



COUNTY OF LOS ANGELES YOUTH@WORK PROGRAM WORKSITE EXPECTATIONS REVIEW



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	
<p>ADA Checklist for Existing Facilities</p> <p>The worksite must be in compliance with the four priorities below. <i>Use the current ADA Checklist (version 2.1 Revised August 1995) as a guide to determine if the following criteria is met:</i></p> <p>Priority 1: Accessible approach and entrance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Priority 2: Access to goods and services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Priority 3: Access to rest rooms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Priority 4: Any other measures necessary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p style="text-align: center;"><i>For Technical Assistance on how to use the ADA Checklist you may call 1-800-949-4ADA.</i></p>	
HEALTH & SAFETY	
<p>I. General</p> <ol style="list-style-type: none"> 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 work 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 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: _____

Revised June 2018