



Monitor's Overall Comments

Debris Worksite On-Site Monitoring - Continued
Worksite Agreement Checklist

- | | | | |
|--|-----|----|-----|
| 1. *Employer Information Completed? | YES | NO | N/A |
| a. Company Name | | | |
| b. FEIN | | | |
| c. Address | | | |
| d. City, State, Zip | | | |
| e. Telephone Number | | | |
| f. Contact Person | | | |
| g. Collective Bargaining Agent (if Applicable) | | | |
| h. If Worksite is government or private non-profit | | | |
| 2. Worksite Information Completed? | YES | NO | N/A |
| a. Position Titles | | | |
| b. Number of Positions | | | |
| c. Supervisor Titles | | | |
| 3. Employer/Authorized Representative Signature Block Complete? | YES | NO | N/A |
| i. Signature | | | |
| ii. Type/Print Name | | | |
| iii. Title | | | |
| iv. Date | | | |
| 4. Authorized Agency Signature Block Complete? | YES | NO | N/A |
| i. Signature | | | |
| ii. Type/Print Name | | | |
| iii. Title | | | |
| iv. Date | | | |
| 5. Were the "General Assurances" explained to the Worksite/Employer? | | | |
| YES NO | | | |
| 6. Was the Worksite/Employer signatory appropriate? | | | |
| YES NO | | | |

Reviewer Comments

*Also referred to as the Worksite.

Debris Worksite On-Site Monitoring - Continued
Overall Worksite Review

YES NO

- 1. Is there adequate supervision of the participants?
- 2. Did the crew leaders receive orientation?
- 3. Are the crew leaders available to the participants?
- 4. Is there an effective working relationship between the Worksite supervisors, crew leads, participants, etc.?
- 5. Are task assignments effective in providing continuous and meaningful work for the participants?
- 6. Do the participants have adequate tools to do the work?
- 7. Are time sheets being submitted correctly?
- 8. Do crew leads and participants sign the time sheets?
- 9. Is there an accident report completed each time a participant is involved in an accident?
- 10. Are all participants dressed appropriately (crew members and crew leads)?
- 11. Is there evidence of discrimination experienced by the participants at the Worksite?
- 12. Have there been any complaints filed by participants?
- 13. Is the equipment at the Worksite safe?
- 14. Are safety procedures being followed such as wearing safety glasses, gloves, etc.?
- 15. Are the following available
 - Drinking water?
 - Restrooms?
 - First Aid Kit?
- 16. Are daily site inspections being completed prior to work beginning?
- 17. Is any of the personal protective equipment (PPE) being used defective or damaged?

MONITOR’S OBSERVATIONS _____

Debris Worksite On-Site Monitoring - Continued

Worksite Supervisor Interview

Date: _____ Person interviewed: _____

1. What type of work are you doing with the DRJP Program? _____

2. What are the work duties of the crew members? _____

3. Are the crew members doing the type of work originally planned
in the Worksite Agreement? YES ☐ NO ☐

4. Are the crew members are able to perform the work being scheduled? YES ☐ NO ☐

5. Are you familiar with any special needs the crew members may have? YES ☐ NO ☐

Comments: _____

6. Do you feel objectives can be achieved at this Worksite? YES ☐ NO ☐

Comments: _____

7. Do the crew members follow instructions? YES ☐ NO ☐

8. Do the crew members work well together? YES ☐ NO ☐

9. Do crew members receive feedback on their progress from you? Verbal ☐ Formal ☐ NO ☐

10. How is attendance? _____

11. Does the work begin on time? YES ☐ NO ☐

12. Are crew members receiving their breaks as scheduled? YES ☐ NO ☐

13. As a supervisor do you sign and approve the crew member's time sheets? YES ☐ NO ☐

14. Are the timesheets up-to-date? YES ☐ NO ☐

15. Are all safety requirements being met? YES ☐ NO ☐

16. What is your perception of the program thus far? _____

17. Any additional comments? _____

Debris Worksite On-Site Monitoring - Continued
Crew Member Survey

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

	YES	NO
1. Did you pass a physical?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive a tetanus shot?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive a Worksite Orientation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the Worksite Orientation include the following:		
Attendance Policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>
Dress Code	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary Code	<input type="checkbox"/>	<input type="checkbox"/>
Expectations on the Job	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

Debris Worksite On-Site Monitoring - Continued

Crew Member Interview

1. What type of work are you doing with the DRJP? _____

2. Do you receive feedback on progress? Verbal ☐ Formal ☐ NO ☐

YES NO

3. Are you currently looking for employment? ☐ ☐

4. Are you able to perform the work being scheduled? ☐ ☐

5. Do you have any special needs that need to be addressed? ☐ ☐

Comments _____

6. Do you feel the objectives can be achieved at this Worksite? ☐ ☐

Comments _____

7. Has your crew leader been available to you? ☐ ☐

8. Do you have any problems with fellow crew members? ☐ ☐

If yes, please explain _____

9. How has your attendance been? _____

10. Does the work begin on time? ☐ ☐

11. Are you receiving your breaks as scheduled? ☐ ☐

12. Do you sign and verify your time sheet daily? ☐ ☐

13. Do you feel safety requirements are being met? ☐ ☐

14. Do you feel you are able to communicate with your supervisor? ☐ ☐

15. Do you have a clear understanding of your responsibilities being involved in this program? ☐ ☐

16. Do you have any questions or concerns about your participation? _____

17. What is your perception of the program thus far? _____

Comments _____