

Disaster Recovery Employment Program: Worksite Worksheet

(Each project/location requires a separate worksheet)



Worksite:
Project:
Physical Location:
County:

Contact Name:
Contact Email:
Contact Phone:
Expected Duration:

General description of work planned:

Job Title	# of people	Total # of labor hours	Hourly Wage
Laborer			
Flagman			
Supervisor			
Driver			
Equipment Operator			
Clerk			
Other			
Other			
Other			

Personal Protective Equipment (PPE) Needed:

- Helmet or Hard Hat
- Safety Goggles
- Ear Plugs
- Safety Vest
- Steel Toe Boots
- Gloves
- Other:

Worksite Requirements:

- Orientation
- Physical
- Tetanus Shot
- Background Check
- Drug Test

Minor Equipment (#) Needed:

- Shovels
- Rakes
- Chainsaws
- Other:

Major Equipment Needs (Justification Required):

Training Requirements:

FEMA Coordination or Assistance: