



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 _____