



**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 documents are enclosed as part of this corrective action certification form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

