**National Dislocated Worker Grant**

**Worksite Inspection Checklist**

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| **Inspection Completed By:** Click or tap here to enter text. | **Date of Inspection:** Click or tap to enter a date. |

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| **Worksite Inspection Activities** | **Completed** |
| **Document Collection and Review** | |
| Review participant timesheets. |  |
| Review documentation of participant wages and fringe benefits. |  |
| Review applicable worksite policies and procedures. |  |
| Review documentation of safety training and any other training provided to the participant. |  |
| Review worksite progress reports to ensure that allowable clean-up/recovery activity is occurring. |  |
| **Tour Worksite and Conduct Interviews\*** | |
| Tour/inspect worksite to ensure that the environment is safe. |  |
| Interview participant(s):   * Suggested participant questions:   + What is your work schedule?   + How many hours per week do you work?   + Where do you clock-in/clock-out for work?   + What is the process for requesting time off from work?   + Have you received any training? If yes, describe the training you received.   + Are you provided with protective equipment as needed to perform your job duties?   + Describe your job duties and what you are expected to do each day?   + What happens if there isn’t any work for you to do?   + Is your work environment safe?   + To whom do you report issues or concerns? |  |
| Interview worksite supervisor(s):   * Suggested employer/worksite supervisor questions:   + What is the participant’s work schedule?   + How many hours per week does the participant work?   + What is the process for clocking-in/clocking-out for work?   + What is the process for requesting time off from work?   + Where and how is documentation of time, wages, and benefits maintained?   + Describe the participant’s job duties and what he/she is expected to do each day.   + What happens if there isn’t any work for the participant to do?   + Have you provided the participant with safety training as required by OSHA?     - Describe the training.     - When did the training occur?     - How long did the training last?     - Did the participant receive a certificate of completion or another type of credential?   + What type of protective equipment has the participant received in order to safely perform his/her job duties?   + Is the worksite still current on all Federal and state tax obligations?   + Does the worksite have a current and applicable insurance policy?   + Is the worksite still compliant with Federal and state health and safety standards? |  |

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| **Comments:** Click or tap here to enter text. |