

**National Dislocated Worker Grant  
Worksite Inspection Checklist**

<b>Inspection Completed By:</b> Click or tap here to enter text.	<b>Date of Inspection:</b> Click or tap to enter a date.
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Worksite Inspection Activities	Completed
<b>Document Collection and Review</b>	
Review participant timesheets.	<input type="checkbox"/>
Review documentation of participant wages and fringe benefits.	<input type="checkbox"/>
Review applicable worksite policies and procedures.	<input type="checkbox"/>
Review documentation of safety training and any other training provided to the participant.	<input type="checkbox"/>
Review worksite progress reports to ensure that allowable clean-up/recovery activity is occurring.	<input type="checkbox"/>
<b>Tour Worksite and Conduct Interviews*</b>	
Tour/inspect worksite to ensure that the environment is safe.	<input type="checkbox"/>
Interview participant(s): <ul style="list-style-type: none"> <li>• Suggested participant questions:               <ul style="list-style-type: none"> <li>○ What is your work schedule?</li> <li>○ How many hours per week do you work?</li> <li>○ Where do you clock-in/clock-out for work?</li> <li>○ What is the process for requesting time off from work?</li> <li>○ Have you received any training? If yes, describe the training you received.</li> <li>○ Are you provided with protective equipment as needed to perform your job duties?</li> <li>○ Describe your job duties and what you are expected to do each day?</li> <li>○ What happens if there isn't any work for you to do?</li> <li>○ Is your work environment safe?</li> <li>○ To whom do you report issues or concerns?</li> </ul> </li> </ul>	<input type="checkbox"/>
Interview worksite supervisor(s): <ul style="list-style-type: none"> <li>• Suggested employer/worksite supervisor questions:               <ul style="list-style-type: none"> <li>○ What is the participant's work schedule?</li> <li>○ How many hours per week does the participant work?</li> <li>○ What is the process for clocking-in/clocking-out for work?</li> <li>○ What is the process for requesting time off from work?</li> <li>○ Where and how is documentation of time, wages, and benefits maintained?</li> <li>○ Describe the participant's job duties and what they are expected to do each day.</li> <li>○ What happens if there isn't any work for the participant to do?</li> <li>○ Have you provided the participant with safety training as required by OSHA?                   <ul style="list-style-type: none"> <li>▪ Describe the training.</li> <li>▪ When did the training occur?</li> <li>▪ How long did the training last?</li> <li>▪ Did the participant receive a certificate of completion or another type of credential?</li> </ul> </li> <li>○ What type of protective equipment has the participant received in order to safely perform their job duties?</li> <li>○ Is the worksite still current on all Federal and state tax obligations?</li> <li>○ Does the worksite have a current and applicable insurance policy?</li> <li>○ Is the worksite still compliant with Federal and state health and safety standards?</li> </ul> </li> </ul>	<input type="checkbox"/>

\*The list of participant and employer questions is not intended to be exhaustive. Additional criteria may be added at the discretion of the LWDA/Subrecipient or based on future state and/or Federal guidance.

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

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*Version July 2025*