



The Commonwealth of Massachusetts
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 Bureau of Environmental Health
 Community Sanitation Program
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**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
 HOUSING AND SANITATION STANDARDS FOR FARM LABOR CAMPS**

REPORT OF INSPECTION - FIRE DEPARTMENT

CAMP NAME: _____

OPERATOR: _____

ADDRESS: _____

An inspection of the above farm labor camp was made by a representative of the _____
 _____ Fire Department on _____

The farm labor camp was found to (Comply _____) Not Comply _____ with the
 requirements of the FIRE DEPARTMENT.

VIOLATIONS NOTED (If Any):

SIGNED: _____ DATE: _____

TITLE: _____

**PLEASE RETURN TO: MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF ENVIRONMENTAL HEALTH
 COMMUNITY SANITATION PROGRAM
 250 WASHINGTON STREET – 7TH FLOOR
 BOSTON, MA 02108-4619**