WDA 14

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American Job Center network

Site Inspection Report
Disaster Recovery National Dislocated Worker Grant
Inspection as per WIOAPL 17-06 H. Monitoring

Inspection Date: _____ Time: _____

Site Location: _____

Crew Leader: _____

Crew Members Present and Interviewed re PPE, Safety concerns, payroll accuracy:

_____
_____
_____
_____
_____
_____
_____
_____

All crew observed with proper PPE:

_____Eye protection _____ Head protection ____ Hearing protection, if applicable

_____ Gloves _____ Special protection for certain tools/tasks (ie Chaps for chainsaw work etc)

PPE Notes/Comments:

_____
_____
_____

Crew Safety Training:

_____
_____
_____

Assessment of Site Environmental Hazards/Observations of Workplace Safety:

_____
_____
_____

Records Review:

Employer Payroll Records and Time Sheets

Payroll Period: _____

Comments/Notes:

_____
_____
_____

_____

Participant File Eligibility Verifications:

Names of eligible participants based on file review:

_____
_____
_____

Discrepancies/Comments:

_____
_____

Other Observations/Comments/Findings:

<u>Are all Participants entered into the OWCMS/CFIS systems?</u>

_____
_____
_____
_____
_____
_____

_____ _____

Local WIOA Site Inspector Signature **Date**