





Section I. What Type of Work Experie	nce Will This Worksite Provi	de?				
In Person WEX	Complete Sections I - VII					
Remote WEX	Complete Sections II & VII					
Section II. Worksite Information						
Agency Name:	Agency Representative:					
Worksite Name:	Worksite Address:	Worksite Address:				
Worksite Supervisor:	Review Date:	Review Date:				
Worksite Supervisor Orientation Provided on:						
	entation Requirements					
ADA checklist provided on:	Emergency Plan Requirem	Plan Requirement met on:				
Section IV Americans Wi	th Disabilities Act					
ADA Checklist for Existing Facilities The worksite must be in compliance with the four priori Checklist (version 2.1 Revised August 1995) as a guid criteria is met:		Yes	No	N/A		
Priority 1: Accessible approach and entrance						
Priority 2: Access to goods and services						
Priority 3: Access to rest rooms						
Priority 4: Any other measures necessary						
For Technical Assistance on how to use the ADA C	Checklist you may call 1-800-949-4	ADA				
Section V. Health	h & Safety					
General		Yes	No	N/A		
1. Workplace is clean and orderly?						
2. Are floors clean? Are aisles, hallways and exits u	unobstructed?					
3. Are floor surfaces dry and free of slip hazards?						
4. Are stairways, sidewalks and ramps in need of repair?						
5. Is lighting adequate in all common areas and workstations?						
6. Are emergency evacuation plans clearly posted at every stairway and elevator						
landing, and inside all public entrances to the building?7. Are all containers, including non-hazardous chemicals and wastes, labeled with the full chemical or trade name?						
8. Are stored materials secure and limited in height to prevent collapse?						
9. Is there a 36" clearance maintained for electrical	al panels?					
10. Are electrical cords and plugs in good condition	with proper grounding?					
11. Are extension cords and power strips used appropriate and No permanent extension cords in use.)	oriately? (e.g. Not daisy chained					

AGE	ENCY REPRESENTATIVE PRINT NAME			
	NCY REPRESENTATIVE SIGNATURE	Date		
	checklist with the identified worksite supervisor or authorized represe			
	nfirm that I have reviewed and discussed all applicable worksite requ		as conta	ained in
Sect	ion VII. Certification of Review			
5.				
4.	A Workers' Compensation Insurance Coverage notice available from the employer's workers' compensation insurance carrier [LC 3550].			
3.	A Cal/OSHA Safety Rules and Regulations notice available from the Division of Occupational Safety and Health [LC 6328].			
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.)			
1.	A Minimum Wage poster available from any Division office or the Industrial Welfare Commission.			
The f	ollowing signs are required to be posted in clear view. (Child Labor Laws 2000)	Yes	No	N/A
Sect	ion VI. Required Workplace Postings			
8.	-			
7.	Are storage areas uncluttered providing clear passages in the event of an emergency? Yes			
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?			
5.	Are large and heavy objects stored on lower shelves or storage areas? Yes			
4.	Is top-heavy equipment bolted down or secured to wall studs? Yes			
3.	Are portable machines or equipment secured against movement using chains, lockable casters, or other appropriate means?			
2.	items over 4 feet tall anchored to the wall? Do shelves have lips or other seismic restraints?			
1.	Are bookcases, filing cabinets, shelves, racks, cages, storage cabinets and similar	103	NO	IVA
- '	Earthquake	Yes	No	N/A
7.	Fire safety plan and procedures			
6.	Corridors and stairways are kept free of obstruction and not used for storage.			
5.	Fire extinguishers are serviced annually.			
4.	device? Yes 18" vertical clearance is maintained below all sprinkler heads.			
3.	Are fire doors (e.g. in stairways) kept closed unless equipped with automatic closing			
1. 2.	Are emergency exit signs lit properly? Are fire alarms and fire extinguishers visible and accessible?			
4	Are emergency exit signs, lit properly?	Yes	No	N/A
17.	Are mechanical safeguards in place and in proper working order (e.g. paper cutter guards)?	Vac	No	NI/A
16.	Are emergency stop switches on machines identified and in proper working order?			
	Are machines and other equipment in a clean condition? Is adequate ventilation provided to machines to preventing buildup of heat or gas emissions?			
13.	Does equipment and machines work properly?			
12.	Do portable electric heaters have at least 3 feet of clearance from combustible materials (e.g. paper)?			