



WIOA WORK EXPERIENCE ACTIVITIES WORKSITE CHECKLIST

WORKSITE INFORMATION	
Agency Name:	Agency Representative:
Worksite Name:	Worksite Address:
Worksite Supervisor:	Review Date:

WORKSITE ORIENTATION REQUIREMENTS	
Worksite Orientation Provided on: ___/___/___	ADA checklist provided on: ___/___/___
Emergency Plan Requirement met on: ___/___/___	

AMERICANS WITH DISABILITIES ACT	
ADA Checklist for Existing Facilities	
The worksite must be in compliance with the four priorities below. Use the current ADA Checklist (version 2.1 Revised August 1995) as a guide to determine if the following criteria is met:	
Priority 1: Accessible approach and entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Priority 2: Access to goods and services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Priority 3: Access to rest rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Priority 4: Any other measures necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>For Technical Assistance on how to use the ADA Checklist you may call 1-800-949-4ADA.</i>	

HEALTH & SAFETY	
I. General	
1. Workplace is clean and orderly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Are floors clean? Are aisles, hallways and exits unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Are floor surfaces dry and free of slip hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Are stairways, sidewalks and ramps in need of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is lighting adequate in all common areas and workstations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Are emergency evacuation plans clearly posted at every stairway and elevator landing, and inside all public entrances to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are all containers, including non-hazardous chemicals and wastes, labeled with the full chemical or trade name?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are stored materials secure and limited in height to prevent collapse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Is there a 36" clearance maintained for electrical panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Are electrical cords and plugs in good condition with proper grounding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Are extension cords and power strips used appropriately? (e.g. Not daisy chained and no permanent extension cords in use.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Do portable electric heaters have at least 3 feet of clearance from combustible materials (e.g. paper)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Does equipment and machines working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Are machines and other equipment in a clean condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Is adequate ventilation provided to machines to preventing buildup of heat or gas emissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Are emergency stop switches on machines identified and in proper working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Are mechanical safeguards in place and in proper working order (e.g. paper cutter guards)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

II. Fire

- 1. Are emergency exit signs lit properly? Yes No N/A
- 2. Are fire alarms and fire extinguishers visible and accessible? Yes No N/A
- 3. Are fire doors (e.g. in stairways) kept closed unless equipped with automatic closing device?
 Yes No N/A
- 4. 18" vertical clearance is maintained below all sprinkler heads. Yes No N/A
- 5. Fire extinguishers are serviced annually. Yes No N/A
- 6. Corridors and stairways are kept free of obstruction and not used for storage. Yes No N/A
- 7. Fire safety plan and procedures Yes No N/A

III. Earthquake

- 1. Are bookcases, filing cabinets, shelves, racks, cages, storage cabinets and similar items over 4 feet tall anchored to the wall? Yes No N/A
- 2. Do shelves have lips or other seismic restraints? Yes No N/A
- 3. Are portable machines or equipment secured against movement using chains, lockable casters, or other appropriate means? Yes No N/A
- 4. Is top-heavy equipment bolted down or secured to wall studs? Yes No N/A
- 5. Are large and heavy objects stored on lower shelves or storage areas? Yes No N/A
- 6. Is valuable equipment sensitive to shock damage, such as instruments, computer disks and glassware stored in latched cabinets or otherwise secured to prevent falling? Yes No N/A
- 7. Are storage areas are uncluttered providing clear passages in the event of an emergency?
 Yes No N/A
- 8. Are cabinets and lockers containing hazardous materials equipped with positive latching or sliding doors?
 Yes No N/A

REQUIRED WORKPLACE POSTINGS

The following signs are required to be posted in clear view. (Child Labor Laws 2000)

- 1. A **Minimum Wage** poster available from any Division office or the Industrial Welfare Commission.
 Yes No
- 2. A **Pay Day Notice** specifying the regular pay days and the time and place of payment for employees [LC 207]. (Employers may make their own notice. A sample notice can be obtained from any Division of Labor Standards Enforcement office.) Yes No
- 3. A **Cal/OSHA Safety Rules and Regulations** notice available from the Division of Occupational Safety and Health [LC 6328]. Yes No
- 4. A **Workers' Compensation Insurance Coverage** notice available from the employer's workers' compensation insurance carrier [LC 3550]. Yes No
- 5. **Equal Opportunity is the Law Posting** Yes No

CERTIFICATION OF REVIEW

I confirm that I have reviewed and discussed all worksite requirements as contained in this checklist with the identified worksite supervisor or authorized representative.

_____ **AGENCY REPRESENTATIVE SIGNATURE**

_____ **AGENCY REPRESENTATIVE PRINT NAME**

Date: ___/___/___