DREP Debris Worksite

On-Site Monitoring

NEBRASKA
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DEPARTMENT OF LABOR

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: _____

Worksite Agreement Checklist	Yes	No	N/A
1. Employer Information Completed?			
a. Company Name	☐	☐	☐
b. FEIN	☐	☐	☐
c. Address, City, State, Zip	☐	☐	☐
d. Contact Person	☐	☐	☐
e. Telephone	☐	☐	☐
f. Collective Bargaining Agent (if applicable)	☐	☐	☐
g. Worksite is government or private nonprofit	☐	☐	☐
2. Worksite Information Completed?			
a. Position Titles	☐	☐	☐
b. Number of Positions	☐	☐	☐
c. Supervisor Titles	☐	☐	☐
3. Employer/Authorized Representative Signature Block Complete?			
a. Signature	☐	☐	☐
b. Type/Print Name	☐	☐	☐
c. Title	☐	☐	☐
d. Date	☐	☐	☐
4. Agency Authorized Signature Block Complete?			
a. Signature	☐	☐	☐
b. Type/Print Name	☐	☐	☐
c. Title	☐	☐	☐
d. Date	☐	☐	☐
5. Were the “General Assurances explained to the Worksite/Employer?	☐	☐	☐
6. Was the Worksite/Employer signatory appropriate?	☐	☐	☐
Monitor’s Comments:			

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 participants?	☐	☐	
4. Is there an effective working relationship between 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 timesheets being submitted correctly?	☐	☐	
8. Do crew leads and participants sign the timesheets?	☐	☐	
9. Is there an accident report completed each time a participant is involved in an accident?	☐	☐	
10. Are all participants dressed appropriately?	☐	☐	
11. Is there evidence of discrimination experienced by the participants at the Worksite?	☐	☐	
12. Have there been any complaints filed by the 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:			
a. Drinking water?	☐	☐	
b. Restrooms?	☐	☐	
c. 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 Comments:

Worksite Supervisor Interview	Date: _____

Person Interviewed: _____

1. What type of work are you doing with the DREP 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 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 timesheets? ☐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? _____

    _____

Crew Member Interview	Date: _____

Person Interviewed: _____

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

   _____

2. How has your attendance been? _____

3. Do you receive feedback on progress?	☐ Verbal	☐ Formal	☐No
4. Are you currently looking for employment?		☐Yes	☐No
5. Are you able to perform the work being scheduled?		☐Yes	☐No
6. Do you have any special needs that need to be addressed?		☐Yes	☐No

Comments: _____

_____

7. Do you feel the objectives can be achieved at this Worksite?	☐Yes	☐No

Comments: _____

_____

8. Has your crew leader been available to you?	☐Yes	☐No
9. Do you have any problems with fellow crew members?	☐Yes	☐No

If yes, please explain: _____

_____

10. Does work begin on time?	☐Yes	☐No
11. Are you receiving your breaks as scheduled?	☐Yes	☐No
12. Do you sign and verify your timesheet daily?	☐Yes	☐No
13. Do you feel safety requirements are being met?	☐Yes	☐No
14. Do you feel you are able to communicate with your supervisor?	☐Yes	☐No
15. Do you have a clear understanding of your responsibilities being involved in this program?	☐Yes	☐No
16. Do you have any questions or concerns about your participation?	☐Yes	☐No

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

_____

Monitor's Comments:

Crew Member Survey	Date: _____

Name: _____ Employment Start Date: _____

Average Hours Per Day: _____ 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 orientation include the following:	☐	☐
a. Attendance Policy	☐	☐
b. Grievance Procedure	☐	☐
c. Dress Code	☐	☐
d. Disciplinary Code	☐	☐
e. Expectations on the Job	☐	☐

Additional Comments: _____