

Disaster Recovery Employment Program:

Worksite Worksheet

(Each project/location requires a separate worksheet)

Worksite:
Project:
Physical Location:
County:

Contact Name:
Contact Email:
Contact Phone:
Expected Duration:

General description of work planned:

Job Title	# of people	Total # of labor hours	Hourly Wage
Laborer			
Flagman			
Supervisor			
Driver			
Equipment Operator			
Clerk			
Other			
Other			
Other			

Personal Protective Equipment (PPE) Needed:

- ☐ Helmet or Hard Hat
- ☐ Safety Goggles
- ☐ Ear Plugs
- ☐ Safety Vest
- ☐ Steel Toe Boots
- ☐ Gloves
- ☐ Other:

Worksite Requirements:

- ☐ Orientation
- ☐ Physical
- ☐ Tetanus Shot
- ☐ Background Check
- ☐ Drug Test

Minor Equipment (#) Needed:

Shovels
Rakes
Chainsaws
Other:

Major Equipment Needs (Justification Required):

Training Requirements:

FEMA Coordination or Assistance: