



WORKSITE MONITORING FORM

Contract Code:	
Worksite ID#:	

The purpose of this form is to ensure that worksites are in compliance with federal and state labor laws, are safe, and adhere to operational guidelines.

Worksite Name:		
Worksite Contact Name:		Phone:
Worksite Contact E-mail:		
Monitor Organization:		
WORKSITE COMPLIANCE		Compliant
1. Abstract of Child Labor Law posting displayed Rev 01-13	Yes	No
2. DOL Minimum Wage Law Summary Sheet displayed Rev 02-12	Yes	No
3. Equal Employment Opportunity posting in English displayed Rev 11-09	Yes	No
4. Equal Employment Opportunity posting in Spanish displayed Rev 11-09	Yes	No
5. Employee Rights posting displayed Rev 07-09	Yes	No
6. OSHA (Job Safety & Health) posting in English displayed OSHA 3165 2012R	Yes	No
7. OSHA (Job Safety & Health) posting in Spanish displayed OSHA 3167 01-07	Yes	No
8. PYN Grievance Policy & Procedure displayed	Yes	No
9. Youth work schedule displayed	Yes	No
10. Worksite has communicated how to request a copy of the signed Worksite Agreement	Yes	No
11. The Worksite Supervisor has demonstrated knowledge of the incident report process and procedures	Yes	No
WORKSITE SAFETY		Compliant
1. Monitor has observed more than one adult at Worksite; Monitor has notified worksite that no adults can be left alone with a youth	Yes	No
2. Worksite warrants that it will not allow youth to participate in hazardous or prohibited activities	Yes	No
3. Worksite walking surfaces and doorways are clean, clear of objects and debris, and dry	Yes	No
4. Worksite stairs, steps, handrails, and landings are sturdy and secure	Yes	No
5. Worksite exits are properly identified, unobstructed and have lighting	Yes	No
6. Monitor has verified that youth have access to drinking water and bathroom facilities	Yes	No
7. Worksite is equipped with an unexpired fire extinguisher	Yes	No
8. Worksite has first aid kit available	Yes	No
9. Worksite has a telephone available in case of emergency	Yes	No
10. The Worksite Supervisor has shown Monitor the emergency contact information for all youth workers	Yes	No
Total Score (Total # Yes/No Responses)		
<i>Please reference the instructions on the reverse side of this form to address any non-compliant requirements.</i>		

Worksite and Provider Representative

We hereby certify that this report is accurate and complete. An authorized Worksite representative has reviewed the report and the Worksite agrees to assume responsibility for correcting all violations identified during the monitoring visit.

Print Name & Title: Worksite Representative

Print Name & Title: Provider Representative

Signature _____ Date _____

Signature _____ Date _____



"Philadelphia Youth Network is the managing partner of WorkReady Philadelphia, Project U-Turn, and the E3 Centers. For more information on each initiative, please visit www.pyning.org.