupant for bunk beds
- 50 ft² per occupant for single level beds

Do not count children 2 years or younger as occupants

Oregon OSHA updated its ALH rules with many changes, some with effective dates starting March 31, 2025.

Read **Administrative Order 1-2025** at

<https://osha.oregon.gov/rules/making/Pages/adopted.aspx>

* Fair Housing Laws apply

Oregon OSHA Phone: 800-922-2689 or 503-229-5910

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

OAR 437, Division 4, rules for Agricultural Labor Housing can be found on our website osha.oregon.gov.

REQUIRED: Check if completed or if arrangements have been made to complete prior to occupancy.

Garbage Facilities:

- ☐ Covered garbage containers are provided.
- ☐ Empty garbage bins and dumpsters at least weekly or when full.
- ☐ Empty common use cans and portable containers twice weekly or when full, which ever is more frequent.

Bathing/Washing/Sanitation Facilities:

- ☐ Adequate hot and cold water provided.
- ☐ One shower head per 10 occupants of each gender.
- ☐ One toilet per 15 occupants of each gender.
- ☐ One sink per 6 occupants.
- ☐ Covered containers provided for toilet paper/sanitary products, etc.
- ☐ One plumbed laundry tray, tub, or machine per 30 occupants.

Cooking/Dining:

- ☐ Two burners per 10 occupants.
- ☐ Food preparation and storage areas are smooth and cleanable.
- ☐ Refrigerator(s) and stove(s) are operable.
- ☐ Gas or electric hotplate or wood stoves are at least 18" from flammable surfaces.
- ☐ Propane storage tanks located outside of structure.
- ☐ Adequate seating and eating accommodations for number of occupants.

Grounds:

- ☐ Grounds are maintained, weeds, grass & brush cut back to within 30 feet from buildings and free of debris.
- ☐ No burning of food, garbage, or wet refuse.

Drinking Water Supply (select one):

- ☐ Well or spring has been tested and certified potable.
- ☐ Oregon public water sources (no testing required).

Structure:

- ☐ Windows intact. Screens provided on doors and windows.
- ☐ Electrical wiring is insulated, covered, or otherwise inaccessible to contact.
- ☐ Floors and walls are free of hazardous structural defects.

Living Areas:

- ☐ A bed, bunk, or cot is provided for each occupant.
- ☐ Mattresses/pads (minimum 2") are provided and are in good condition. No uncovered foam pads.
- ☐ Sleeping surface at least 12" above the floor.
- ☐ Living space provided meets the requirements outlined in OAR 437-004-1120(16)(i-n)

General:

- ☐ Fire extinguishing equipment is functional. Garden hose(s) are adequate if immediately available for fire fighting and water supply is constant and reliable.
- ☐ 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 (addresses) are visible from the street for use by emergency vehicles.
- ☐ Original registration certificate posted in a place frequented by employees.

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

Applicant's name (Print): _____ Applicant's title: _____

Applicant's signature: _____ Date: _____

*If both the **form and checklist** are not complete, the application will not be processed.*

Email, Fax, or Mail the completed form to: Oregon OSHA
Fax: 971-673-2901 16760 SW Upper Boones Ferry Rd, Suite 200
Email: ALH.OSHA@dcbs.oregon.gov Tigard, OR 97224