

Duncan Creek Restoration Committee DOC Restitution Worksite Agreement





WORKSITE # Duncan Creek

The Department of Corrections- Community Partnership Program is responsible for managing the Community Restitution Program wherein offenders are ordered to perform compulsory service, without compensation, for the benefit of the community at governmental agencies or nonprofit organizations.

Agencies that agree to be a Worksite for this program agree with the following expectations:

1. The Worksite will provide the Department with a detailed Worksite description which will include all eligibility requirements that the Worksite will apply in screening and utilizing Community Restitution Workers (CRW) and a detailed description of the work to which CRWs will be assigned.
2. The Worksite will determine whether a referred CRW meets its requirements and will inform the Department of its decision to utilize a CRW within two working days.
3. The final decision to utilize any CRW will be the Worksite's. The Worksite does not agree to utilize a set number of offenders. The Worksite will also have complete discretion to remove a CRW. The Worksite will provide notice to the Department of all terminations within two working days.
4. The Worksite will have a designee in charge of the training and supervision of CRWs.
5. The Worksite will provide orientation to all CRWs covering the Worksite's organization, including information regarding the roles of CRWs and staff, safety orientation, safety equipment and specific job training.
6. The Worksite will comply with federal and state regulations regarding worker safety.
7. The Worksite will not use CRWs to supplant paid workers.
8. The Worksite will provide monthly progress reports to the Department on forms provided by the Department.
9. The Worksite will provide to the Department written verification of a CRW's completion of his/her placement.
10. The Worksite agrees to consider referrals without regard to race, color, sex, religion, national origin, creed, marital status, age, or sexual orientation.
11. The Worksite will attempt to make reasonable accommodation for any sensory, physical and/or mental limitations of CRW s.
12. The Worksite will keep information regarding CRW's sensory, physical and/or mental limitations and criminal history confidential.
13. The Department will provide the Worksite with a list of DO NOT PERFORM activities. The Worksite agrees not to assign a CRW to any activity that has been designated as a DO NOT PERFORM activity.
14. The Worksite will report incidents involving CRWs personal injury, injury/attempted injury to another person, property damage or loss, or criminal activity to the Department.
15. The Department will provide orientation to Worksite staff regarding the purpose of the Community Restitution Program.
16. The Department will review the Worksite Safety Program on an annual basis using the Safety Checklist.
17. The Department will refer selected CRWs to the Worksite for consideration. Referrals will be based upon the Department's review of the qualifications of eligible CRWs, the Worksite's needs, and Worksite description. Information concerning the CRW's current offense and criminal history as available to the Department and as discloseable by law, will be available by request.
18. All referrals will be at the Department's discretion and the Department does not agree to refer any set number of persons to the Worksite.
19. The Department and the Worksite will maintain open, ongoing communications for the purpose of implementing and improving the program, and to assist in resolving problems with the CRWs.
20. The Department will pay for industrial insurance coverage for CRWs.

Duncan Creek
WORKSITE NAME (PRINT)


WORKSITE REPRESENTATIVE SIGNATURE

DATE

COMMUNITY RESTITUTION COORDINATOR

DATE

Government
 Non-profit 501 (3)C UBI #

601-847-005

895-6158
COORDINATOR PHONE NUMBER

Distribution: ORIGINAL - Worksite File COPIES - Worksite



Worksite Name: Duncan Creek Worksite #: _____

INSTRUCTIONS TO COORDINATOR:
COMPLETE THIS PAGE DURING YOUR INTERVIEW WITH WORKSITE STAFF.

A.	SAFETY ISSUES	YES	NO	N/A
1.	Are there safety dress restrictions or requirements? (No jewelry, special footwear, loose clothing, hair covering)		<input checked="" type="checkbox"/>	
2.	Is lifting required more than 20lbs required? If yes approximate weight::			
Is material handling equipment provided (hand cart, conveyor, hoist, etc.) If "yes" describe:				
Describe Training provided:				
3.	Are workers assigned to activities off the ground or floor? If "yes", approximate height.		<input checked="" type="checkbox"/>	
Is equipment provided (ladder, harness, etc.)?				
If "yes" describe:				

4. PERSONAL PROTECTIVE EQUIPMENT REQUIRED:			YES	NO	N/A
EQUIPMENT	Who Provides	Description/Specification			
Work Shoes/Boots	NA				
Head Protection	NA				
Eye/Face Protection	NA				
Hearing Protection	NA				
Work Gloves	Site				
Other	NA				

5.	WISHA Safety Inspection within the past year?	YES	NO	N/A
If "yes" please describe outcome: <u>NA</u>				

Worksite Name: _____ Worksite #: _____

INSTRUCTIONS TO COORDINATOR:

COMPLETE PART B DURING TOUR OF THE WORKSITE. RECORD YOUR OBSERVATIONS BELOW. COMPLETE A SEPARATE SHEET FOR EACH WORKSITE LOCATION.

B.	CONDITIONS: What is the condition of the worksite? Note details below.	Satisfactory	Unsatisfactory	N/A
1.	HAZARDOUS MATERIALS properly labeled with Material Safety Data Sheets (MSDS) on file. (For example, commercial cleaning solvents, garden chemicals, office dispersants, etc.)			
2.	FIRE EQUIPMENT (clearly marked, accessible and serviced within the past year)			
3.	EMERGENCY PLAN including facility evacuation			
4.	EXITS (well lit and visible, doors clear, marked, unlocked and at least 2 fire exits available)			
5.	FIRST-AID EQUIPMENT (available, maintained and visible)			
6.	SAFETY EQUIPMENT/CLOTHING (being used where needed)			
7.	SAFETY POSTERS accessible to workers (Job Safety & Health, Your Rights as a Worker, Family Care/Maternity, Notice to Employees – including emergency phone numbers)			

C. COMMENTS: *Outside work by creek bed*

D. ACTION PLAN:
If needed, provide an Action Plan including a completion schedule:

CHECKLIST COMPLETED BY: _____
Signature of Community Service Coordinator/Designee Date of Worksite Interview and Tour

Original Sign up Annual Review Reactivation

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.17, and RCW 40.14.

SAFETY PROGRAM ELEMENTS

Your Safety Program should contain the following written elements:

1. Safety orientation program describing the Safety Program and including:
 - a. How and when to report injuries, including instructions as to the location of first aid facilities.
 - b. How to report unsafe conditions and practices.
 - c. The use and care of required personal protective equipment.
 - d. The proper actions to take in the event of emergencies, including exit routes from areas during emergencies.
 - e. Identification of the hazardous gases, chemicals or materials involved, along with instructions on the safe use and emergency action following accidental exposure.
 - f. An on-the-job review of the practices necessary to perform the initial job assignments in a safe manner.
2. Safety and health committee plan including:
 - a. Safety committee composed of employer and employee elected member(s).
 - b. Written minutes of the meetings on file for one year.
 - c. Subjects to be addressed by the committee (minimum requirements).
 1. Safety and health inspection reports to be reviewed for assistance in the correction of identified unsafe conditions or practices.
 2. Evaluation of accident investigations conducted to determine if causes of unsafe acts or conditions are properly identified and corrected.
 3. Evaluation of the overall accident prevention program to be made to provide recommendations for improvement where indicated.
3. Reporting procedures for occupational injuries and illnesses.
4. Investigation procedures for occupational injuries and illnesses.
5. Recordkeeping procedures for occupational injuries and illnesses. (For those worksites with 11 or more employees.)
6. Roster of staff with first aid training and certification - including supervisor's certification.

Please review the General, Educational, Medical and First Aid Requirements excerpted from Chapter 296-24 WAC as well as other pertinent state and federal regulations for additional requirements.

The Department of Labor and Industries offers free, confidential safety and health consultations through the Voluntary Services Program. Contact 1-800-423-7233 for assistance.



COMMUNITY SERVICE WORKSITE DESCRIPTION

AGENCY NAME <i>Comm. to Restore Duncan Creek</i>		WORKSITE NUMBER	TYPE OF ORGANIZATION:	
P.O. BOX <i>P.O. Box 95</i>		COUNTY <i>c/o Dave Kimble</i>	<input type="checkbox"/> UNIT OF GOVERNMENT	<input checked="" type="checkbox"/> PRIVATE NON-PROFIT
STREET <i>Manchester</i>		CITY <i>Manchester</i>	STATE <i>WA</i>	ZIP <i>98353</i>
DIRECTOR <i>Dave Kimble</i>	TELEPHONE NUMBER <i>cell 412-335-0399</i>	INTAKE PERSON <i>Sam</i>	TELEPHONE NUMBER	

List types of offenses which would preclude Community Service Workers from being referred to your agency.
work along of creek bed

OTHER RESTRICTIONS: _____

NUMBER OF POSITIONS AVAILABLE: _____ BUS AVAILABLE NO YES-SPECIFIC ROUTE# _____

- NOTE COMMUNITY SERVICE WORK CATEGORIES (See reverse for definitions).
- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> 1. Grounds Maintenance | <input type="checkbox"/> 3. Care Giver | <input type="checkbox"/> 5. Clerical | <input type="checkbox"/> 7. Litter Collection | <input checked="" type="checkbox"/> 9. Other |
| <input type="checkbox"/> 2. Building Maintenance | <input type="checkbox"/> 4. Skilled Labor | <input type="checkbox"/> 6. Food Handling | <input type="checkbox"/> 8. Professional | |

INSTRUCTIONS: Describe the activities which Community Service Workers assigned to each category will perform for your agency. List equipment that will be used. List any certification or licensing that is required. Attach additional sheets as necessary.
shovels

HOURS WHEN COMMUNITY SERVICE WORKER CAN BE SUPERVISED

MONDAY	THURSDAY	SUNDAY <i>X</i>
TUESDAY	FRIDAY	
WEDNESDAY	SATURDAY <i>X</i>	

Supervision of community service workers provided by worksite:
 Continuous At least once hourly
 At least once every work period Other-please describe:

COMMENTS: _____

WORKSITE DIRECTOR

DATE

DEFINITIONS OF WORK CATEGORIES

1. **Grounds Maintenance** - (Includes mowing, raking, clipping, weeding, brush clearance, etc.)

2. **Building Maintenance** - (Includes mopping, sweeping, dusting, window washing, office waste collection, etc.)

3. **Care Givers** - (Includes care provided to children, elderly, mentally disturbed, developmentally disabled, animals, activities with children in Boys and Girls Clubs, Little League, schools, etc.)

4. **Skilled Labor** - (Includes carpenter, electrician, plumber, carpet layer, auto repair, driver, equipment operator, warehouse man, toy production, knitting, etc.)

5. **Clerical** - (Includes typing, filing, data input, inventory control, cashiering, receptionist, etc.)

6. **Food Handling** - (Includes cooking, serving food, sorting food, dish washing, busing, etc.)

7. **Litter Collection** - (Includes collection of waste matter from roads, highways, parks, riverbeds, logging spurs, trails, shoreline, etc.)

8. **Professional** - (Includes computer programming, video production, fund raising, research, etc.)

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