



# Debris Worksites On-Site Monitoring



## Worksite Review Summary

Monitored By \_\_\_\_\_ Date(s) of Visit \_\_\_\_\_

County \_\_\_\_\_ City/Town \_\_\_\_\_

Worksite Location \_\_\_\_\_ Contact's Phone # \_\_\_\_\_

Worksite Supervisor \_\_\_\_\_ Crew Supervisor \_\_\_\_\_

Number of Participants \_\_\_\_\_ Was all work disaster related only? YES  NO

Corrective Action? YES  NO  Follow-up necessary? YES  NO

## 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

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\*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?
2. Did you receive a tetanus shot?
3. Did you receive a Worksite Orientation?
4. Did the Worksite Orientation include the following:

Attendance Policy           

Grievance Procedure           

Dress Code           

Disciplinary Code           

Expectations on the Job           

COMMENTS: \_\_\_\_\_

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## 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 \_\_\_\_\_