The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Climate and Environmental Health

Community Sanitation Program

67 Forest Street, Suite # 100

Marlborough, MA 01752

Phone: 857-507-7205



KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

**M E M O R A N D U M**

TO: Operators of Farm Labor Camps

FROM: Steven Hughes, Director

MDPH, BCEH, Community Sanitation Program

DATE: October 18, 2024

SUBJECT: Certification of Farm Labor Camps – **2025**

Enclosed are the documents that must be completed and returned to this office prior to the issuance of a Certificate of Occupancy for your farm labor camp. **Current Certificates will expire on December 31, 2024**. In accordance with 105 CMR 420.810, workers shall not occupy the property without a current Certificate of Occupancy from the Massachusetts Department of Public Health (Department). Please note that a farm labor camp must comply with regulation 105 CMR 420.000: Housing and Sanitation Standards for Farm Labor Camps (State Sanitary Code, Chapter III). A farm labor camp is defined in 105 CMR 420.020 as:

 *“… any tract of land, including all buildings, vehicles, and other structures located thereon,*

 *any part of which contains sleeping facilities made available in connection with the employment*

 *of laborers in farm activities and living apart from the operator’s household and which are occupied*

 *or intended for occupancy by two or more such laborers or members of their families.”*

**Please use the subsequent forms for 2025 and dispose of any old forms from previous years. Documents that do not contain all required information will be returned to you and result in delayed processing of your Certificate of Occupancy. Farm labor camp operators are responsible to ensure that all documents are submitted to the appropriate agencies and that inspections are conducted pursuant to 105 CMR 420.000.** The following documents must be completed and returned to the Department via email and/or mail for a Certificate of Occupancy to be processed:

1. **APPLICATION -** The application must be completed in its entirety and bear an **original signature by theowner/operator*.*** If the owner is a corporation, the signature must be that of the president of the corporation. The type of ownership (trust, corporation, partnership or individual) must also be noted.
2. **FIRE INSPECTION -** If the most recent Certificate of Inspection - Fire Department form on file with the Department states that the validity date has passed or will pass prior to December 31, 2025, an up-to-date form must be submitted with the date and **original signature by the appropriate municipal fire official**. The **inspection date** and **expiration of the inspection’s validity** must also be provided.
3. **BUILDING INSPECTION -** If the most recent Certificate of Inspection - Building Department form on file with the Department states that the validity date has passed or will pass prior to December 31, 2025, an up-to-date form must be submitted with the date and **original signature by the appropriate municipal building official**. The **inspection date** and **expiration of the inspection’s validity** must also be provided.
4. **PRIVATE WELLS** -At a minimum, an annual test for **TOTAL COLIFORMS** is required of all private (or Public Water Supply) drinking water wells to determine the bacteriologic quality of the well. Any additional water testing requirements, based on previous year’s results, are outlined in the 2025 – WATER TESTING FOR PRIVATE WELLS AT FARM LABOR CAMPS document provided by the Department. Tests must be conducted by a laboratory certified for drinking water by the Massachusetts Department of Environmental Protection (DEP). It is necessary for the **sample to be taken by a representative of the laboratory** with a **chain of custody.** Please allow the laboratory representative to collect water samples from the **KITCHEN SINK** of the housing designated for your workers. The chain of custody should identify the exact address of where the sample was taken and location within the housing (e.g., Kitchen Sink) in addition to the name of the laboratory person conducting the sampling with an original signature. The **test results** and **chain of custody** mustbe submitted to the Department.

Contact DEP at (617) 292-5500 for a listing of water testing laboratories.

Contact the Community Sanitation Program (CSP) at (857)-507-7205 if a third-party water sample collection is not available.

**Visitation Rights**: As a reminder, Massachusetts General Law, Chapter 111, Section 128H as well as Regulation 105 CMR 425.000: Rights of Visitation for Migrant Workers requires that farm labor camp operators allow reasonable rights of visitation to farm labor camp workers. The regulations, 105 CMR 425.000 must be posted (in English and Spanish) where visible to all farm labor camp workers.

**Additional copies of the farm labor camp application as well as regulations 105 CMR 420.000 and 105 CMR 425.000 can be found at** [**www.mass.gov/community-sanitation**](http://www.mass.gov/community-sanitation) **under “Farm Labor Camps”.**

Please note facilities that house:

1. H-2A or Agricultural Recruitment System (ARS) worker housing will be inspected by a representative of the MassHire Department of Career Services (MDCS) and/or the Department;
2. Housing occupying both H-2A or Agricultural Recruitment System (ARS) workers and domestic workers at the same time will be inspected by a representative of the MassHire Department of Career Services (MDCS) and/or the Department; and
3. Domestic worker housing will be inspected by a representative of the Department.

All farm labor camps are subject to post-occupancy inspections by MassHire Department of Career Services and/or the Department after a Certificate of Occupancy has been issued, pursuant to 105 CMR 400.100.

If you have any questions, please do not hesitate to contact:

1. MassHire Department of Career Services at (617)-626-5587 [H2Aprogram@detma.org]; or
2. The Department’s Community Sanitation Program - Amy Medeiros, Environmental Health Inspector at (857)-507-7205 [amy.j.medeiros@mass.gov].

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APPLICATION FOR CERTIFICATE OF OCCUPANCY

**FARM LABOR CAMP**

**M.G.L., c111, §128G**

|  |
| --- |
| Check as applicable:\_\_\_TRUST\_\_\_CORPORATION\_\_\_PARTNERSHIP\_\_\_individual |
| **OWNER’S NAME & ADDRESS** (No P.O. Boxes) |
|  |
| **MAILING ADDRESS** (IF DIFFERENT FROM OWNER’S ADDRESS) |
|  |
| **ADDRESS OF FARM LABOR CAMP**  |
|  |
| **IF YOU HOUSE WORKERS FOR OTHER FARMS, PLEASE LIST NAMES OF FARMS HERE** |

|  |  |  |
| --- | --- | --- |
| **NAME OF CONTACT PERSON:** |  | **SOURCE OF WORKERS:** |
| **PHONE NUMBER:** |  | **NUMBER OF WORKERS TO BE HOUSED:** |
| **E-MAIL:** |  | **FIRST DATE OF ARRIVAL OF WORKERS:** |
| **TYPE OF CROP:** |  | **LENGTH OF STAY:** |
| **OWNER’S EMAIL (if different from contact person):** |  | **DATE CAMP READY FOR INSPECTION:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FARM LABOR CAMP WATER SUPPLY** **(provide applicable water supply information)** | **PUBLIC WELL: \_\_\_\_\_** PWS #:  Well Depth: | **PRIVATE WELL: \_\_\_\_\_** Well Depth:  | **TOWN WATER: \_\_\_\_\_** |
| **FARM LABOR CAMP SEWAGE DISPOSAL:**  | **PUBLIC: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **PRIVATE: \_\_\_\_\_\_\_\_\_\_\_\_** |

I understand that farm labor camps may be subject to post-occupancy inspections by MassHire Department of Career Services and/or the Massachusetts Department of Public Health after a Certificate of Occupancy has been issued, pursuant to 105 CMR 400.100.

I hereby apply for a Certificate of Occupancy of the premises for the year **2025** and agree to operate said farm labor camp in

accordance with the requirements of Chapter III of the State Sanitary Code and of the provisions of M.G.L c. 111 section 128G and 128H.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed and signed applications must be mailed or emailed to Amy Medeiros at the address listed above before a preoccupancy inspection can be scheduled. Submit your application leaving adequate time for an inspection to be conducted; corrections to be made (if any); and issuance of the Certificate of Occupancy before the expected occupancy of the farm labor camp.

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 **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**105 CMR 420.000 HOUSING AND SANITATION STANDARDS FOR FARM LABOR CAMPS**

# **2025 CERTIFICATE OF INSPECTION - FIRE DEPARTMENT**

To: The Local Fire Department,

Pursuant to 105 CMR 420.000: Housing and Sanitation Standards for Farm Labor Camps, all operators shall maintain all buildings in which farm workers sleep, bathe, toilet, or eat in accordance with 527 CMR, the Massachusetts Comprehensive Fire Safety Code. A certificate of inspection from the Local Fire Department must accompany each annual application for a Certificate of Occupancy to be issued by the Massachusetts Department of Public Health before the housing at Farm Labor Camps can be occupied.

This completed form serves as a certificate of inspection to ensure the local fire department has inspected the property listed below, for the Department of Public Health to issue a Certificate of Occupancy in accordance with 105 CMR 420.810.

 105 CMR 420.810: *A farm labor camp shall not be operated by any person or occupied by workers until a current*

 *certificate of occupancy has been issued and posted in the headquarters or main building of such camp.*

**Farm Labor Camp Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Inspection was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Inspection is valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Violation Noted (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN A HARD COPY BY MAIL OR EMAIL:**

**MAIL - AMY MEDEIROS**

 **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

 **BUREAU OF CLIMATE AND OF ENVIRONMENTAL HEALTH**

 **COMMUNITY SANITATION PROGRAM**

 **67 FOREST STREET – SUITE # 100**

 **MARLBOROUGH, MA 01752**

**EMAIL -** **AMY.J.MEDEIROS@MASS.GOV**

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**105 CMR 420.000 HOUSING AND SANITATION STANDARDS FOR FARM LABOR CAMPS**

**2025 CERTIFICATE OF INSPECTION – BUILDING DEPARTMENT**

To: The Local Building Department,

Pursuant to 105 CMR 420.000: Housing and Sanitation Standards for Farm Labor Camps, all operators shall maintain all buildings in which farm workers sleep, bathe, toilet, or eat in accordance with 780 CMR, the Massachusetts State Building Code. A certificate of inspection from the Building Department must accompany each annual application for a Certificate of Occupancy to be issued by the Massachusetts Department of Public Health before the housing at Farm Labor Camps can be occupied.

This completed form serves as a certificate of inspection to ensure the local building department has inspected the property listed below, for the Department of Public Health to issue a Certificate of Occupancy in accordance with 105 CMR 420.810.

 105 CMR 420.810: *A farm labor camp shall not be operated by any person or occupied by workers until a current*

 *certificate of occupancy has been issued and posted in the headquarters or main building of such camp.*

**Farm Labor Camp Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Classification (Use Group): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Inspection was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Inspection is valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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