

WORKFORCE SERVICES

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

ORIENTATION VERIFICATION

PARTICIPANT NAME: _____

Date: _____

Host Site Supervisor: _____

DLR Staff: _____

INSTRUCTIONS

Participants and Host Site must be provided full orientation *after* a participant has been assigned to a community service position. The Department of Labor and Regulation (DLR) Employment Specialist must review, in detail, each element below with the Participant and Host Site Supervisor. The Employment Specialist, Participant, and Host Site Supervisor will all initial indicating the information was reviewed and questions answered. The participant and host agency must be provided a copy of this form and all supplemental documentation.

I have reviewed [SCSEP Eligibility Policy 5.80](#) and [SCSEP Policy 4.12](#).

Participants Initials: _____

Host Site Supervisor Initial: _____

Employment Specialist: _____

I have completed the Training Site Safety Checklist Form 85 B with the DLR Employment Specialist.

Participants Initials: _____

Host Site Supervisor Initial: _____

Employment Specialist: _____

AGREEMENT

I have been instructed in the above topics and given adequate opportunity to ask questions for clear understanding of all topics. I understand my role and responsibilities, as outlined in Policy 1, Policy 2 and Policy 6.2.

PARTICIPANT SIGNATURE

DATE

HOST SITE SIGNATURE

DATE

DLR STAFF SIGNATURE

DATE

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TRAINING SITE SAFETY CHECKLIST

Training Site: _____

Inspected by: _____ Date: _____

Accident/Emergency Response/Plans	YES	ACTION NEEDED	N/A	CORRECTIVE ACTION TAKEN
Accident report forms on site?				
Does participant/supervisor know how to complete accident reports?				
Does participant/supervisor know where to send accident reports?				
Has training site provided safety training to participants?				
Is participant aware of the building layout and location of emergency exits?				
Is there a plan for leaving the building in case of fire? Is participant aware of plan?				
Is the participant aware of other emergency plans (tornados, active shooter, security, COVID-19, etc)?				
Are emergency phone numbers posted and visible?				
If food service, are safety procedures taught and practiced for proper food storage, hygiene practice, and kitchen safety?				
If a participant is required to lift boxes/equipment, has a review of lifting heavy objects been done with the participant?				
Equipment	YES	ACTION NEEDED	N/A	CORRECTIVE ACTION TAKEN
Is a well-supplied first aid kit on site and does participant know its location?				
Have provisions been made for first aid/medical care in case of an emergency?				
Does the participant have access to a phone?				
Is there a fire extinguisher that is accessible to participants? Does the participant know how to use the extinguisher? Has the extinguisher been inspected and/or serviced in the past year?				
Does the training site have working fire and smoke alarms?				
Are ladders safe and in good condition?				
Are all tools/equipment properly stored and cared for?				

Have the participants been trained to operate equipment, machines, or tools they use for their jobs?				
Interior/Exterior	YES	ACTION NEEDED	N/A	CORRECTIVE ACTION TAKEN
Are fire exits marked appropriately?				
Do doors that swing in both directions have view panels?				
Are electrical appliances grounded?				
Are cords in good condition?				
Are aisles and passageways kept clean?				
Do stairs and steps have rails?				
Are stairs and steps well lit?				
Are stairs and steps in good repair?				
Do stairs and steps have a smooth, but non-skid surface?				
Are outside steps and walks kept clear?				
When floor height changes, is the step or ramp clearly marked?				
Are electrical cords and extension cords properly covered when they cross a floor?				
Are throw rugs and carpet edges secured?				
Is there access to a restroom?				
Is the restroom safe and sanitary?				
Is safe drinking water available at the training site?				
Work Environment	YES	ACTION NEEDED	N/A	CORRECTIVE ACTION TAKEN
Are the participant's work areas clean and orderly?				
Is adequate space provided for tasks performed?				
Are scrap, old nails, and other debris disposed of or stored safely?				
Is the temperature reasonably comfortable throughout the year?				
Is the air free of smoke, fumes, and strong odors?				
Is the noise level normal and non-irritating?				
Have potential job hazards been pointed out to the participant?				
Are participants prohibited from lifting excessive weight?				
Do participants know they are not required to exert themselves beyond their physical capacities?				

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HOST AGENCY SUPERVISOR CONTRIBUTION

Participant's Name: _____

The Department of Labor and Regulation (DLR) is required to procure a non-federal in-kind match in the amount of ten percent of the Senior Community Service Employment Program (SCSEP) grant provided to DLR. The most significant portion of this non-federal matching share is the value of salaries of the Host Agency staff who directly supervise the SCSEP participant. To accurately account for this contribution, we ask you to provide the information below.

The information provided is confidential and will be used only for the purpose of calculating on-federal contribution of supervisory time.

HOST AGENCY INFORMATION

Host Agency Name:	
Supervisor's Name: <i>If the participant has more than one immediate supervisor, only list the name of the person who provides the majority of the supervision.</i>	Position Title:
Address:	
Office Tel: Work Cell:	Email:
Average Hours Spent Supervising each Week:	Hourly Supervisor Wage: \$ <i>If a participant's supervisor received an annual salary; calculate the hourly wage by dividing the salary by 2080</i>
Please indicate the source of the funds, and the percentage of the source, used to pay the wages of the supervisor: <i>When wages are entirely federal or entirely non-federal, indicate 100% in the appropriate space. If the supervisor's wages are both federal and non-federal funds, please indicate the percentages as appropriate.</i>	
Federal: %	Non-Federal: %

I certify the information above is true and correct to the best of my knowledge.

SUPERVISOR SIGNATURE

____/____/____
DATE