

**Grower/Processor Checklist for Farm Labor Contractor (FLC) Prospect**

FLC’s Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Checklist below can be used as a reference when contracting for services from a FLC.*

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **YES** | **NO** | **ADDITIONAL COMMENTS** |
| **FEDERAL (US DOL) CERTIFICATE OF REGISTRATION** |  |  |  |
| Received copy from FLC? |  |  | REG #: |
| Verified Registration with DOL  |  |  | EXP DATE: |
| Certificate of Registration for FLC Employee(s) on file?\* |  |  |  |
| \**Company name printed on Certificate should correspond to FLC* |
| Transportation Authorized? |  |  |  |
| If transportation authorized: |  |  |  |
| Vehicle Mechanical Inspection Form WH-514 on  file for each driver |  |  |  |
| Medical Certificate for each driver on file? |  |  |  |
| CHP Farm Labor Vehicle drivers have Class B license  with Farm Labor Vehicle endorsement? |  |  |  |
| Driver licenses on each of the FLC's drivers on file? |  |  |  |
| Liability Insurance Policy & Form MBCU 3298 on  file? |  |  |  |
| Housing Authorized? |  |  |  |
| If housing authorized-housing permits & current  inspections reports on file? |  |  |  |
| **STATE FARM LABOR CONTRACTOR LICENSE** |  |  |  |
| Received copy from FLC? |  |  | LIC #: |
| License verified with DLSE at (559) 248-1893, (415) 703-4853, or www.dir.ca.gov/dlse/flcverify.html |  |  | VER #: |
| Expiration date of license checked? |  |  | EXP DATE: |
| **DESCRIPTION** | **YES** | **NO** |  **ADDITIONAL COMMENTS** |
| FLC Supervisory Employee Sexual Harassment Disclosure Statements completed? |  |  |  |
| Yearly supervisor Sexual Harassment training documentation?  |  |  |  |
| Sexual Harassment training for all employees completed with supporting documentation? |  |  |  |
| Quarterly supervisor training documentation? |  |  |  |
| Current rate of compensation posted at worksites? |  |  |  |
| Identification Signage posted (4’x 4’) signs at worksites? |  |  |  |
| **TAX STATUS** |  |  |  |
| Registered with Internal Revenue Service (IRS) |  |  |  |
| IRS Tax Information Authorization (Form 8821) on file? |  |  |
| FLC's tax status is clear? |  |  |  |
| Registered with California EDD? |  |  |  |
| Registered with California Franchise Tax Board? |  |  |  |
| County Ag. Commissioner Registration form on file? |  |  |  |
| **WORKERS' COMPENSATION INSURANCE** |  |  |  |
| A current Certificate of Insurance is on file? |  |  |  |
| Copy WC Carrier Certificate of Insurance? |  |  |  |
| **CAL-OSHA COMPLIANCE** |  |  |  |
| Copy of Injury and Illness Prevention Program? |  |  |  |
| Copy of Heat Illness Prevention Program? |  |  |  |
| Copy of Hazard Communication Program? |  |  |  |
| Copy of Energy Control Plan (if applicable)? |  |  |  |
| Copy of OSHA Logs 300 for past 5 years? |  |  |  |
| Copy of any Cal/OSHA citation for past 5 years? |  |  |  |
| Area Safety Inspections documented? |  |  |  |
| SDS’s available to employees? |  |  |  |
| Provides field sanitation as required by law? |  |  |  |
| Emergency Action Plan? |  |  |  |
| First Aid Kits (well stocked)? |  |  |  |
| Medical Providers List? |  |  |  |
| Water jugs and disposable cups on site? |  |  |  |
| Required shade on site? |  |  |  |
| **PESTICIDE COMPLIANCE**  |  |  |  |
| Field employee pesticide training documentation? |  |  |  |
| Copy of Pesticide Training Program? |  |  |  |
| Copy of Respiratory Protection Plan? |  |  |  |
| Handler pesticide training documentation (if applicable)? |  |  |  |
| **DESCRIPTION** | **YES** | **NO** | **ADDITIONAL COMMENTS** |
| Pesticide Safety Information Sheet A-8 posted? |  |  |  |
| Pesticide Safety Information Sheet A-9 posted? |  |  |  |
| Pesticide SDS's available? |  |  |  |
| Respiratory Protection training (if applicable)? |  |  |  |
| **OTHER SUPERVISOR/EMPLOYEE TRAINING** |  |  |  |
| First Aid/CPR current training certificates? |  |  |  |
| Anti-discrimination/harassment policy for company? |  |  |  |
| Current Heat Illness Prevention training documentation? |  |  |  |
| Equipment Safety Training (if applicable)? |  |  |  |
| Has good hygiene practices and crop handling policy and training for employees? |  |  |  |
| FSMA (Produce Safety Rules) Certificate (if applicable)? |  |  |  |
| **POSTINGS** |  |  |  |
| Current Federal postings are displayed? |  |  |  |
| Current State postings are displayed? |  |  |  |
| Paid sick leave postings? |  |  |  |
| ACA compliant documentation? |  |  |  |
| **FLC/COMPANY AGREEMENT COMPONENTS** |  |  |  |
| Agreement has been signed by both parties? |  |  | Amount: $ |
| Secure a Labor Payment Bond? |  |  |  |
| Secure comprehensive General Liability Insurance and list company as an additional insured? |  |  |  |
| Agreed to indemnify and hold harmless clause? |  |  |  |
| Agreed to binding arbitration? |  |  |  |
| Will provide payroll information with each invoice? |  |  |  |
| Will provide evidence of state/federal employment tax payments? |  |  |  |
| Will maintain USCIS Form I-9 on all employees? |  |  |  |
| Will allow company to inspect related employment documents? |  |  |  |
| Will call office for an up-to-date pesticide applications and hazard communication information before entering production areas |  |  |  |
| Subcontracting prohibited without grower consent and documentation of registration, licensing, and compliance by subcontractor? |  |  |  |
| Contract reported to EDD? |  |  |  |