**Isolation Plan for Seasonal Workers**

**(Migrant Farm Workers)**

# Farm Owner

**(last name, first name) Phone Number(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have seasonal workers already arrived?** | **Choose an item** | **Workers complete name(s), Date of Arrival(s), and Country of Origin** | **FOR OFFICE USE ONLY****Isolation End Date** |
|  |  Yes  No |  |  |
| **Address(es) of bunkhouse to be used as isolation facility** |
| **For Future Arrival(s)** | **Workers complete name(s), Date of Arrival(s), and Country of Origin** | **FOR OFFICE USE ONLY****Isolation End Date** |
|  |  |  |

**Address(es) to which worker are going (need # of men per location & BH’s per location)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you transfer seasonal workers to other farms?** | **Choose an item.** |  Yes  No | **If so, provide name(s)** |
| **As part of isolation plan, is there a backup accommodation you may be using that is not a Bunkhouse?** | **Choose an item.** |  Yes  No | **Provide Name(s) of the location(s), # of rooms rented, # of person(s) in the location** |
| **How food and water will be provided?** |
| **Please provide plan for laundry services.** |
| **Please provide details of your cleaning and Disinfection plan.** |
| **Please provide details of how you would manage SICK individual(s)?** |

**\*\*\*Please attach the perimeter plans for each bunkhouse you may be using (include address) \*\*\***

To report a sick worker(s) please call your local public health unit.