



**CORRECTIVE ACTION CERTIFICATION FORM
FOR AGRICULTURAL MIGRANT LABOR CAMPS**
Migrant Labor Housing Program



Camp Operator and Location

Camp Operator: _____

Camp ID: _____

Camp Name: _____

Inspection Date: _____

Camp Address: _____

Street Address

City

Zip Code

Facilities

Corrective Action #	Unit # or Building	Evidentiary document requested	Work performed / Corrective Action Implemented
		<input type="checkbox"/> none <input type="checkbox"/> photo <input type="checkbox"/> receipt	

Corrective Action Certification

I, the undersigned, acknowledge that all corrective actions associated with the Migrant Labor Housing inspection report dated ____/____/____ have been implemented and the housing is now in substantial compliance with the Migrant Labor Housing Rules under Part 124 of the Public Health Code. All supporting evidentiary documents are hereby enclosed as part of this corrective action certification form.

Signature: _____ Date: _____

Instructions

This compliance certification form is to be completed by the camp owner or operator as directed by the Field Inspector when any or all of the following occurs:

1. Minor violations that are not considered to be a threat to public health and safety to camp occupants
2. When camp owner has demonstrated a history of outstanding compliance
3. When the repair or work is underground or behind walls and cannot be kept open for the field inspector to verify
4. When pumping a septic tank is required

When completed, please Mail along with all supporting evidence to

Michigan Department of Agriculture and Rural Development
Environmental Stewardship Division
Migrant Labor Housing Program
PO Box 30017
Lansing, MI 48909

You can also Fax/Email the completed form and all supporting evidence to

Attention: Migrant Labor Housing at (517) 763-0091 or by email to: Ghussainim@michigan.gov

Camp Operator and Location

1. Provide name of Camp owner or operator as it appears on the License
2. Provide Camp ID number as it appears on the license
3. Provide Camp Name as it appears on the license
4. Provide complete Camp address as it appears on the license

Facilities

Use this table to provide information on the facility where minor work has been completed as directed by the Field Inspector and on the Inspection Report.

Column 1: Specify the unit number in as shown on the unit itself

Column 2: Indicate the type of building or its use. Types of building typically encountered in Migrant Labor Camps are:

- Self- contained units – These units used for combined cooking, eating and sleeping purposes. Examples: duplexes; mobile home units; renovated farm houses
- Dormitory or sleeper units – only used for sleeping purposes with shower, laundry, food preparation and eating is in a separate building
- Laundry facilities – a structure used for the purpose of doing laundry
- Food preparation and dining facilities – a structure used for the sole purpose of food preparation and dining purposes
- Bathing facilities – are facilities used for showers and toilet facilities Indicate the date the inspection was conducted

Column 3: Indicate when work was completed

Column 4: Indicate type of supporting evidence documenting that the work has been complete as agreed.

Column 5: Brief description of the Work performed

Compliance Certification

Owner must date and sign the compliance certification attesting that work has been completed as agreed.

