



**WORKSITE SUPERVISOR INTERVIEW**

Date: \_\_\_\_\_ Person interviewed: \_\_\_\_\_

1. What type of work are you doing with the DISASTER FLOOD RECOVERY Program?

\_\_\_\_\_

\_\_\_\_\_

2. What are the work duties of the crew members? \_\_\_\_\_

\_\_\_\_\_

3. Are the crew members doing the type of work originally planned  
in the Worksite Agreement? YES  NO

4. Are the crew members are able to perform the work being scheduled? YES  NO

5. Are you familiar with any special needs the crew members may have? YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_

6. Do you feel objectives can be achieved at this Worksite? YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_

7. Do the crew members follow instructions? YES  NO

8. Do the crew members work well together? YES  NO

9. Do crew members receive feedback on their progress from you? Verbal  Formal  NO

10. How is attendance? \_\_\_\_\_

\_\_\_\_\_

11. Does the work begin on time? YES  NO

12. As a supervisor do you sign and approve the crew member's time sheets? YES  NO

13. Are all safety requirements being met? YES  NO

14. What is your perception of the program thus far? \_\_\_\_\_

\_\_\_\_\_

17. Any additional comments? \_\_\_\_\_

\_\_\_\_\_

CREW MEMBER INTERVIEW

1. What type of work are you doing with the DISASTER FLOOD RECOVERY PROGRAM?

\_\_\_\_\_  
\_\_\_\_\_

2. How has your attendance been? \_\_\_\_\_

3. Do you receive feedback on progress?

Verbal  Formal  NO

4. Are you currently looking for employment?

YES  NO

5. Are you able to perform the work being scheduled?

6. Do you have any special needs that need to be addressed?

Comments: \_\_\_\_\_

\_\_\_\_\_

7. Do you feel the objectives can be achieved at this Worksite?

Comments: \_\_\_\_\_

\_\_\_\_\_

8. Has your crew leader been available to you?

9. Do you have any problems with fellow crew members?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Does the work begin on time?

11. Do you sign and verify your time sheet daily?

12. Do you feel safety requirements are being met?

13. Do you feel you are able to communicate with your supervisor?

14. Do you have a clear understanding of your responsibilities being involved in this program?

15. Do you have any questions or concerns about your participation?

\_\_\_\_\_  
\_\_\_\_\_

16. What is your perception of the program thus far? \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

## OVERALL WORKSITE REVIEW

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Is there adequate supervision of the participants?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the crew leaders receive orientation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the crew leaders available to the participants?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an effective working relationship between the Worksite supervisors, crew leads, participants, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are task assignments effective in providing continuous and meaningful work for the participants?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do the participants have adequate tools to do the work?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are time sheets being submitted correctly?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do crew leads and participants sign the time sheets?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there an accident report completed each time a participant is involved in an accident?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all participants dressed appropriately (crew members and crew leads)?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there evidence of discrimination experienced by the participants at the Worksite?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have there been any complaints filed by participants?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the equipment at the Worksite safe?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, is the equipment at the Worksite locked in a secure place each day?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are safety procedures being followed such as wearing safety glasses, gloves, etc.?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the following available:  |                          |                          |
| Drinking water?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms?  | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Kit?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are daily site inspections being completed prior to work beginning?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is any of the personal protective equipment (PPE) being used defective or damaged?                          | <input type="checkbox"/> | <input type="checkbox"/> |

MONITOR'S OBSERVATIONS \_\_\_\_\_

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