

National Emergency Grant How to Manual

A GUIDE FOR IMPLEMENTING NEG WORK PROGRAM



Tri-County Workforce
Investment Board, Inc.

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Disaster Relief

Introduction

On September 17, 2004 Hurricane Ivan reached the Tri-County Area dropping 5 to 6 inches of rain on already saturated ground. Many creeks and streams in the Armstrong, Butler, and Indiana County areas were over their banks. The next morning the sun was shining and a beautiful day began. However, many residents along these creeks and streams had major damage from the flooding. Much of the flooding was caused by debris catching at the bridges and drains forming a dam that would not allow the water to flow.

Shortly thereafter Tri-County Workforce Investment Board, (TCWIB) was notified there would be National Emergency Grant, (NEG) money available to help with the disaster clean-up. TCWIB officers meet with the Commissioners of the three counties and discussed their options. It was decided TCWIB would request funding to assist in the clean-up of area creeks and streams. A proposal was submitted and approved.

TCWIB hired a program coordinator, who contacted the counties emergency management directors and the local township and boroughs. A priority list was devised for each county and in coordination with Career T.R.A.C.K. (Title I Operator) and the Local PA CareerLinks, (one stop centers) recruitment for employees began.

The PA CareerLinks took the job orders and passed the information on to Career T.R.A.C.K., where eligibility was determined and registration in WIA was completed. Career T.R.A.C.K. held orientation for those eligible and training was scheduled. The Safety Coordinator for TCWIB conducted 10-hour OSHA training in construction. Each participant was then presented the 10-hour OSHA certification card. Participants were also provided with clothing allowances and within two days began work.

The program was a great success. TCWIB was able to employ 413 persons over a 10 month period and provide clean-up to 53 sites. Seventy of those employed quit in order to accept permanent employment. Others completed the program and obtained employment shortly after.

The following pages are forms and documents from the Hurricane Ivan Disaster Relief Grant. It is our hope this will assist in easier implementation in the future.

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First Steps

First Steps for a Disaster Recovery Program

1. Meet with County Commissioners or Chief Local Elected Officials to design program parameters and to set labor rates. Build proposed budget.
2. Meet with County Emergency Management Departments to prioritize work areas and help coordinate future township and borough meetings.
3. Hire program coordinator and monitor.
4. Procure safety training.
5. Meet with CareerLinks to begin recruitment.
6. Meet with Title I provider to arrange recruitment and orientation.
7. Procure clothing.
8. Procure tools.
9. Make payroll arrangements.
10. Check on liability and workers comp arrangements.
11. Begin township and borough meetings.
12. Begin eligibility, intake, orientation, physicals, safety training, chose crew leaders and office assistants.
13. Begin work.
14. Keep a pool of orientated workers ready for replacement.
15. Meet weekly with the disaster relief staff.

Starting a Disaster Relief Program

Meetings

Have meetings with County Commissioners or Chief Local Elected Officials, to design program parameters and set labor rates. Let them know what is going on, where the work sites are and how soon the work will begin.

Contact the Emergency Management Agency (EMA) offices to see which areas sustained the heaviest damage. The EMA offices will provide a tentative list of damaged areas. This provides the means for prioritizing the worksites in each county and allows time to coordinate future township and borough meetings.

Contact the townships and boroughs on the list to setup meetings to discuss the type of work the crews will be doing and what tools they will be able to use. Local areas may offer the use of their own equipment and man power. At this point they need to be informed of what exactly can and cannot be done by the crews (i.e. enter homes, cleanup yards, the use of heavy equipment etc.).

Meet with personnel of the CareerLinks to begin recruitment

Meet with Title I operator to arrange recruitment, eligibility, and orientation.

Hiring of Staff

Hire a Program Coordinator. The program coordinator will be responsible for meeting with the EMA and local townships and borough officials to have work agreements signed and to ensure work areas are coordinated with local efforts. The position offers direction and supervision to the crews and oversees the administrative duties of payroll, reporting, etc.

Hire a Program Monitor. The program monitor, assist the regular TCWIB monitor in ensuring that each crew meets the guidelines of the grant and the Act. The program monitor will make regular visits to the worksites and prepare the monitoring report for review. The position will also require a desk review to ensure all documentation is correct and all forms signed and dated. A monthly report of visits made and completed will be required. This position has no direct authority over the crews or the crew leaders. Problems will be referred to the program coordinator, safety coordinator or TCWIB monitor.

Safety Training

If a safety coordinator is not on staff, then procurement for safety training should be completed. Safety training should be provided prior to crews beginning work at the worksite. The OSHA 10 hour construction training serves this purpose and will allow each participant to receive their OSHA 10 hour certification.

Safety procedures should be outlined and a safety guide prepared for the crew leaders. This should include but not be limited to the Weekly Safety Meeting signoff sheet, Daily Site Safety Checklist, PPE Needs Assessments Form, and the Workers Comp forms.

Payroll

Arrangements should be made with the payroll department. If a third party payroll service is used they should be contacted and a separate payroll setup. Time sheets and necessary forms should be prepared and ready for use.

Contractual Agreements

Have a work site contract or work agreement for the townships and boroughs to sign, when working in their area. See Section _____ for Work Site Agreement.

Also have property authorization and release forms for the property owners to sign. The release is to let property owners know what you will be doing and who you are. There should be signs made and placed at the work sites along road sides to identify who you are and what you are doing. See Section ____ for Property Release.

Hiring of Crew Leader

The crew leaders will be chosen from a pool of eligible participants. Review resumes for prior supervising and military experiences and interview prospective candidates.

What Tools to Buy

Assessment of the job sites will provide a better idea of what tools will be needed. See Section _____ for Tool list.

Once the Crew Begin Working

Daily site visits with the crews is needed to ensure enough supplies and tools, to check on the progress of the work being done, and to handle any problems. Also check in with the township/boroughs to see if they are satisfied with the work or if anything else needs completed.

Also have sites lined up, so the crews know where they will be next.

Keep a pool of oriented workers ready for replacement workers.

You will receive many phone calls from residents wanting to know when you will be in their area. If you have an agreement with that municipality explain when expected arrival will be and explain the priority list from the EMA. If you do not have an agreement with that municipality explain why and encourage them to contact their local authorities.

The Disaster relief staff should meet weekly to review worksites and discuss any problems that may be pending. The Disaster relief staff is made up of the Program Coordinator, Safety Coordinator, and Quality Assurance Officer (TCWIB Monitor).

End of the Program

Try to finish work sites the crews have already started. Inform the townships and boroughs of the last day of work, to ensure the major areas they wanted cleaned are completed. Inform the any municipalities where you were unable to complete scheduled work. You may receive calls from residents wanting work done, again explain that the funding has ended, and give them information on who to contact.

Collection of Tools

Inventory all tools, tag damaged or discard broken tools. Note for future reference which tools were used the most and which ended up not being need.

FLOOD PROJECT 2005

Planning Activities

The Tri-County Workforce Investment Board began the planning stages of the Flood Program with visits to the County Commissioners of Butler, Armstrong and Indiana. At these meetings, the Commissioners recognized the importance of using the NEG monies to effectively clean the streams and creeks of the three counties in an attempt to eliminate future flooding problems. The commissioners set the wage for the crew members at \$10.00 per hour. Following these meetings, the local FEMA/PEMA Coordinators were contacted and asked to prioritize areas in each of their counties which were in need of clean-up. The WIB developed a staffing and programmatic plan and submitted outlining the positions required, the proposed methods of operation, etc. A coordinator was hired to oversee the project, as well as an assistant monitor and county coordinator assistants. Tri-County WIB is fortunate to have a safety coordinator on staff, and this position was assigned to the flood. The WIB adopted a crew approach to providing services. It was planned that each county would have four crews staffed with 18 crew members and two crew leaders.

The WIB utilizes CareerTrack, Inc. to provide Title 1 services to WIA clients. This agency is also utilized in addition to the CareerLinks to provide recruitment and screening services. The local areas advertised in the prominent newspapers and posted the job order on the CareerLink system. This has proven to be a very effective recruitment strategy. Recruitment efforts are ongoing as there is constant turnover, and participants are reaching their maximum numbers of hours.

As the program began to grow, the WIB and the commissioners scheduled subsequent meetings with Boroughs and Townships which had not originally signed on to participate. These meetings and the worked of mouth that followed proved effective in increasing local participation.

Signed Agreements with Project Operators

As Tri-County Workforce Investment Board is the employer of record, and all employees are hired and supervised by TCWIB, there are no Operator Agreements to forward for this project. TCWIB does utilize the services of the CareerLink and the Title 1 Project Operator, CareerT.R.A.C.K., for recruitment services. Further, CareerT.R.A.C.K. will be utilized for the Workforce Development portion of this program. TCWIB, has developed Worksite Agreements with each municipality to ensure that the local areas are aware of the scope of the project. In addition, the WIB secures private property sign offs from landowners allowing for entrance onto their property.

Line Item Budget

Staffing Plan

As stated above, each crew consists of 18 general crew members who perform manual labor for the cleanup efforts. These individuals are equipped with the appropriate clothing, safety equipment and work tools. **CREW MEMBERS** are paid a rate of \$10.00/hour, for up to the 6 month, 1040 hour limit, with the total wage not to exceed \$12,000. Each crew is supervised by two **CREW LEADERS**. These positions are in charge of directing the work of the crew and for providing leadership and supervision at the worksites. Because the WIB has crews in multiple counties, there is a need for directing and coordinating the efforts of multiple crews with the work of several local municipalities, the WIB has hired a **PROGRAM COORDINATOR** at a wage of \$13.69/hour. This position offers direction and supervision to crew leaders. The coordinator ensures that work is coordinated with local efforts. In addition, this position oversees the administrative duties of payroll, reporting, etc. It is anticipated that this position will require a seasoned individual with experience and training in such endeavors. This position will be charged to program and therefore will be exempt from the wage restrictions. The WIB also hired individual **COUNTY ASSISTANTS** to assist in program coordination and perform the daily administrative duties in each county. These positions are paid at a rate of \$10.00/hour, for up to the 6 month, 1040 hour limit, with the total wage not to exceed \$12,000. TCWIB currently employs a **SAFETY COORDINATOR** at a rate of \$23.00/hour. This position is responsible for developing, implementing, and providing appropriate safety training, monitoring, field work, etc. for TCWIB programs. This endeavor has required 100% of the safety director's time. In addition, TCWIB hired a **PROGRAM MONITOR** to assistant the regular TCWIB Monitor in ensuring that each site and crew meets the guidelines of the grant and the Act. This position required a person with education and experience. The

WIB is charging these wages to program and offered a wage of \$13.69/hour for the duration of the program. The WIB will use the services of its Title 1 service provider for recruitment, intake and orientation. The staff costs of the Title 1 Provider are calculated at a rate of \$23.00/hour.

Prior to beginning work, participants are given extensive training in program policies and procedures, sexual harassment, absenteeism, OSHA Safety and in the case of Crew Leaders, chainsaw safety and American Red Cross First Aid. With regard to safety training, all crew members and crew leaders receive 10 Hour OSHA Outreach Construction training. Training includes: Intro to OSHA, Personal Protective Equipment, Fire Safety, Tool, Hazard Communication, Electrical, Blood borne Pathogens, Ergonomics, Material Handling, Fall Protection, Scaffolding, Ladder Safety, Excavations and Confined Spaces. Each participant must take a pre and post test. Upon completion each participant will receive a card from OSHA. Crew leaders receive 1st Aid and CPR training from the American Red Cross. Crew Leaders also receive chainsaw training from the Center for Safety and Environmental Management. This training includes the proper handling and use of chainsaws, additional first aid, chain saw maintenance and safety precautions. Documents detailing some segments of participant training are included as attachments.

Worksite Plans

Attached to this document is a chart listing all of the past, current and future worksites planned for the Tri-County NEG Flood Project. Crew members remove debris from area streams and creeks utilizing such tools as: shovels; rakes; mattocks; loppers; bow saws; come-a-longs; chain saws, etc. The crews work in a narrow strip on either side of a creek bed ensuring that debris will not create problems with future flooding. The local municipalities are contacted for the removal of large debris items whenever possible. Organic material is burned in a safe manner along the creek side. In depth training was given to the crew leaders in the safe operation of chainsaws. They are the only members who operate the chain saws. The specific job categories on site are listed above. In general, each site is staffed by 18 regular Crew Members and 2 Crew Leaders. As in any program, there is turnover, so numbers vary day-to-day. The WIB ratio of supervisors to crew members is 9/1. The Tri-County Workforce Investment Board, Inc. is the employer of record for all of these employees. With regard to special equipment, The WIB purchased hand tools, come-a-longs, chainsaws and personal protective equipment through the grant money. The WIB also provided each crew member, supervisor, etc. with OSHA rated boots, hard hats, safety glasses, gloves, pants, shirts, coats and reflective vests. There have been no major purchases of other special equipment. Other items, such as the renting of port-a-johns, refuse containers and other project related necessities also are paid for through the grant.

Wages and Controls

TCWIB utilizes time sheets in calculating and monitoring wages. These time sheets are treated as a time clock and closely supervised by the crew leaders. The project coordinator and the county assistants work with TCWIB fiscal staff to ensure that time is allocated correctly and that participant hours are tracked to ensure programmatic compliance. TCWIB utilizes the services of ADP payroll services to handle payroll checks. Fiscal staff ensures the accuracy of hours, deductions, etc. Further, any other staff time charged to the grant will be monitored internally through the use of staff time sheets. Staff charge time to specific categories based on the nature of the day's work and the definition of each category. TCWIB project and staff monitors also ensure grant compliance.

Supportive Services

The Tri-County Workforce Investment Board, Inc. has opted to pay \$5.00/day to individuals for a meal allowance. In addition, each participant is given a gift card to a local retail store in the amount of \$120.00 for the purchase of work clothing (participants are given a list of appropriate or necessary clothing). Further, the WIB provides participants with other items, such as rain gear, winter clothing, and all necessary OSHA approved personal protective equipment.

Monitoring

In accordance with Tri County Workforce Investment Board's policy and procedures for oversight and Quality Assurance, regular oversight of the flood cleanup program shall be conducted.

The Quality Assurance team will conduct weekly visits of the flood crews. The Flood Cleanup Program monitoring tool will be completed for each individual worksite.

The monitoring tool shall consist of Worksite Agreement Review, Project Identification, Client Eligibility and Folder Review, Site Review, Worksite Supervisor Interview, and Crew Member Survey. The reports shall be submitted to the Quality Assurance Officer in a timely manner. The reports will then be reviewed by the Quality Assurance Officer and any corrective actions will be addressed at that time. If there is a corrective action the report shall then be submitted to the Executive Director for review.

A monthly report shall be submitted reflecting the total monitoring visits made per month.

DISASTER-RELATED NATIONAL EMERGENCY GRANT (NEG)

PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKFORCE DEVELOPMENT PARTNERSHIP

FOLLOW-UP PLANNING REQUIREMENTS

LWIA	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP CODE
Tri-County WIB, Inc SW 110	112 Hollywood Drive	Suite 201	Butler	PA	16001
PREPARER'S NAME	COUNTY	MUNICIPALITY	E-MAIL ADDRESS		
Steve Paffrath	Butler, Armstrong, Indiana		tcwib@tcwib.net		

STAFFING PLAN: THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH STAFF POSITION

JOB TITLE	FULL-TIME EQUIVALENT	NUMBER OF STAFF TO BE ASSIGNED	BENEFITS RATES	
Coordinator	.5	1	Wage Rate	\$13.69/hr
			Total	\$14,238
			Work Comp.	\$1,865
			Soc. Sec.	\$1,089
			UC	\$212
			Retirement	\$997
Crew Leaders	.5	24	Wage Rate	\$11.53/hr
			Total	\$11,991
			Work Comp.	\$1,570.85
			Soc. Sec.	\$917.33
			UC	\$212
Laborers	.5	216	Wage Rate	\$10.00/hr
			Total	\$1,400
			Work Comp.	\$1,362.40
			Soc. Sec.	\$795.60
			UC	\$212
Monitor	.5	1	Wage Rate	\$13.69/hr
			Total	\$14,238
			Work Comp.	\$1,865
			Soc. Sec.	\$1,089
			UC	\$212
Safety Coordinator	.5	1	Wage Rate	\$23.00/hr

Tri-County WIB Flood Budget Per Crew

					(13.28 per 100)	0.0765	0.043664	0.07	Total
		Rate	Hours	Total	Workers Com.	SS	UC	Retirement	
Crew Leaders	2	\$11.53	1040	\$23,982	\$3,142	\$1,835	\$424		\$29,383
Laborers	18	\$10.00	1040	\$187,200	\$24,523	\$14,321	\$3,818		\$229,862
Clothing/Safety	20	\$200.00		\$4,000					\$4,000
Tools	20	\$200.00		\$4,000					\$4,000
Intake/Orientation (Current Staff)	20	\$23.00	2	\$920					\$920
Recruitment/Case MGT	20	\$23.00	2	\$920					\$920
Transportation				\$5,000					\$5,000
Medical Exam	20	\$65		\$1,300					\$1,300
Total Per Crew									\$275,385
Number of Crews									12
Crew Totals					2 per county/80 individuals				\$3,304,614

Coordinator (New Staff Position)	1	\$13.69	1040	\$1,865	\$1,089	\$212	\$997	\$18,401
Safety Coordinator (Current Staff Position)	1	\$23.00	1040					\$23,920
Monitor (New Staff Position)	1	\$13.69	1040	\$1,865	\$1,089	\$212	\$0	\$17,404
Administration								\$336,434
Grant Total							Total Request	\$3,700,773

Supervisor Information

FLOOD PROGRAM CREW LEADER NOTES

Crew leader training prior to the start of the program.

Picking of crew leaders based on experience/resume rather than if they have a truck.

Clothing – Carhartt jackets before winter time, non-tearable rain suits, non-flammable orange vests, waterproof socks

Crew Morale – allow for everybody to do different jobs every day, make goals to keep the crew working together as a team, if some crew members are better than others at certain tasks and others don't mind, let that crew member do that task more often, (i.e. lopping, sawing, fire starting, using waders)

Disciplinary Issues –

Be strict about safety issues and equipment (goggles and helmets), treat all crew members equally, always fill disciplinary sheets out immediately, call the monitors immediately for any problems, monitors need to follow up disciplinary action quickly and strictly.

Best if there are two crew leaders and an assistant crew leader for days when one crew leader is absent. During this time period, the assistant needs to have the ability to discipline.

Tools -

Waders – allow for workers to hook chains up on areas of debris that make it easier to handle

Chains – good quality thick chains to attach to come-along to pull large, water-soaked debris

Come-along – making sure they are on a flat surface when using, using small logs to keep chains out of sand when using, making sure that people stay clear of backlash area in case of a chain break, continually inspect chains for stretching and cracked/broken welds

Treble hook – hook and pull loose debris that are unreachable by hand

Fire Starter Blocks – allow to get fires started easier with live and wet wood

Chainsaws – always wear all safety equipment, always run with a partner watching in case of an emergency, and always use a sharp chain

Safety –

Burns – having supplies to treat burns immediately

Hypothermia – having hypothermia blankets available

Large gauze patches – for treating large burn areas and large cuts and scrapes

Tourniquet – to stop major bleeding from chainsaw or a pick accident

Water Cooler – make sure crews drink water in both cold and warm weather to prevent dehydration and fatigue

Fire Safety –

Wind – make sure of the wind direction when deciding to place your fire

Water – always keep the fire near the creek and on sand if possible to keep it under control, have buckets filled with water nearby the fire

Clear fire area before starting the fire

Make sure there are no limbs or trees overhanging fire area.

Time Sheets – Fill out daily in case somebody doesn't return

Flood Crew Supervisor

Each crew will consist of 18 laborers and two crew supervisors. The two crew supervisors will decide how to maintain their crew and which duties will be their responsibilities. Crew supervisors will be required to work in tandem to maintain safety and produce a workable environment. The following are the job duties of the crew supervisor.

- Crew supervisors are to only observe and direct crew members no physical work should be performed by crew supervisor.
- Coordinate locations of worksites with Program Coordinator and ensure crew members know site location.
- Obtain property authorizations and releases signed by residents and businesses along the creeks and streams.
- Delegate duties to crew members.
- Responsible for tool inventory, assignment and maintenance.
- Handle disciplinary problems and completing warning notices.
- Stay in continuous contact with Flood Program Coordinator.
- Complete attendance and payroll records.
- Observes and enforces all safety rules and regulations.
- Completes incident reports as needed.
- Maintain safety checklist.
- Conduct safety meetings once a week or as needed.
- Determine if work should be cancelled due to inclement weather and notify Flood Program Coordinator.
- Other duties as assigned.

FOR SUPERVISORS

Do's and Don'ts

DO:

- Prepare what you are going to say ahead of time. Have a plan and stick to it. Say what you have to say directly and clearly.
- Find a place to meet that is private. What is said in the meeting must be kept confidential.
- Focus on job performance and conduct-not on suspected alcohol or other drug abuse, mental illness or any other potential reason for performance problems.
- Present written documentation of the job performance and/or conduct problems (late reports, absences, lower productivity, accidents, trouble with coworkers).
- Treat all employees the same. Don't let age, seniority, friendship or sympathy affect your evaluation or allow you to make exceptions for some employees and not others.
- Use a formal-yet considerate attitude. If the interview becomes too casual, it will lessen the impact of your message.
- State your expectations for improved performance and/or conduct and what will happen if the expectations are not met within a specific period of time. Offer suggestions for improving performance and /or conduct.
- Offer available resources (EAP, hotlines, etc.) to help employees get back on track if they say they are having personal problems.
- Arrange for a second meeting to evaluate progress or to discuss disciplinary actions, if necessary.

DON'T

- Try to diagnose the cause of the employee's job performance or conduct problem.
- Be distracted by tears, anger, or other outbursts. (Stay focused on job performance and conduct.) moralize or judge the employee.
- Cover up for the employee or accept repeated unlikely excuses.
- Back down. (Get a commitment for improved job performance and conduct.) threaten discipline unless you are willing and able to carry it out, argue with an employee. If the employee becomes resistant, reschedule the meeting instead.

Despite the fact that the American Medical Association defined alcoholism as a treatable disease in the early 1950's, many people still believe that people with alcohol and other drug problems drink out of brown paper bags, live on the streets, and/or cannot hold a job. These beliefs are myths. Most alcohol and other drug abusers have nice homes, steady jobs and do not drink out of brown bags.

As a manager, it is important to be aware of your own beliefs about alcoholism and other drug problems so that they do not interfere with your job. As with any other managerial responsibility, personal beliefs and prejudices will need to be put aside.

If you are not sure how to manage an employee who reports to work unfit for duty; ask your supervisor for advice and follow your organization's policy. In General, it is advisable that you have two management staff members verify that the employee is not fit to do his or her job. Document the conduct problems as objectively as possible. If there is a human resources or safety person in your organization, he or she should be notified and consulted about the situation. If all of the management personnel involved decide that the employee is not fit to do his or her job, the employee should be sent home via public transportation or with a family member, or be escorted home by another staff member. Do not let the employee drive home if he or she is not fit to perform the job. The manager should then decide based on the organization's policy the disciplinary actions that should be taken.

Reminder

Accident Reporting Procedure Priorities

1. Treat Injured Person
 - Remember to have 1st aid and latex gloves near by. The 1st aid kit must be on site, not in the car.
2. Call County Assistant (Sheila, Michelle, or Wayne)
 - They need to report it to SWIF care.
 - You must call them ASAP*
3. Completely accident form
 - Please be very specific.
4. Have injured person sign Workers Com. Notice
 - This is a **Law**.

You have to report an injury immediately.

Immediate reporting is important to inform SWIF to get claim started and to investigate to prevent future occurrences.

Please stress to crewmembers to report injury ASAP.

No one will be punished for reporting an injury.

Employee Warning Notice

Employee Name _____
 Worksite _____

Date of Warning _____

Type of Violation

- | | |
|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Failure to follow instructions |
| <input type="checkbox"/> Chronic lateness or early quit | <input type="checkbox"/> Willful damage to material/equipment |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Violation of safety rules |
| <input type="checkbox"/> Failure to notify of absence | <input type="checkbox"/> Rudeness to employees/customers |
| <input type="checkbox"/> Unsatisfactory work quality | <input type="checkbox"/> Violation of policy and procedure |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Other |

Previous Warnings

	ORAL	WRITTEN	DATE	BY WHOM
1st Warning				
2nd Warning				
3rd Warning				

Employer Statement	
Date of Incident	_____
Time	_____

Employee Statement	
I agree with Employer's statement	
I disagree with Employer's description of violation for these reasons:	

Action to be taken Warning Probation Suspension Dismissal

Consequence should incident occur again _____

I have read this Employee Warning Notice and Understand it.

 SIGNATURE OF EMPLOYEE

 DATE

 SIGNATURE OF SUPERVISOR WHO ISSUED WARNING

 DATE

TRI-COUNTY WIB CELL PHONE POLICY

To: All Tri-County WIB Employees

From: Steve Paffrath, Asst Director / CFO

Subject: Cell Phone Policy

As a Tri-County WIB employee, you have access to the use of a cell phone, which enhances your productivity and helps you serve clients more efficiently.

While this direct connection has many benefits, it can also create a significant risk to Tri-County WIB if you do not follow appropriate security guidelines or if you misuse services. Cellular services are available to you to help you perform official Tri-County WIB business, such as communicating with clients, connecting with relevant agencies, and obtaining other relevant information. This cell phone use policy is designed to help you understand Tri-County WIB's expectations for the use of cell phone services and how to use the services wisely.

The following guidelines apply to the use of Tri-County WIB's cellular services:

1. Tri-County WIB requires that all employees utilize cell phones in the safest possible manner. Employees must not be driving while using a cell phone for conversation, to retrieve messages or for any other reasons, unless the phone is equipped with proper safety devices allowing for the safest possible operation.
2. Already existing Tri-County WIB policies, which apply to employee conduct in other circumstances, may also apply to conduct on the cell phone. This includes but is not limited to policies on intellectual property protection, privacy, misuse of Tri-County WIB assets or resources, sexual harassment, information, data security and confidentiality.
3. Tri-County WIB cell phones will be monitored and recorded, so you should have no expectation of privacy. Tri-County WIB will respond to reasonable requests from law enforcement and regulatory agencies for logs, diaries, and archives about employees' cell phone use.
4. As with other Tri-County WIB resources such as Tri-County WIB's Internet and Fax systems, you are allowed limited personal use of Tri-County WIB's cell phone services. You are authorized to make occasional personal use of the cell phone provided that such use is of short duration, does not adversely affect or hinder the mission of Tri-County WIB, and no additional fee is charged to Tri-County WIB. Supervisors have management authority and responsibility to ensure that you appropriately use your official time and resources. If additional cost is incurred for personal use, the employee is responsible for 100% of the cost due at the time of monthly billing as determined by Tri-County WIB.

5. You may not use Tri-County WIB cellular services to deliberately access sexually explicit materials. You may not send, intentionally receive, download, archive, store, distribute, edit, or record these materials using Tri-County WIB cell phones. If you find yourself accidentally connected to a number that contains sexually explicit or offensive material, you must disconnect from the number immediately and advise your supervisor. Tri-County WIB will block these numbers if necessary.

6. You may not send derogatory or inflammatory messages about a person's race, color, sex, age, disability, religion, national origin, physical attributes, or sexual orientation. This is a violation of Federal EEO laws and will be subject to disciplinary action by Tri-County WIB.

Improper use of Tri-County WIB cellular services can result in lawsuits against Tri-County WIB and/or Tri-County WIB personnel. Improper use may generate negative publicity for Tri-County WIB, which could negatively affect Tri-County WIB's ability to perform its mission. You must use discretion when using Tri-County WIB's cell phone services, because your activities on Tri-County WIB's cell phone service may be viewed as Tri-County WIB action.

If you do not follow this cellular policy, Tri-County WIB may revoke your cellular privileges and/or take disciplinary action against you, including suspension or discharge.

If you have questions about this policy, please contact me at (724) 282-9341 ext. 30.

By signing this form, I acknowledge that I have read, understand and agree to all of the provisions of this document.

Name: _____

Date: _____

Cell Phones

A cell phone was provided to each crew to allow for communication between crew leader and Program coordinator. They were also necessary in case of an emergency.

Crew leaders issued cell phones were required to sign a TCWIB Cell Phone Use form.

In the cases where the cell phones were abused, the amount determined to be above and beyond that used for the program was deducted from the persons paycheck.

Two-way radios were used on each crew for the crew leaders to communicate with one another while working at different locations on the creek.

If available the Nextel two-way radios/cell phones would be ideal.

TCWIB Flood Program

TCWIB welcomes you to the Flood Clean Up Program. As part of the TCWIB team, there are certain rules of conduct by which you must abide to ensure that your experience is a healthy and productive one. Please read the information below with your counselor and then sign the bottom to verify that you understand the rules.

Participant Disciplinary Code

As a participant in a TCWIB Flood Program, I hereby agree to abide by all policies and procedures as outlined by the TCWIB Program Operator:

MY RESPONSIBILITIES AS A PARTICIPANT

- I will follow all instructions and work related duties as assigned by my crew leader to the best of my ability and in a safe and cooperative manner. I shall give an honest hour's work for an hour of pay.
- I will fully cooperate with any Tri-County WIB Staff in receiving Orientation and in all other program related matters.
- I will personally and daily "sign-in" upon arriving to the worksite, "sign-out and sign-in" for my lunch break, and "sign-out" before leaving the worksite.
- I must sign the timesheet on my own behalf.
- I will perform my daily designated work duties without abusing any worksite equipment or facilities.
- I will attend all classroom training assigned. Absenteeism or tardiness will result in a deduction of work time.

REASONS FOR DISCIPLINARY ACTION

The following offenses shall subject a Flood Program Participant to disciplinary action and/or immediate discharge:

- Reporting to work under the influence of alcohol, narcotics or non-prescribed drugs or alcohol, or use of the before mentioned during working hours, including lunch breaks.
- Stealing anything from the worksite, worksite employees, flood crew participants and/or any person, corporation, firm or agency.
- Having a weapon (knife, gun, bow etc.)
- Falsification of any program records, including time sheets.
- Abusive conduct and/or use of vulgar, foul or abusive language – including sexual harassment.
- Horseplay and/or assault, striking or attempting to strike any worksite crew leader, employee, co-worker, TCWIB staff member.
- Unexcused absences (absences without first notifying the crew leader.)
- Chronic absenteeism. More than 3 days, must have a doctors excuse to return to work.
- Unwillingness to perform job assignment and/or open defiance toward worksite crew leader or WIB staff member.
- Insubordination towards crew leader and WIB staff.
- Any special problems and/or acts that the crew leader and safety coordinator determines to be detrimental to safe working conditions, inappropriate behavior, illegal, or an uncooperative attitude.
- Violations of safety rules
- Signing a timesheet for another person

ORDER OF DISCIPLINARY ACTION

The below described order will be used by your crew leader and/or WIB staff person acting on any of the above offenses:

1. **VERBAL WARNING**: One verbal warning will be extended to participants and will be documented by a warning form. If necessary, a conference will be held by the TCWIB program coordinator to fully discuss the nature of the offense.
2. **WRITTEN WARNING**: One written warning will be issued to any participant having been extended a Verbal Warning. A copy of the written warning will be placed in the participant's personnel file. The warning will state the participant's offense, date and explain the next step in the Disciplinary Order, which may be termination from the flood program.
3. **WRITTEN REPRIMAND AND SUSPENSION OR TERMINATION**: Should a participant require a second written warning, he/she may be suspended from work without pay for up to two (3) days or terminated from the position because the severity of the offense warrants it. Suspension or Termination will be determined by the team of the program coordinator, the safety coordinator and the quality assurance/EO officer. The program coordinator will carry out the action. Chronic absenteeism may result in termination.
4. **AUTOMATIC SUSPENSION OR DISMISSAL**: It shall be the prerogative of the TCWIB program coordinator to waive any steps in the order, for acts considered illegal, immoral, detrimental to safe working conditions, or blatant uncooperativeness. The responsible crew leader also has the right to suspend or dismiss for the before mentioned reasons. However, the TCWIB team reserves the right to terminate a participant from the Flood Program.

The Flood coordinator has the right to immediately dismiss anyone for severe safety violations.

Signature of Participant: _____

Date: _____

FLOOD PROGRAM ABSENTEEISM POLICY

Employees should always notify their crew leader if they are not able to make work for the day. Each situation will be handled according to excused and unexcused absences.

Excused absences are: Doctors excuse, job interview, court hearing, and emergencies such as a death in the family, immediate family member hospitalization, etc. The crew leader must determine the extent of the emergency.

If a crew member does not report off to one of the crew leaders, an immediate verbal warning will be issued upon return to work.

If the crew member has reported off without a legal excuse the following procedure will be followed.

1. 2nd day missed without an excuse verbal warning
2. 3rd day missed without an excuse written warning
3. 4th day missed without an excuse dismissal

I UNDERSTAND THE ABOVE POLICY AND AGREE TO ADHERE TO SAID POLICY

Signature

Date

Inclement Weather Policy

1. If there is a county wide school cancellation the crews will delay for two hours. The crew leaders will be responsible for contacting the crew members if there will be no work that day.
2. Any time the high temperature for the day is not to exceed 10^o the work day may be canceled.
3. Early dismissal is at the discretion of the crew leaders. Such things as sudden decline in the temperature, freezing rain, high winds may be factors the crew leaders use to determine dismissal.

The program coordinator and affiliated office must be contacted in the event of any cancellation or early dismissal. If the program coordinator cannot be reached the safety director must be contacted.

Richard Tarr	Program Coordinator	724-355-5601
Amanda Brendlinger	Safety Coordinator	724-822-3134
Michelle Fox	Armstrong Office	724-763-1999
Shelia Lesner	Butler Office	724-431-4052
Wayne Miller	Indiana Office	724-471-7215
Marsha Bowser	Quality Assurance Officer	724-422-7077

Tools and Equipment

SUPPLIES PURCHASED

Tools	Personal Protective Equipment PPE/ Other Supplies
Chainsaw	Hard Hats
Rakes	Safety glasses- clear, yellow, and grey
Shovels	Gloves- work and rubber
Rope	Hip boots
Come longs- 3 ton	Rain gear
Grappling Hooks	Carharts
Bow saws	Orange T-shirt
Loppers	Water socks
Chains	Cooling bands
Sickle	Life rings
Pole saw	Harnesses
Pitch fork	Chain saw helmets
Mattocks	Chaps
Digging Bar	Steel-toed boots
Water jugs/cups	Snake bite kits
Port-a- Potty	Tick removal
Wagons	Pre-contact Poison Ivy wipes
Buckets	First Aid kit
Tarps	Blood borne Pathogen kit
Fire starters	Anti-Fog wipes
Signs	Bug Repellent/Wasp and Hornet Spray
	Walkie Talkies/ Cell phones
	Hard hat Liners
	Hand sanitizer/Hand wipes
	Clothing see attached

All items purchased required a procurement of 3 different places. Clothing was purchased at Wal-Mart. Each crewmember was given a Wal-Mart gift card. Tools were purchased at ACE Hardware, they had the lowest prices and gave a discount to us, and they billed us monthly, and was centrally located in Armstrong County. PPE was purchased at Direct Safety, they invoiced us, had lowest prices, and had items shipped within 3-5 days.

Please note that the raingear on the shopping list at Wal-Mart was not readily available, so raingear was purchased at Direct Safety.

Summer and Winter SHOPPING LIST

Summer Clothing Price List per Worker

Item	Wal-Mart
Sweatshirt 1 or 2	Jerzees 5.84-7.84
Jeans 3	Rustler 9.97
3 T-Shirts Preferably orange	Hanes 5.47
Boots Steel- Toed/waterproof	Brahma Kane/Province 21.33
	<u>83.33</u>

Winter Clothing Price List per Worker

Item	Wal-Mart
Sweatshirt 3	Jerzees 5.84-7.84
Jeans 3	Rustler 9.97
Flannel Hooded Jacket	Faded Glory Flannel 15.73- 17.73
Rain Gear	Stearns 24.44
Boots Steel- Toed/waterproof	Brahma Kane/Province 21.33
Heavy socks 2	Dickies 2/4.94 <small>comes in packs of 2</small>
Total	<u>126.81</u>

SUPPLY LIST

SAFETY SUPPLIES

COOLING HEAD BANDS
POISON IVY BLOCK
TICK REMOVAL KITS
ANTI FOG FOR GLASSES
SNAKE BITE KITS
SAFETY HELMETS
HARNESSES
SAFETY FLOATING RINGS
PERSONAL PROTECTIVE EQUIPMENT
FIRST AID KITS
BIOHAZARD SPILL KITS

CLOTHING

HIP BOOTS
STEEL TOE BOOTS
CHAPS
SEALSKIN SOCKS
CARHART DUCK BIBS
CARHART DUCK COVERALLS
WORK GLOVES
RAIN GEAR
HARD HAT LINERS
CARHART ARTIC COATS
SET OF CLOTHING
ORANGE T-SHIRTS WITH LOGO

MISC ITEMS

FLOOD SIGNS
TWO-WAY RADIOS
CELL PHONES
PORTABLE TOILETS
LAWN CARTS
GAS CANS
CALCULATORS

TRAINING

CHAIN SAW TRAINING
OSHA TRAINING
PAYROLL TRAINING

TOOLS

BOW SAWS
BOW SAW BLADES
CHAIN SAWS
TREE PRUNERS
CHAINS
3 TON LIFT
FLAT SHOVELS
SHORT HANDLED SHOVELS
LONG HANDLED SHOVELS
LEAF RAKE
GARDEN RAKE
PITCH FORK
DIGGING BAR
PRTY BAR
LOPPERS
PICKS

PERSONAL PROTECTIVE EQUIPMENT

GLOVES
HARD HATS
REFLECTIVE VESTS
GOGGLES
SAFETY GLASSES

SET OF CLOTHING

3 PAIR JEANS
3 SWEATSHIRTS
PACK OF SOCKS
3 PAIR THERMAL SOCKS
THERMAL UNDERWEAR
STEEL TOE BOOTS

Worksite information

TRI-COUNTY WORKFORCE INVESTMENT BOARD, INC. EMPLOYMENT AND TRAINING PROGRAM WORKSITE AGREEMENT

Worksite: _____ Program Operator: _____

Address: _____ County: _____

Telephone: _____

Agreement Period: _____

Participant(s) Job Title: Laborer

Participant(s) Hours: _____

Participant(s) Immediate Supervisor: _____

Participant(s) Alternate Supervisor: _____

Statement of Program Purpose: To provide temporary employment for workers who became unemployed as a result of the flooding caused by the hurricanes, as well as other dislocated workers; to provide labor only in floatable, debris removal.

It is agreed that as a Program Worksite/Sponsor, the worksite's responsibilities to the Workforce Investment Act participants will be:

- 1. To cooperate with Federal, State, and Tri-County Workforce Investment Board monitoring efforts.**
- 2. To notify Tri-County Workforce Investment Board, Inc. of any participant problems, pending labor disputes, grievances, or any conditions that may affect the performance of this agreement. The above-named worksite has provided the contact name and address of unions which represent the same or similar job description as stated in this agreement.**
- 3. No currently employed worker shall be displaced by any participant, including partial displacement, such as a reduction in the hours of non-overtime work wages or employment benefits.**
- 4. Worksites shall provide a "Certificate of Insurance" showing Tri-County Workforce Investment Board, Inc. as an "Additional Insured." Tri-County Workforce Investment Board, Inc. Shall not be liable nor responsible for any injury to a third party nor damage to property at any time from any cause whatsoever, and Worksites shall hold Tri-County Workforce Investment Board, Inc. harmless from any and all liability, verdicts, judgments, actions, claims, demands, suits or causes of action arising or resulting from the actions of Participants and shall indemnify Tri-County Workforce Investment Board, Inc. for all costs, expenses, judgments, verdicts or attorney fees resulting there from.**

The terms of this agreement are contingent upon the receipt of National Emergency Grant Funds from the U.S. and PA Departments of Labor.

This agreement is made and entered into between Tri-County Workforce Investment Board, Inc., Program Operator for the PA Department of Labor, and _____, Program Worksite for (SW110) Workforce Investment Area.

Chief Administrative Officer, Program Operator/Administrative Entity **Date Signed**

Chief Administrative Officer, Worksite **Date Signed**

Program Coordinator **Date Signed**

Worksite Supervisor **Date Signed**

AUTHORIZATION AND RELEASE

PROPERTY OWNERS: _____

PROPERTY ADDRESS: _____

CONTACT PERSON: _____

TWP. OR BORO: _____

DATE: _____, 2005

For and in consideration of the mutual promises herein contained and intending to be legally bound, Property Owners agree and contract with TRI-COUNTY WORKFORCE INVESTMENT BOARD, INC.

(hereinafter "WIB") as follows:

1. Property Owners authorize and permit WIB and its agents, servants and employees to go over, on and across their land and property in order to clean and remove debris from the creek or stream and the banks and land appurtenant thereto.

2. Property Owners release and discharge WIB, its agents, servants, employees or assigns, and all other persons, firms or corporations from any and all claims, demands, damages to property, injuries to persons, or causes of action which have or may result in the future from the activities or conduct of WIB, its agents, servants, employees, or assigns and all other persons, firms or corporations.

Witness the due execution hereof.

PROPERTY OWNERS:

_____ (SEAL)

_____ (SEAL)

TRI-COUNTY WORKFORCE
INVESTMENT BOARD, INC.

By: _____ (SEAL)

TRI-COUNTY WIB FLOOD PROGRAM WORKSITE SUMMARY

Counties and Sites	Planning Meeting	Work Scheduled, Begun or Finished	Issues
Butler County			
Adams Twp.	Complete	Yes/To Begin	(Insurance)
Buffalo Twp.	Complete	Yes/Complete	None. Twp. pleased with work
Callery Borough	Complete	Yes/Complete	None
City of Butler	Complete	Yes/Complete	None.
Clinton Twp.	Complete	Yes/Complete	Crews to return
Connoquenessing	Complete	No	Indicated that there was no work left to be completed
Cranberry Twp.	Complete	Yes/Complete	None.
Evans City Borough	Complete	Yes/Complete	None. Pleased with work. Potential return
Forward Twp	Complete	Yes/Complete	None
Harmony Borough	Complete	Yes/Complete	None. Potential return
Jackson Twp.	Complete	Yes/Complete	None.
Mars Borough	Complete	Yes/Complete	None.
Middlesex Twp.	Complete	Yes/Complete	None.
Penn Twp.	Complete	Yes/ Complete	None.
Renfrew (Penn)	Complete	Yes/Complete	None. Twp. pleased with work
Summit Twp.	Complete	Yes/Complete	None.
Butler Twp.	Complete	Yes/To Begin	None.
Center Twp.	Complete	Yes/Complete	None.
Winfield Twp.	Complete	Yes/Complete	None.
Zelienople	Complete	No	Scheduling another meeting
Mercer Twp.	Complete	Yes/To Begin	None.

Counties and Sites	Planning Meeting	Work Scheduled, Begun or Finished	Issues
Armstrong County			
Bethel Twp.	Complete	Yes/Complete	None
Boggs Twp.	Scheduled	Yes/Complete	
Brady's Bend	Complete	Yes/Complete	None.
Cowanshannock Twp.	Complete	Yes/Complete	None.
E. Franklin Twp.	Complete	Yes/Complete	None. Potential return
W. Franklin Twp.	Complete	Yes/Complete	None.
Freeport Borough	Complete	Yes/Complete	None. Pleased with work
Gilpin Twp.	Complete	Yes/Complete	None
Kiski Twp.	Complete	No	Roaring Run Watershed will not sign private property release
Manor Twp.	Complete	Yes/Complete	None. Potential return
N. Buffalo Twp.	Complete	Yes/Complete	None.
Parks Twp. Carnahan Run, Stitts Run, Guffey Run, Hungry Hollow Run	Complete	Yes/Complete	None. Pleased with work. Potential return
Perry Twp.	No	No	Waiting for return phone call
Plum Creek Twp.	Complete	Yes/Complete	None.
Rayburn Twp.	Complete	Yes/Complete	None.
S. Bend Twp.	Complete	Yes/To Begin	Work to begin shortly
Kittanning Twp.	Complete	Yes/Complete	None.
Worthington Bor.	Complete	Yes/Complete	None.
Valley Twp	Complete	Yes/Complete	None.
Cadogan	Complete	Yes/Complete	None.
Rural Valley Borough	Complete	Yes/Complete	None.
S. Buffalo Twp.	Complete	Yes/Complete	None.
Washington Twp.	Complete	Yes/Complete	None.
Pine Twp.	Complete	Yes/Complete	None

Counties and Sites	Planning Meeting	Work Scheduled, Begun or Finished	Issues
Indiana County			
Armstrong Twp.	Complete	No	Coordinator attempting to contact for follow-up meeting
Creekside Borough	Complete	Yes/Complete	None. Pleased with work. Potential return
Plumville Borough	Complete	Yes/Complete	None. Pleased with work. Potential return
Shelocta Borough	Complete	No	Waiting for insurance
S. Mahoning Twp.	Complete	No	Waiting for paperwork
Washington Twp.	Complete	No	Coordinator will recontact
Conemaugh Twp.	Complete	Yes/Complete	None.
Cherry Tree Borough.	Complete	Yes/Complete	Potential return
Cherry Hill Twp.	Complete	Yes/Complete	None.
Indiana Borough	Complete	Yes/Complete	None. Pleased with work
White Twp.	Complete	Yes/Complete	None
Young Twp.	Complete	Yes/Complete	None
Clymer Borough	Complete	Yes/Complete	None.
Center Twp.	Complete	Yes/Complete	None.
Rayne Twp.	Complete	Yes/Complete	None.
Grant Twp.	Scheduled	No	None.
Brush Valley	Complete	Yes/Complete	None.
Green Twp.	Complete	Yes/Complete	None.

The above list is an indication of the projects included in Tri-County WIB's Flood Clean-up endeavor. In the planning stages of this project, the TCWIB held meetings with the local County Commissioners and the local PEMA/FEMA representatives to develop lists of project areas, a plan for addressing the problem, etc. Eligible participants were recruited through the CareerLink and other sources including local advertising. WIA Title 1 staff conducted orientation, eligibility and initial interviews.

There are four crews of 20 people working in each county. Crews are staffed with 18 general laborers and 2 crew leaders. All of the workers receive Drug Awareness Training, Sexual Harassment Training, and a 10 hour OSHA Safety Certification. The crew leaders receive training in American Red Cross First Aid and in Chain Saw Safety and Handling.

Prior to beginning any project, staff secures worksite agreements with the municipality requesting assistance. These give a general overview of the scope of the project. Further, staff secures private property sign-offs to seek permission from land owners to enter their property and to inform them of the project.

Crew members remove debris from area streams and creeks utilizing such tools as: shovels; rakes; mattocks; loppers; bow saws; come-a-longs; chain saws, etc. The crews work in a narrow strip on either side of a creek bed ensuring that debris will not create problems with future flooding. The local municipalities are contacted for the removal of large debris items whenever possible. Organic material is burned in a safe manner along the creek side.

The program is overseen by the TCWIB administrative management staff, consisting of the Executive Director, the Chief Financial Officer/Assistant Director and the Director of Planning and Operations. As all participants hired through this program are employees of the TCWIB, numerous other staff, including clerical and fiscal also work on this program. TCWIB's administrative monitor conducts both on site evaluations and desk reviews. She is assisted by a Flood Monitor position hired through this grant. TCWIB's Safety Director conducts preliminary training, equipment inspection, on site review and other safety related duties. Through the grant, TCWIB employs the services of a Project Coordinator who oversees all general programmatic operations. In addition, the WIB hired three Assistants to ensure that each of the three counties were well coordinated with regard to paperwork, communications, payroll, etc.

Participants:

Recruitment, Eligibility, and Case Management

TCWIB FLOOD CLEANUP PROGRAM 2005

RECRUITMENT, ELIGIBILITY AND CASE MANAGEMENT

The following outlines the various components completed by our agency in the start-up and implementation of the Flood Cleanup program:

- Recruitment efforts were made through advertising on the CareerLink website, as well as through Public Service announcements in the local newspapers, radio stations, and television stations.
- All applicants applied in person at their local CareerLink office. Applicants enrolled on the CareerLink system, and completed our agency application for services. Each application was day and time stamped at completion.
- Applicants were next called in for eligibility certification. Priority in filling the temporary jobs was given to individuals who were dislocated, either permanently or temporarily, as a result of the disaster event. Other eligible participants were dislocated workers as defined in WIA Section 101(9) and long-term unemployed individuals, individuals who had been unemployed 15 or more of the 26 weeks immediately prior to eligibility certification. Priority was also given to veterans and certain of their spouses meeting eligibility requirements.
- WIA services were entered by agency case managers for each participant through the CareerLink system such as case management, temporary jobs, assistance with uniforms, and meal allowance.
- An additional employee was hired for each county office with the title of Flood Crew Office Assistant Coordinator. This person was eligible to work through the NEG grant, and was responsible for various duties related to the flood project such as conducting orientations, handling accident reports, payroll, filing, reports, supply/tool deliveries to work sites, etc.
- Each participant was instructed to schedule with their doctor, or scheduled for an on-site physical examination and tetanus toxoid inoculation.
- Participants were given a flood program orientation, which covered general program information, policies and procedures of the program, timekeeping, as well as completion of necessary paperwork such as their W-4, I-9, etc.
- Each participant was scheduled for 10-hour OSHA safety training, and was credentialed in these workplace skills.
- Our agency case managers were available to meet with crew members during the duration of their program involvement for assistance in job search, career planning, GED attainment, resume help, etc.

- Each flood participant was required to meet with a case manager prior to their completion of the project to complete an exit interview.
- Participants could attend, if they so chose to do so, a classroom or On-The-Job Training program funded through NEG training dollars if they successfully completed the temporary job component of the flood project.
- If program participants were interested in training, case managers would complete an Individual Employment Plan with them, have them complete a comprehensive and specialized assessment of skill levels, and attend ABE/GED classes if needed. .
- After completion of the flood program, case managers contacted participants through mailings and/or phone calls at a minimum of once a month to monitor their employment status or check if they had additional employment related needs.
- After exit, each participant was, or currently is being provided follow-up services for a one year period.

******IF YOU HAVE OBTAINED EMPLOYMENT WITHIN 90 DAYS FROM YOUR LAST DAY OF
WORK ON THE FLOOD CREW, WE WILL SEND YOU A \$15.00 SHEETZ GIFT CARD******

NAME: _____

In compliance with the state regulations under which your services have been funded, we are requesting the following information. Please check and/or complete the following and return it to our office in the enclosed self-addressed stamped envelope within 90 days from your work end date. Thanks for your cooperation.

CURRENT ADDRESS: _____

PHONE #: _____ Check here if this is an updated address and/or
Phone Number

LAST DAY WORKED ON FLOOD CREW: _____

CURRENTLY EMPLOYED START DATE: _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____
(Please include street
address, city, state, and
zip code) _____

EMPLOYER'S PHONE NUMBER: _____

JOB TITLE: _____

HOURS PER WEEK: _____ HOURLY WAGE: _____
(Must be broken down in an hourly rate)

FRINGE BENEFITS (Does the employer offer health insurance benefits and
coverage under Social Security or equivalent pension?):

YES NO

RECEIVING CASH ASSISTANCE RECEIVING SSI

**Exit Interview Form
National Emergency Grant - Flood Clean-Up Crews 2005**

Career T.R.A.C.K., Inc.
Funded by: Tri-County Workforce Investment Board, Inc.

_____ Date

Participant Name Address

Social Security Number Phone

EDUCATIONAL STATUS	
Highest Grade Completed:	<input type="checkbox"/>
Are you interested in earning your G.E.D.?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Attended College/Technical School	<input type="checkbox"/>
Name of School _____	
Degree/ Credential Received:	_____ Date: _____

PROGRAM ASSESSMENT QUESTIONS
How was your experience working as part of the flood crew ? _____ _____ _____
What new skills did you gain from this experience? _____ _____ _____
Did you experience any problems during your participation in the program? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please detail: _____ _____ _____
Was a staff member available to you throughout your work experience to answer questions, address problems, etc.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive the services you thought you would receive through this program? YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, what services did you expect to receive and didn't? _____

CAREER PLANS
What are your future plans after you have completed this program? Obtain Employment <input type="checkbox"/> Attend College/ Technical School <input type="checkbox"/> Other: _____
If Employment, what field(s) of work are you interested in? _____
Have you applied for jobs? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you had any job interviews? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, what have you heard back from your interviews? _____ _____
If you are interested in training, what type? _____
Have you researched any schools or programs? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please detail: _____ _____ _____

SERVICE OPTIONS
Which of the following services, if any, would you like assistance in? <input type="checkbox"/> Resume Preparation <input type="checkbox"/> Job Search Techniques <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Information on Applying for U.C. Benefits
Other: _____

Participant Signature: _____

Flood Program Participant Folders

Left Side

Contact Sheet
Proof of Physical
Proof of Tetanus Shot
Workers Comp. Report (if applicable)
Doctors Excuses
Employee Warning Notices
Correspondence
Time Sheets

Right Side

WIA Registration
Registration Verifications
W-4
Local Tax Form
I-9
Emergency Information
Workers Com. Notification
Orientation Checklist
Disciplinary Code Signoff
Drug Free Workplace
Absenteeism Policy

Divide each section with color paper for easy review.

FLOOD PROGRAM

Name _____

DATE	NATURE OF CONTRACT

FLOOD PROGRAM ORIENTATION CHECKLIST

PAPERWORK

W-4 FORM

- EARNED INCOME TAX QUESTIONNAIRE
- I-9 FORM
- EMERGENCY INFORMATION SHEET
- SWIF CARE INFORMATION AND SIGN-OFF SHEET
- STATEMENT OF RECEIPT
- DISCIPLINARY CODE
- DRUG-FREE POLICY
- PHOTO RELEASE FORM

GENERAL INFORMATION

- HANDBOOK THAT INCLUDES:
 - CIVIL RIGHTS UNDER WIA
 - COMPLAINT & HEARING PROCEDURES
 - SEXUAL HARASSMENT POLICY
 - INFECTIOUS DISEASE POLICY
- WAGES
- DRESS CODE
- TIMEKEEPING
- WORK ASSIGNMENT

I VERIFY THAT THE ABOVE INFORMATION WAS REVIEWED WITH ME AND HAVE RECEIVED A COPY OF THERE OF:

Participant Signature

Date

Staff Signature

Date

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 10, 2007. See Pub. 506, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child. • If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2006</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.) ▶</small>		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

**Career T.R.A.C.K., Inc.
Flood Program Participant
Emergency Information**

Participant Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

List ANY prescriptions you are currently taking: _____

List ANY allergies or other conditions that would be important to medical personnel in case of an accident or injury:

*******EMERGENCY CONTACTS*******

Name: _____

Home/Cell/Work Number: _____

Name: _____

Home/Cell/Work Number: _____

Physician Name: _____

Office Number: _____

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and casually related thereto Pursuant to the Act, your employer will provide for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act.

Your employer will be responsible for the cost of the treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to the provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT AS SET FORTH HEREIN.

DATE

EMPLOYEE SIGNATURE

EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

DATE

EMPLOYEE SIGNATURE

STATEMENT OF RECEIPT
TRI-COUNTY WORKFORCE INVESTMENT BOARD'S
POLICIES AND PROCEDURES

I hereby certify that I have read, understood, and received copies of TCWIB's policies and procedures. The following is a list of the policies. By placing your initials by each policy and your signature at the bottom you acknowledge that you have read, understood and received copies.

	Initials
Civil Rights Statement	_____
Complaint and Hearing Procedures	_____
Policy in Regard to Sexual Harassment	_____
Policy on Infectious Diseases	_____
Acceptance of Mutual Responsibility	_____

Signature

Date Signed

Witnessed by TCWIB Representative

Date Signed

TRI-COUNTY WORKFORCE INVESTMENT BOARD, INC., 112 Hollywood Drive , BUTLER PA 16001

Witnessed at (name and address where document received, signed, and dated).

Note: This document must remain in participant file.

DRUG FREE WORKPLACE POLICY

The Tri-County Workforce Investment Board, Inc. and CareerTRACK, Inc. herein called the employer, have adopted the following policy with regard to controlled substances:

- Employees are expected and required to report to work. It is our intent and obligation to provide a drug-free, healthful, safe and secure work environment.
- The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on company premises or while conducting company business off company premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
- The employer recognizes drug dependency as an illness and a major health problem. The employer also recognizes drug abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use our employee assistance program and health insurance plans as appropriate. Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel records.
- Employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations occurring on or off company premises while conducting company business. A report of a conviction must be made within five (5) working days after conviction. (This requirement is mandated by the Drug Free Workplace Act of 1988.)

Should you wish to speak with someone about a drug or alcohol abuse problem, our Employee Assistance Agency is:

The Butler County Drug and Alcohol Program
(724) 284-5114

I, _____, hereby acknowledge receipt of the Tri-County WIB, Inc. and CareerTRACK, Inc. Drug-Free Workplace Policy and understand it. Further, I acknowledge receipt of the name of the Employee Assistance Agency and its telephone number.

Employee signature

Witness

Date

PHOTO RELEASE FORM

I hereby grant permission to the Tri-County Workforce Investment Board, Inc. (TCWIB, Inc.) and the Butler, Armstrong and Indiana County Career T.R.A.C.K. offices to use my photograph on their websites or in other TCWIB, Inc. or Butler, Armstrong, and Indiana County Career T.R.A.C.K. printed publications.

I also understand that once my image is posted on their websites, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

- TCWIB Board of Directors
- Butler, Armstrong and Indiana County Career T.R.A.C.K. Offices
- All Employees, TCWIB, Inc.
- All Employees of Butler, Armstrong and Indiana County Career T.R.A.C.K. Offices

TCWIB, Inc. and/or Butler, Armstrong or Indiana County Career T.R.A.C.K. reserves the right to discontinue use of photos without notice.

SIGNATURE: _____

DATE: _____

WITNESS: _____

DATE: _____

Tri-County Workforce Investment Board

FLOOD PROGRAM



Participant Handbook

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FLOOD PROGRAM PURPOSE

The purpose of the Flood Program is to:

- Provide you with work experience, necessary income, and specific job skills
- Aid in the community efforts to clean up from the effects of the recent floods
- Increase your understanding of citizenship and community

The following Program Participant Handbook, pay schedule, and disciplinary code contain policies which are meant to inform you, as a Flood Program Participant. Read your handbook carefully! It outlines your responsibilities while you are employed by TCWIB. If you have any questions regarding the handbook or program, please ask the Crew Leader or the Program Coordinator.

STAFF RESPONSIBILITIES

- Program orientation – explaining program rules and policies
- Worksite monitoring – checking to make sure Flood Program rules are followed

MONITORING REQUIREMENTS

The Flood Program is funded by the State Department of Labor through a National Emergency Grant. It is required that all sites and participants are monitored regularly throughout the six months. The WIB Program Staff will come to the worksite and check to see that the Flood Program policies and Safety procedures are being followed. ***Please remember that the worksite may be closed down if it violates policy, and a participant may be fired if she/he refuses to cooperate with monitoring procedures.***

REGULATIONS OF THE FLOOD PROGRAM

1. Participant Orientation

All participants will be informed of the following, which constitute the orientation of the Flood Program.

- Flood Program goals and objectives
- Flood Program duration, hours of work, and wage rate
- Rules and regulations of the Flood Program
- Worksite location, work assignment, crew leader name, and phone number
- Time and attendance policies and payroll schedule
- Disciplinary code
- Participant benefits – Workmen’s Compensation, etc.
- Emergency information and accident procedure
- Civil Rights, Complaint Procedure, Sexual Harassment Policy, Infectious Disease Policy
- Drug Free Work Place Policy
- Monitoring policy

You will sign an Orientation Checklist to verify that you received the above information and that you also received a handbook.

2. Civil Rights, Complaint Procedures, Sexual Harassment Policy, Infectious Disease Policy

You must receive an explanation of your rights under the flood program by a staff member. You will read the documents at the end of this booklet and sign a form verifying that you have read and do understand your rights. The Complaint and Grievance Procedure and the Equal Employment Opportunity poster will be posted at the worksite in a *conspicuous location*, clearly visible to the eye, for your future reference.

3. Political Activity

In accordance with the “Hatch Act” and Program Regulations, you may not, during the Program, take part in any partisan political activity. This shall include (but not be limited to): lobbying, fund raising, making speeches, assisting at meetings, distributing pamphlets, or participating in voter registration activities.

4. Unionization Activity

During the Flood Program, participants may not engage in the promotion of any unionization activities.

5. Limitations on Activity

Works of art produced through any activity cannot be put up for sale by any participant enrolled in the Flood Program. You may not be involved in any sectarian activity or private-for-profit venture. This includes fund-raising activities and any work on privately owned property with out the Authorization and Release form signed.

6. Unauthorized Participation

You may not be enrolled in the Flood Program without being first determined eligible by the Career T.R.A.C.K. interviewers and other determinant regulations.

7. Schedule of Hours

Your daily work schedule will be at the worksite.

8. Posting

The following printed material is to be available to you at the worksite.

- Equal Employment Opportunity Poster
- Abstract of Child Labor Laws
- Participant Schedule of Hours
- WIA Civil Rights, Complaint Procedures, Sexual Harassment and Infectious Disease Policy
- Minimum Wage Laws Poster
- Workmen's Compensation Poster

ACCIDENT PROCEDURES, INSURANCE, EMERGENCY INFORMATION

If you have any accident on the job, no matter how slight, you must report it IMMEDIATELY to your crew leader. Your crew leader will apply first aid if necessary.

If you are faced with a medical emergency that requires immediate treatment, you may secure assistance from a hospital, physician, or practitioner of the healing arts of your choice.

If you do not require immediate, emergency medical treatment, YOU MUST FOLLOW THE PROCEDURES outlined in this handbook.

1. If you suffer an injury and do not require emergency medical treatment, you MUST VISIT a physician/health care provider that is ON THE ATTACHED LIST.
2. You must continue to visit one of the physician/health care providers listed, if you need treatment, for **90 days from the date of your first visit**.
3. Subsequent treatment, if necessary, beyond 90 days, by any physician/health care provider of the employee's own choice and such treatment shall be paid for by the employer or its insurance company.
4. If you choose to go to another physician/health care provider after the 90 day period,
 - a. you must notify your employer of this action within 5 days of your visit.
 - b. your physician must submit reports as required within **10 days after** your first visit and **at least one month thereafter**. Each report will include history, diagnosis, treatment, prognosis, and physical findings.
 - c. your employer or its insurance company shall not be liable for such treatment until a report has been filed.
5. If you are referred to another physician/health care provider by one of the persons on the approved list, your employer or its insurance company will pay for these services.
6. If you are faced with a medical emergency, you may secure assistance from a hospital. However, once the emergency no longer exists, you MUST seek treatment from a listed provider.

Each crew leader will maintain an emergency information sheet that will list your name, social security number, age, phone number, and a list of all prescription drugs you are taking and any allergies you may have or conditions that would be important to medical personnel in the event of an accident or injury. The sheet will also contain specific information on whom to contact in case of an emergency.

This emergency information sheet will not be posted, but will be kept in a secure, accessible location.
ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.

WORKSITE INFORMATION

1. **Worksite Transfers**

In the event you have a serious reason for wanting a transfer to another crew, you may notify the program coordinator with the reasons for the request. Approval or disapproval for a transfer will be made by the Program Coordinator only.

2. **Hours of Work**

You may work a maximum of eight (8) hours per day, any day of the week, NOT to exceed forty (40) hours per week.

3. **Lunch Breaks**

Your lunch break will be one-half hour. You will not be paid for your lunch break. You **MUST** “sign out” and “sign in” on the daily time sheet.

4. **Complaints**

If you have any complaint regarding the Flood Program, or a complaint regarding the staff, contact the Flood Program Coordinator. The Coordinator will hold an informal meeting with you and the crew leader in an attempt to resolve the problem. If the issue is not satisfactorily resolved, the Complaint Procedure will then apply.

5. **Behavior**

You shall be advised during orientation to adhere to all Flood Program rules and regulations, and the Disciplinary Code. In addition, you are advised to adhere to the following:

- ❑ Always pay attention to safety! Report any unsafe conditions to your crew leader and/or the Flood Program Coordinator
- ❑ Conduct yourself in accordance with the TCWIB Disciplinary Code

6. **Dress Code**

You are required to report to your worksite dressed appropriately for the work assignment. The following clothing is considered unacceptable for Flood Program worksites and may not be worn:

- ❑ Halter tops, midriff tops, or other tops which leave the stomach, back and/or shoulders bare.
- ❑ Shorts, cutoffs, etc.
- ❑ Sandals, flip-flops, etc.

You shall be provided with some basic work clothing which you are required to wear. Further information on appropriate dress will be covered in your safety training workshop.

7. Lateness and Absences

You are advised to report to work on time! The hours of work decided upon by your crew leader are the hours you will work.

It is **your** responsibility to advise the crew leader when you will be late or absent. You must gain permission from the crew leader to leave work early. If you have an important appointment during work hours, advise the crew leader as soon as possible.

The Flood Program Coordinator will review your hours every two weeks. If you are habitually absent or tardy, you will be placed on probation for a time specified by the Program Coordinator and your crew leader. Thereafter, termination may occur.

8. Participant Disciplinary Code

The Participant Disciplinary Code is reviewed during Orientation, and a copy is attached for your later reference.

PERSONNEL FILES

All participants of the WIB Flood Program shall have a personnel file in the WIB office. These files are **confidential**, and are therefore, only available to the participant and the WIB Staff.



PAYROLL PROCEDURES

1. **Daily and Bi-Weekly Timesheets**

Each participant is responsible for maintaining an individual daily and bi-weekly timesheet. All participants shall **personally and daily**:

- ❑ Sign in for work
- ❑ Sign out for lunch
- ❑ Sign in upon completion of lunch break
- ❑ Sign out at the end of the day
- ❑ Complete timesheets neatly and accurately

You must sign your full name. At the end of the pay period, check over the hours for accuracy.

2. **Fringe Benefits**

Workmen's Compensation – *Participants are covered for on-the-job injuries by our Workmen's Compensation Policy, as discussed earlier.*

FICA – *TCWIB pays the employer's share of Social Security.*

THERE ARE NO PAID SICK DAYS, VACATION DAYS, OR HOLIDAYS.

3. **Wage Rate**

Flood Program Participants will be paid a wage of \$10.00 per hour.

4. **Paychecks**

Paychecks will be delivered to your worksite, unless otherwise arranged by the Program Coordinator or the program assistant. Checks are distributed every two weeks and are normally received on Fridays.

In order to completely process your paycheck, your timesheet **MUST BE SIGNED**.

At orientation, you will also receive a copy of the payroll schedule

EQUAL OPPORTUNITY IS THE LAW

APPLICANT'S/CLAIMANT'S RIGHTS UNDER WIA

As an APPLICANT/CLAIMANT, we welcome you to one of Pennsylvania's Team CareerLink.

Let me tell you something about YOUR CIVIL RIGHTS UNDER FEDERAL LAW. It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and Against any beneficiary of programs funded under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of citizenship/lawful residency/work status or participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-funded program or activity:

Providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under WIA Title I-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or The Director, Civil Rights Center (CRC).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner) before filing with the Civil Rights Center. If the recipient does not give you a written Notice of Final Action within 90 days of the date on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However you must file your CRC complaint within 30 days of the 90-day deadline (in other word, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

WHO TO CONTACT:

1st – TCWIB

Marsha Bowser

Tri-County Workforce Investment Board, Inc.

Pullman Commerce Center
112 Hollywood Drive Suite 201
Butler, PA 16001
(727) 282-9341

2ND –

The Director

Civil Rights Center (CRC)

U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 2021

IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE INFORMATION, OR TO FILE A COMPLAINT, CONTACT:

Department of Labor and Industry
Office of Equal Opportunity
Room 514 Labor and Industry Building
Seventh and Forster Streets
Harrisburg, PA 17120
(717) 787-1182
1-800-622-5422
TDD 1-800-654-5984
VOICE 1/800-654-5988

COMPLAINT AND HEARING PROCEDURE

Complaints alleging a violation of the Workforce Investment Act (WIA) or regulations or other agreements under the Act shall seek resolution of such allegation through this procedure.

STEP ONE: The opportunity to file a complaint.

The complainant who has an alleged complaint will first meet with the designated representative of the Tri-County Workforce Investment Board, INC. (TCWIB) or the immediate supervisor, explain the problem and, together they shall attempt to resolve the issue informally.

STEP TWO: The opportunity for an informal conference.

If the complainant remains dissatisfied, he/she must file within five (5) days, a complaint with the TCWIB and request an informal conference. **THIS REQUEST MUST BE IN WRITING.** The informal conference must be held within ten (10) days of receipt of the request, by the TCWIB or a designated representative.

The complainant and TCWIB will discuss the allegations and attempt to resolve the issue informally. The findings of the LWIA must be submitted to the complainant no later than ten (10) days following the informal conference. Included with the findings must be notification of the right to request a hearing if a satisfactory resolution is not accomplished.

STEP THREE: The opportunity for a hearing.

If the complainant is not satisfied with the results of the informal conference, he/she must inform TCWIB in writing within five (5) days and request a hearing to seek resolution of the issue. In honor of this request, an impartial hearing officer will be appointed by TCWIB who will attempt to resolve the issue and render an independent decision. The requested hearing will be held within thirty (30) days from the date on which the complaint was filed. Written notification of the hearing will be sent out by the hearing officer, stating the date, time, and location of the hearing and issues to be heard. All involved parties have the right to be accompanied by an attorney (of their own cost) or other duly authorized representative, the right to present testimony, to bring witnesses and records, and must attend the hearing.

A written decision will be issued by the hearing officer to the complainant and all parties who attend the hearing within sixty (60) days of the filing of the complaint and will include: (1) A synopsis of facts; (2) a statement of reasons for the decision; and (3) notification of recourse. All correspondence will be mailed certified with a return receipt requested.

STEP FOUR: Notice of Recourse.

If the complainant is still dissatisfied, or a decision is not rendered within sixty (60) days of filing the complaint, a request to have the complaint reviewed may be made to:

The Director

Department of Labor and Industry
Office of Equal Opportunity - Room 514
Labor and Industry Building - Seventh and Forster Streets
Harrisburg, PA 17120

The Director

Civil Rights Center (CRC)
US Department of Labor
200 Constitution Ave NW - Room N-4123
Washington DC 20210

I. Purpose

Sexual harassment, either physical or verbal, is a violation of the law. The intent of this policy is to clarify TCWIB's position in matters relating to compliance, discovery, and remedy.

II. Policy

It is the policy of the Tri-County Workforce Investment Board, Inc., that sexual harassment of its employees, applicants for employment, or program customers in any form is unacceptable and will not be tolerated. This includes harassment defined both as "quid pro quo" and "hostile environment". It is the intent of TCWIB to maintain a workplace free of sexual harassment from any source, supervisor, co-worker, program customers, or visitors and to discourage any instance of malicious accusation.

III. Definition

"Quid pro quo" sexual harassment includes unwelcome sexual advances, request for sexual favors, and verbal, visual, or physical conduct of a sexual nature. No supervisor or employee shall threaten or insinuate, either explicitly or implicitly, that another's refusal to submit to sexual advances will adversely affect that person's employment, work status, evaluation, wages, advancement, or any other condition of employment, training, or career development. Similarly no employer shall promise, imply, or grant any preferential treatment to another employee or applicant for engaging in sexual conduct. This type of sexual harassment also includes graphic verbal commentaries about an individual's body or a display in the workplace of sexually suggestive objects or pictures.

"Hostile environment", harassment involves discrimination based on sex in such cases where discrimination has created a hostile or abusive work environment. Acts of physical aggression, intimidation, hostility, or unequal treatment based on sex are examples of "hostile environment". Again, this is deemed by TCWIB to be unacceptable behavior and such will not be tolerated.

IV. Procedure

An employee who feels that he or she is a victim of sexual harassment, including but not limited to any of the conduct listed above, by any supervisor, management official, other employee, customer or any person in connection with employment of the employee or training of the customer, should bring the matter to the immediate attention of his or her immediate supervisor. An employee who is uncomfortable for any reason in bringing such a matter to the attention of his or her supervisor, should report the matter to the Sexual Harassment/ Equal Employment Opportunity Officer. The Sexual Harassment Officer will promptly investigate all matters or allegations of sexual harassment in as confidential manner as possible and advise both, the Executive Director for TCWIB and the Executive Committee of the Workforce Investment Board of any findings.

An employee or agent of TCWIB, Inc., who is determined, after an investigation, to have engaged in sexual harassment in violation of this policy, will be subject to appropriate disciplinary action, up to and including dismissal. The Workforce Investment Board will determine such disciplinary action for TCWIB employees.

Subcontractors or their agents or employees of the subcontractor found to have engaged in sexual harassment in violation of this policy, may subject themselves to termination of all existing contracts with TCWIB and may result in suspension and /or debasement from further contracts with TCWIB, the Commonwealth of Pennsylvania, and/or the United States Government.

Disciplinary action for subcontractors will be recommended by the Workforce Investment Board to appropriate Commonwealth and/or Federal Agencies for whatever action they deem required.

Any individual wishing to file a complaint should do so without fear of retaliation. It is the policy of TCWIB that no action shall be taken against the complaining party, regardless of the outcome of the investigation. Filing a complaint shall not affect the employment, work status, evaluation, wages, advancement, duties, training or any other condition of employment or training or career development of the complaining party.

V. Contact

TCWIB's Sexual Harassment Officer is Ms. Marsha Bowser. She can be reached at the address below by mail or by telephoning Monday –Friday between the hours of 9a.m. To 4 p.m. prevailing ET:

Tri-County Workforce Investment Board, Inc.
112 Hollywood Drive
Suite 201
Butler, PA 16001
(724) 282-9342

In instances where the complaining party is either dissatisfied with the decision of TCWIB's Sexual Harassment Officer or for any reason deemed necessary by the complaining party, they may file directly with;

The Department of Labor
Directorate of Civil Right
200 Constitution Ave., N.W.
Washington D.C. 20210
(202) 523-7026


Randy Brog, WIB Chairman

1/2/06
Date

TRI-COUNTY WORKFORCE INVESTMENT BOARD, INC.
POLICY ON INFECTIOUS DISEASES OF THE BLOOD
AND OTHER LIFE THREATENING ILLNESSES

I. Purpose

The purpose of this policy is to ensure a positive and supportive work and training environment for TCWIB employees, WIA-TCWIB participants and applicants, with life-threatening illnesses.

II. Definition

Life-threatening illnesses include but are not limited to HIV/AIDS, hepatitis-B& C, cancer, and heart disease. The policies apply to those individuals wishing to continue to engage in as many of their normal pursuits as their condition allows including work and/or training.

III. Policy

It is the policy of TCWIB and its agents to support the needs of employees, applicants, and participants with life-threatening illnesses as long as these individuals are able to meet acceptable performance standards, and medical evidence indicates that their medical conditions are not a threat to themselves or others. It is the responsibility of TCWIB and its agents to be sensitive to employees with life-threatening illnesses and ensure that they are treated consistently with other employees while providing a safe working environment for employees, applicants, and participants.

TCWIB and its agents will not discriminate against individuals with life-threatening illnesses in the hiring, placing, conducting performance appraisals, assigning benefits, or terminating from employment or training on the basis of their medical condition. Also covered under this section are those individuals perceived as having HIV/AIDS, and those individuals who are related to, are caregivers for, or are associated with HIV/AIDS persons.

TCWIB reserves the right to: provide reasonable accommodations; ensure the safety of employees, applicants, and participants: assess an individual's ability to meet acceptable performance standards.

IV. Procedures

When TCWIB's Executive Director or Equal Opportunity Officer become aware of an employee or participant with a life-threatening illness, a decision will be made by the WIB Personnel Committee as to whether a statement should be obtained from the employee's attending physician. The purpose of the statement will be to determine that the continued presence at work will pose no threat to other employees, applicants, or participants. TCWIB reserves the right to require an examination by a medical doctor appointed by TCWIB.

Any information regarding an employee's or participant's health condition is personal and confidential, and reasonable precautions will be taken to protect the privacy of the individual.

TCWIB employees and participants who are diagnosed with a life-threatening illness may continue to work if they are deemed medically able to work and can meet acceptable performance standards. TCWIB and its agents will provide reasonable accommodations if necessary to enable these employees to continue working. A reasonable attempt will be made to transfer employees or participants with life-threatening illnesses who request a transfer and are experiencing undue emotional stress.

WIA Applicants: In similar fashion, TCWIB will not discriminate against WIA applicants on the basis of life-threatening illnesses; WIA pre-applications will not contain questions requiring applicants to provide TCWIB with such information.

V. Grievance Procedure

If a TCWIB employee, applicant, or participant with a life-threatening illness believes that he/she has been discriminated against on the basis of a life threatening illness, they should contact TCWIB's Equal Opportunity Officer, Marsha Bowser, at:

Tri-County Workforce Investment Board, Inc.
Pullman Commerce Center
112 Hollywood Drive
Butler, PA 16001
Phone: (724) 282-4700

Additionally, the person may also file a complaint directly with:

The Equal Employment Opportunity Commission
1801 L Street, NW
Washington, DC 20507
Phone: 1 800 669-4000

All health related issues will be handled in a confidential manner.

Warren R. Capenos, WIB President

Date

TCWIB – MEDICAL HISTORY QUESTIONNAIRE

NAME _____	JOB APPLIED FOR _____
PERSONAL PHYSICIAN _____	PHONE _____

HAVE YOU EVER	Y/N		IF YES, EXPLAIN
Been operated on			
Been a patient in a hospital, sanitarium or institution			
Been seriously injured			
Been refused employment for health reasons			
Been forced to give up a job because of health reasons			
Received Workmen's Comp			
Been rejected for military service for health reasons			
Received a pension for disability			
Been refused a driver's license for medical/vision reasons			

HAVE YOU EVER	Y/N		HAVE YOU EVER	Y/N
Injured your back			Had a hernia or rupture	
Worn a knee brace			Worked with radioactive materials	
Worn a truss			Do you wear contact lenses?	
Had a seizure or convulsion			Used a hearing aid	
Had a head injury			Had nerve damage	
Needed glasses to read			Do you take medicine regularly?	

HAVE YOU EVER HAD	Y/N		HAVE YOU EVER HAD	Y/N
Diabetes			Heart Trouble	
High Blood Pressure			Cancer	
Tuberculosis			Arthritis	
A Nervous Breakdown			Epilepsy	

HAVE YOU EVER HAD	Y/N		HAVE YOU EVER HAD	Y/N
Allergies			Rheumatic Fever	
Asthma			Shortness of Breath	
Fainting Spells or Dizziness			Skin Rash or Eczema	
Frequent Headaches			Stomach Ulcer	
Jaundice			Swelling of Joints or Ankles	
Joint Pains			Varicose Veins	

--

HAVE YOU RECEIVED IMMUNIZATION FOR TETANUS (LOCKJAW)? Y/N _____
DATE OF LAST BOOSTER SHOT _____

DO YOU ABUSE ALCOHOL OR DRUGS? Y/N _____

I HAVE BEEN ADVISED OF THE JOB DUTIES AND REQUIREMENTS FOR THE SAME THAT I WILL BE EXPECTED TO PERFORM.

I HAVE NO PRE EXISTING CONDITIONS THAT WOULD LIMIT MY ABILITY TO DO THIS JOB. Y/N

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT _____

DO NOT WRITE BELOW THIS LINE

EXPLANATIONS OF POSITIVE ANSWERS (FOR PERSONNEL REVIEWING FORM)

REMARKS: _____

DATE: _____

SIGNATURE OF PERSON REVIEWING FORM: _____

Height _____

Weight _____

Pulse _____

Blood Pressure _____

Check if normal. Mark (o) if deviation from normal and give details below.

Skin Scars _____

Tooth-Gums _____

Thyroid _____

Chest _____

Vessels _____

Extremities _____

Hernia _____

Nose-Sinus _____

Glands _____

Ears _____

Heart _____

Joints _____

Genito-Urinary _____

Head-Neck _____

Mouth-Throat _____

Eyes _____

Lungs _____

Abdomen _____

Neurological _____

Varicosities _____

Details of abnormal findings: _____

Psychological status: _____

Recommended _____

Not Recommended _____

Suggested work limitations: _____

This individual has/has not been advised of the findings of this examination.

Has _____ Has not _____

Has been advised to consult his/her personal physician _____

Date: _____

Signature of examining physician: _____

PAYROLL INFORMATION

PAYROLL TIPS

1. Use outside agency to do payroll i.e., ADP, Paycheck, Compupay, Ameripay, Advantage Payroll etc.....
2. Pay participants by direct deposit or debit card, it is too difficult to distribute paychecks.....
3. Timesheets should be printed on different color paper for each county to distinguish one from another, see attached
4. Create an excel spreadsheet for each county to keep a running total of hours worked for each participant, see attached.....
5. Create an individual file for each participant so any paperwork can be kept organized.....
6. Charge Workers Compensation as the program progresses.....
7. Maintain a trained clerical assistant for each county.....
8. You will most likely have several wage garnishments from domestic relations and other agencies.....
9. Each participant was given a Walmart \$125.00 gift card for the purchase of a set of clothing. Have each participant return the receipts to you with the card.
10. Maintain detailed payroll records long after the program ends because you will be reporting wages, work history etc to several different agencies.....

NEW HIRE FORM

SS# _____ FILE# _____ RATE OF PAY: \$ _____

NAME: _____ START DATE: _____
LAST FIRST M.I. BIRTHDATE: _____

ADDRESS: _____ DEPARTMENT: _____
_____ PREVIOUSLY PAID EMS TAX
Yes _____ No _____
IF YES ATTACH PROOF

LOCAL TAX MUNICIPALITY _____ LOCAL TAX CODE _____

FILING STATUS: MARRIED _____ SINGLE _____ EXEMPTIONS _____

SS# _____ FILE# _____ RATE OF PAY: \$ _____

NAME: _____ START DATE: _____
LAST FIRST M.I. BIRTHDATE: _____

ADDRESS: _____ DEPARTMENT: _____
_____ PREVIOUSLY PAID EMS TAX
Yes _____ No _____
IF YES ATTACH PROOF

LOCAL TAX MUNICIPALITY _____ LOCAL TAX CODE _____

FILING STATUS: MARRIED _____ SINGLE _____ EXEMPTIONS _____

SS# _____ FILE# _____ RATE OF PAY: \$ _____

NAME: _____ START DATE: _____
LAST FIRST M.I. BIRTHDATE: _____

ADDRESS: _____ DEPARTMENT: _____
_____ PREVIOUSLY PAID EMS TAX
Yes _____ No _____
IF YES ATTACH PROOF

LOCAL TAX MUNICIPALITY _____ LOCAL TAX CODE _____

FILING STATUS: MARRIED _____ SINGLE _____ EXEMPTIONS _____

**TRI-COUNTY WORKFORCE INVESTMENT BOARD INC.
FLOOD PROGRAM
DAILY AND BI-WEEKLY TIME RECORD**

WORKSITE

EMPLOYEE

PAY PERIOD ENDING

DAY	DATE	WORK BEGINS	TIME OUT LUNCH	TIME IN	WORK ENDS	TOTAL HOURS WORKED	EMPLOYEE SIGNATURE
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

DAY	DATE	WORK BEGINS	TIME OUT LUNCH	TIME IN	WORK ENDS	TOTAL HOURS WORKED	EMPLOYEE SIGNATURE
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

SUPERVISOR COMPUTES: TOTAL HOURS

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

MEALS: X \$5.00 = \$

TERMINATION OF EMPLOYMENT

COMPANY NAME: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

DATE OF LAST WORK DAY: _____

REASON: _____

SIGNATURE

Forward to WIB Payroll Department

FAX# 724-282-4896

Total Allowed Hours: 1040

Butler Flood Program

2005

Pay Date

Person's Name

File #	2112	2433	2190	2180	2491	2179	2492	2493	2360	2361	2240	2317	2111	2226	2106
11/24/2004	7.50														
12/3/2004															
12/17/2004	40.00														
12/30/2004	58.00														
1/14/2005	62.00														
1/28/2005	57.00														
2/11/2005	72.50														
2/25/2005	64.00														
3/11/2005	38.00														
3/24/2005	61.50														
4/8/2005	70.00														
4/22/2005	80.00														
5/6/2005	79.00														
5/20/2005	80.00														
6/3/2005	71.50														
6/17/2005	72.00														
7/1/2005	80.00														
7/15/2005	49.00														
7/29/2005	79.75														
8/12/2005	80.00														
8/26/2005	78.00														
9/9/2005	70.00														
9/23/2005	69.00														
10/7/2005	36.00														
Total Hours	1,040.00	824.50	181.00	395.00	427.50	371.00	594.50	409.00	547.25	825.50	356.00	68.00	223.00	1,040.00	428.50

1040 hours works, contact the Flood Assistant (Only allowed 1040 hours).

WARN	7/6/2005	9/23/2005	1/28/2005	2/8/2005	8/12/2005	3/14/2005	9/16/2005	8/12/2005	6/17/2005	8/12/2005	3/23/2005	2/3/2005	2/8/2005	8/3/2005	2/23/2005
Hours Allowed	215.50	859.00	645.00	612.50	669.00	445.50	631.00	492.75	214.50	684.00	971.50	817.00	-	611.50	
Remaining	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

If the employee has 140 remaining, contact the Flood Assistant.

Program Ended before 1040 hours completed	Medical
Quit for other employment	Workers Comp.
Redeclared	Never Started
Completed Program	Quit
Terminated from employment	Decree
Incarcerated	

Monitoring

FLOOD CLEAN UP PROGRAM

Monitoring Policy and Procedure

In accordance with Tri-County Workforce Investment Board's policy and procedures for oversight and Quality Assurance, regular oversight of the flood cleanup program shall be conducted.

The Quality Assurance team will conduct weekly visits of the flood crews. The Flood Clean Up Program monitoring tool will be completed for each individual worksite.

The monitoring tool shall consist of Worksite Agreement Review, Project Identification, Client Eligibility and Folder Review, Site Review, Crew Leader interview, and Crew Member Survey. The reports shall be submitted to the Quality Assurance Officer in a timely manner. The report will then be reviewed by the Quality Assurance Officer and any corrective actions will be addressed at that time. If there is a corrective action the report shall then be submitted to the Executive Director for review.

A monthly report shall be submitted reflecting the total monitoring visits made per month.

TRI-COUNTY WORKFORCE INVESTMENT BOARD, INC.



Providing responsive and innovative leadership that meets the current and future needs of employers and job seekers

TRI COUNTY WORKFORCE INVESTMENT BOARD
112 HOLLYWOOD DRIVE, SUITE 201, BUTLER, PA 16001 724.282.9341

Flood Clean Up Program 04

WORKSITE REVIEW

Monitored By: _____
Date of Visit: _____

Corrective Action: YES _____
NO _____

Follow-up necessary YES _____
NO _____

WORKSITE AGREEMENT CHECKLIST

1. Are the following items completed on the worksite agreement?

- a. Worksite name:
- b. Worksite address:
- c. Worksite phone:
- d. County:
- e. Work hours
- f. Immediate Supervisor
- g. Alternate Supervisor:

Does the agreement have provisions for the following:

- a. Cooperation with monitoring efforts Federal, State, & TCWIB
- b. Union sign-off
- c. No employee will be laid off or reduced hours due to program
- d. Certificate of Insurance (TCWIB additionally insured)

3. Does the worksite agreement have the following signatures?

- a. Administrative entity CEO (TCWIB)
- b. Worksite CEO
- c. Program Coordinator
- d. Worksite Supervisor

PROJECT IDENTIFICATION

County: _____

Municipality/Township: _____

Creek/Stream: _____

Contact: _____

Contact's Phone #: _____

Crew Supervisor _____

Crew Supervisor _____

NUMBER OF PARTICIPANTS: _____

ADDITIONAL COMMENTS FOR VISIT: _____

SITE REVIEW

	YES	NO	N/A
1. Is there adequate supervision on the crew?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Did the crew leaders receive orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the crew leaders available to the crew members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an effective working relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are task assignments effective in providing continuous and meaningful work for the crew member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there adequate tools provided to do the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are time sheets being submitted correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do crew leaders and participants signoff on time sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there accident reports completed for each person involved in an accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all crew members and crew leaders dressed appropriately?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
12. Have there been any complaints filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are the following documents posted:			
Complaint and hearing policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEO/ADA poster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum wage law poster and fact sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Workers Insurance Fund poster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Free Work Place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SITE REVIEW CONTINUED

SAFETY

YES NO N/A

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 14. Is the equipment at the worksite safe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are safety procedures being followed such as wearing safety glasses, gloves etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are the following available: | | | |
| Drinking water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Kit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are Daily site inspections being completed prior to work beginning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is any of the personal protective equipment (PPE) being used defective or damaged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MONITOR'S OBSERVATIONS

ATE:

WORKSITE SUPERVISOR INTERVIEW GUIDE

Person Interviewed: _____

1. What type of work are you doing with the Flood Program? _____

2. What are the duties of the crew members? _____

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

4. Is there evidence the participants 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 the objectives can be achieved at this work site? YES NO

Comments: _____

7. Do the crew members follow instruction? YES NO

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

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

Verbal Formal

10. How is attendance? _____

11. Does the work begin on time? YES NO

WORKSITE SUPERVISOR INTERVIEW GUIDE CONTINUED

12. Are crew members receiving their breaks as scheduled? YES NO

13. As supervisor do you sign and approve the crew members time sheets? YES NO

14. Are all safety requirements being met? YES NO

15. What is your perception of the program thus far? _____

MONITOR'S COMMENTS _____

DATE:

CREW MEMBER SURVEY

NAME: _____

START DATE: _____

HOURS WORK PER DAY _____

HOURS WORK PER WEEK _____

ORIENTATION	YES	NO
1. Did you receive orientation before beginning the program?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the orientation include the following:		
Attendance Policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>
Civil Rights	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment Policy	<input type="checkbox"/>	<input type="checkbox"/>
Dress Code	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary Code	<input type="checkbox"/>	<input type="checkbox"/>
Generally what is expected of you while involved in the program? (Rules & Regs)	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you submit proof of a physical before starting work?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you submit proof of a tetanus shot before starting work?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

1. What type of work are you doing with the Flood Program? _____

2. Have you ever participated in Career T.R.A.C.K./WIA programs in the past? YES NO

If Yes, list _____

3. Are you currently looking for employment? YES NO

4. Are you able to perform the work being scheduled? YES NO

5. Do you have any special needs that need addressed? YES NO

Comments: _____

6. Do you feel the objectives can be achieved at this work site? YES NO

Comments: _____

7. Has your crew leader been available to you? YES NO

8. Do you have any problems with fellow crew members? YES NO

If yes, please explain _____

9. Do you receive feedback on progress? YES NO

Verbal Formal

10. How has your attendance been? _____

11. Does the work begin on time? YES NO

Crew Member Cont.

- 12. Are you receiving your breaks as scheduled?
- 13. Do you sign and verify your time sheet daily?
- 14. Do you feel safety requirements are being met?
- 15. Do feel you are able to communicate with your supervisor?
- 16. Do you have a clear understanding of your responsibilities being involved in this program?
- 17. Do you have any questions or concerns about your participation?

15. What is your perception of the program thus far? _____

MONITOR'S COMMENTS _____

Safety

Safety Training

The title I operator would coordinate with the Safety coordinator to have safety training for the participants.

Training would begin at 8:00 a.m. until 4:00 p.m.

Group sizes would vary from 15 to 60 depending on the number being prepared to start.

½ hour was given for lunch and Pizza and pop was provided.

Along with the safety training a half hour of Sexual Harassment and half hour of Drug Free Workplace training was provided.

See attached for Summary of Safety Training

What to Expect in Regards to Safety

To Start:

- Conduct site visits before work begins to assess for possible hazards including: weather, insects, animals, and ruff uneven terrain.
- Select and order Personal Protective Equipment.
- Conduct safety training. Make safety rules very clear to workers. Training is also were you get to know your workers; you will quickly learn for the most part those who will be good workers and those who do not want to be there.

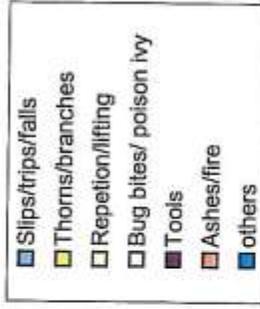
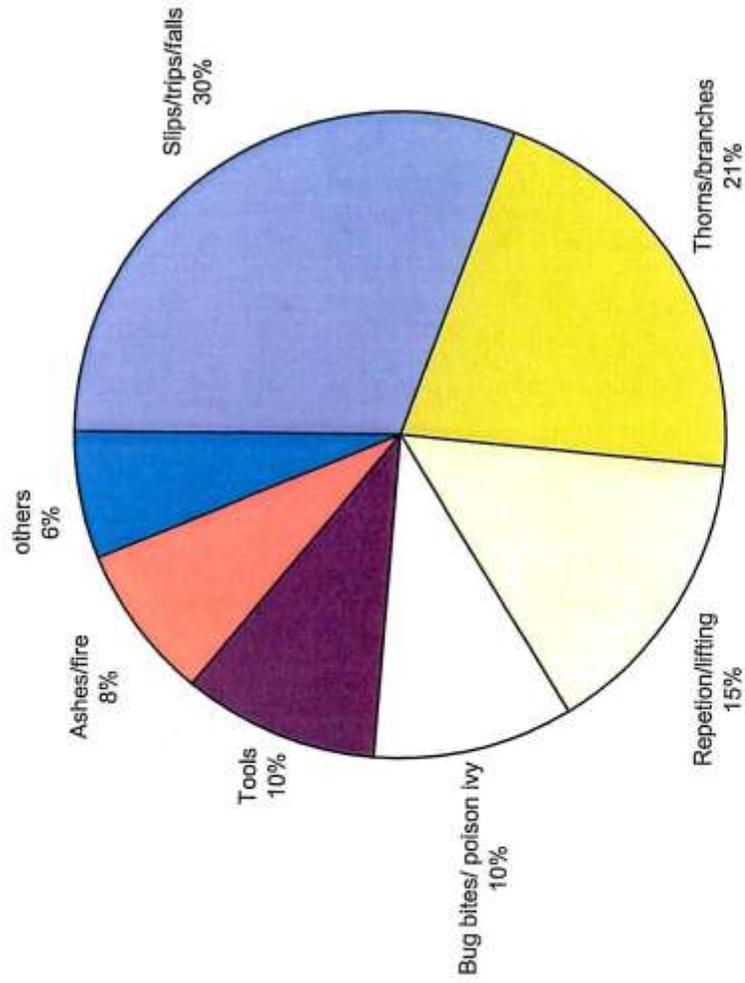
After work starts:

- Keep plenty of PPE in stock.
- Make regular unexpected visits. This keeps the crew alert for when you arrive to do a safety check. Site visits help reinforce the safety rules and if there is a violation immediate corrective action and disciplinary action can be taken.
- Unfortunately, expect accidents legitimate and false. There will be many accidents that are done intentionally. There are people who will get hurt so they will not have to work and will be able to collect worker's compensation. It is important to establish a return to work policy and stay in contact with the insurance carrier.

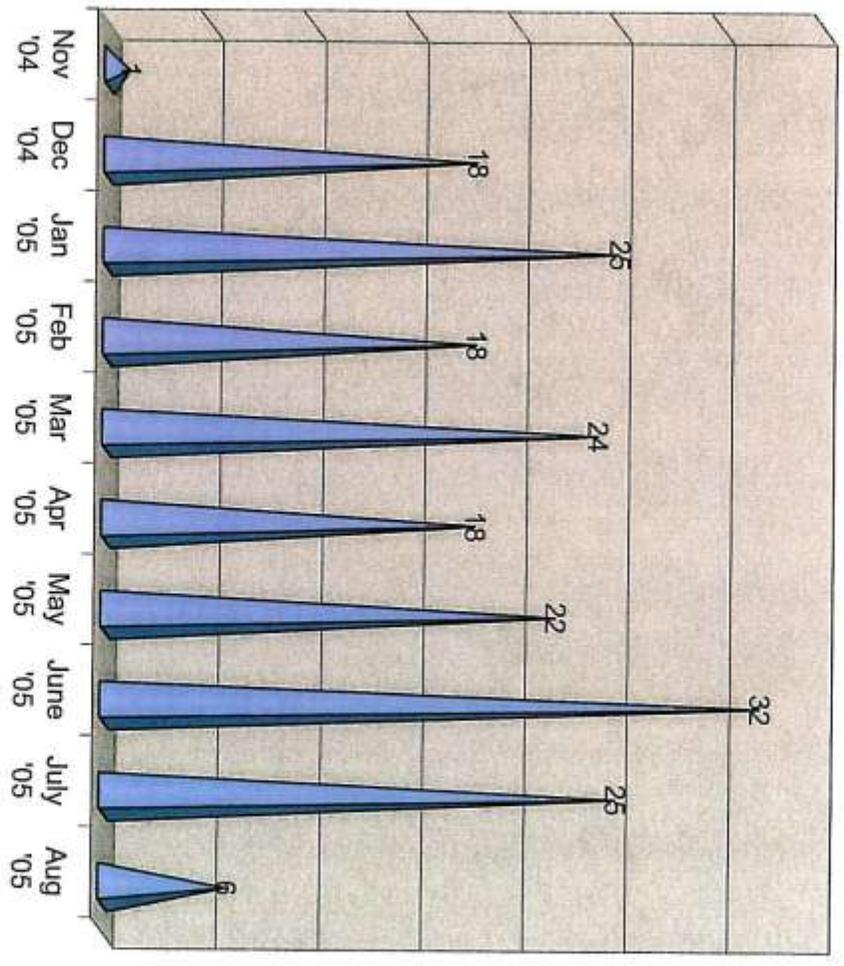
The end of the program:

- As the program winds down again expect "questionable accidents". When some people know that the job is ending they may try to receive workers compensation.
- Keep in contact with those that are on worker's compensation and keep in contact with the insurance carrier. Even if the program ends you are still responsible for those on worker's compensation.
- Collect and store leftover supplies.

3 County Total by Cause



3 County Total Accidents by Month



Summary of Safety Training

The training that all flood participants received was OSHA 10 hour Outreach Construction.

The topics included:

- Introduction to OSHA
- Personal Protective Equipment
- Fire Safety
- Tool Safety
- Hazard Communication
- Blood borne Pathogens
- Electrical Safety
- Material Handling/Safe lifting
- Ladder Safety
- Fall Protection
- Scaffold Safety
- Excavations
- Confined Spaces
- Training included group discussion, crossword puzzles, and group activities to promote the discussion of safety on the job.
-

There was a pre and post test given.

Upon completion of training each participant received a 10 hour OSHA Construction Safety card from OSHA.

Crew leaders and select crew members were selected for Chain saw safety training. The chainsaw training was conducted by Center for Safety & Environmental Management (CSEM) located in Apollo, PA. See attached for course outline

Construction Pre-Test

Name: _____

Date: _____

1. What is OSHA?
2. True or False PPE should not be inspected before using.
3. What is a class A fire?
 - a. Electrical fire
 - b. Flammable liquids
 - c. Ordinary combustibles
4. True or False Guards can be removed from tools.
5. What is a MSDS?
6. True or False Low voltage does mean low hazard.
7. Name one universal precaution when dealing with blood borne pathogens.
8. True or False It is acceptable to walk under suspended loads.
9. Name 1 symptom of muscular-skeletal disorders.
10. When using a ladder for access to a roof, the ladder must extend _____ feet above the roof.
11. Fall protection is required at _____ feet.
12. True or False Base plates are not needed on scaffolds.
13. Spoil piles cannot be within _____ feet of the excavation.
14. True or False Lack of oxygen is not a hazard of confined spaces.
15. What is a near miss?

Construction Post-Test

Name: _____ Date: _____

1. What is a willful violation?
2. True or False Workers must be trained on the limitations of PPE.
3. List 2 causes of fires.
4. List 1 power tool precaution.
5. True or False HazCom is also known as the Right to Know Law.
6. True or False Inadequate wiring is not an electrical hazard.
7. Which is not a blood borne disease?
 - a. HIV
 - b. Hep. B
 - c. Flu
8. When lifting you should lift with your _____ not your _____.
9. Name 1 risk factor that contributes the muscular-skeletal disorders.
10. True or False Stairways with four or more risers must have a stair rail.
11. Name 1 method to protect workers from falls.
12. Fall protection on scaffolding is needed at _____ feet.
13. What is the greatest hazard associated with excavations.
14. What needs to be done before entering a confined space?
15. What is OSHA?
16. When are hard hats needed?
17. The 3 elements of a fire are: fuel, ignition source, and _____.

18. Name 1 piece of information on a MSDS.
19. How do you know if someone is infected with a blood borne disease?
20. Is it acceptable to remove the 3rd prong on plugs?
21. What needs to be done before using a forklift?
22. Name 1 symptom of muscular-skeletal disorders.
23. Name 1 ladder safety rule.
24. Fall protection is needed at _____ feet.
25. True or False Climbing the crossbars on scaffolds is considered safe access.
26. Name 1 way to protect workers when working in an excavation/trench.
27. True or False It is acceptable to walk under suspended loads.
28. Spoil piles cannot be within _____ feet of the excavation.
29. What is a near miss?
30. What is an unsafe act?

Chainsaw Safety, Operation, and Maintenance

Course Outline

- I. Introduction
 - A. Course Objectives
 - B. Mandatory Safety Equipments/Practices (hard hat, chaps, etc.)
 - C. First Aid Box

- II. Basic First Aid
 - A. Abrasions and Contusions
 - B. Bleeding
 - Minor Cuts
 - Major Cuts
 - Pressure Points
 - C. Sprains and Broken Bones
 - Splinting and Immobilization
 - Transportation
 - D. Shock
 - E. Activating EMS

- III. Chainsaw
 - A. Part of Chainsaw
 - B. Proper Grip and Stance
 - C. Proper Starting Techniques
 - D. Chain Brake
 - E. Kickback Zone
 - F. Fuel Mix/Bar Oil

- IV. Safety Precautions
 - A. Do's and Don'ts
 - B. Reactive Force
 - C. Kickback: Why & How
 - D. Transporting Chainsaws

- V. Chain Maintenance
 - A. Filing
 - B. Wear Marks

Chain Saw Safety Checklist

<u>Yes</u>	<u>No</u>	<i>Chain Saw Safety Checklist for Staff</i>
		Hard hat on
		Face Shield Down
		Hearing Protection on
		Yellow caution tape
		Crew not within yellow tape area
		Gas can at safe distance from fires
		Not using chain saw above shoulder (not cutting above waist)
		Spotters at a safe distance
		Not felling trees
If <u>No's</u> corrective action taken:		

WEEKLY SAFETY MEETING

Issued by:

Topic:

Participants:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

Crew leader's Signature

Date

Short description of material covered: _____

Flood Program Daily Site Safety Checklist

If NO explain corrective action taken!!!

General Requirements

1. OSHA Poster
 - Yes
 - No
2. 1st Aid Kit/Blood borne Pathogens Kit
 - Yes
 - No
3. Water safety equipment
 - Yes
 - No
4. Accident forms
 - Yes
 - No
5. Drinking water available
 - Yes
 - No
6. Crew instructed in emergency procedures
 - Yes
 - No
7. Hand washing/hand sanitizer available
 - Yes
 - No
8. Proper means of disposal
 - Yes
 - No
9. Proper storage of tools and PPE
 - Yes
 - No

PPE

1. Inspected for damage
 - Yes
 - No
2. Crewmembers wearing PPE properly
 - Yes
 - No
3. Safety goggles/glasses
 - Yes
 - No
4. Steel-toed Boots
 - Yes
 - No
5. Hand protection
 - Yes
 - No

6. Hard hats

- Yes
- No

7. Long pants

- Yes
- No

8. Other PPE needed for _____

Tools

1. Tools being used

2. Proper tool used for the job?

- Yes
- No

3. Instructed on proper use

- Yes
- No

4. Inspections and proper maintenance accomplished prior to use?

**Tri-County Workforce Investment Board – Armstrong County
NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its' insurance company must pay for reasonable surgical and medical services and supplies, orthopedic, appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following healthcare providers. You must continue to visit one of the providers listed below if you need treatment for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for those services.
4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another healthcare provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listing physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or healthcare provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

**FOR ASSISTANCE IN SCHEDULE APPOINTMENTS,
PLEASE CALL PREMIER COMP TOLL FREE AT 1-888-594-4001**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
Occupational Healthcare	Building 600 Suite 650 Medical Arts Complex Kittanning, PA 16201 Location #: (724) 543 - 8016	1-888-594-4001	Occup. Med.
Sarver Family Practice	609 South Pike Road Suite 101 Sarver, PA 16055 Location #: (724) 545 - 2205	1-888-594-4001	Family Practice
Armstrong Orthopedic Association LLC	316 First Avenue Suite 275 Kittanning, PA 16201 Location #: (724) 548 - 7009	1-888-594-4001	Orthopedics
Douglas S. Skura MD	400 Med. Arts Building Suite 420 Kittanning, PA 16201 Location #: (724) 548 - 7009	1-888-594-4001	Orthopedics
Paul L. Fredrick	500 Med. Arts Building Kittanning, PA 16201	1-888-594-4001	General Surgery
Robert Lover Baker DO	One Nolte Drive Suite 630 Kittanning, PA 16201 Location #: (412) 967 - 0275	1-888-594-4001	Neurosurgery
Genovese Ophthalmic Association	200 Med. Arts Building Suite 210 Kittanning, PA 16201 Location #: (724) 542 - 2146	1-888-594-4001	Ophthalmology

CONVENIENT NETWORK LOCATIONS BELOW

Premier Comp P1 Network
Premier MRI Network

Call Toll Free for Closest Location 1-888-594-4001
Call Toll Free for Closest Location 1-888-594-4001

Phys. Therapy
MRI's

Panel Date: 01/12/2005

SAFETY TRAINING

OSHA training is an important part of the safety plan.

There are power point presentations to present to the program employees – See next page.

A staff person from our agency attended the OSHA Train the Trainer program for instruction on training the employees. This person was then certified to provide the training.

Training for program employees is held for either two (2) days of five (5) hours, 10 hours of training or for five (5) days, six (6) hour days for the 30 hour course in construction and general industry training, depending on the type of work related to the grant.

After attending the training, the trainer sends the attendance to the OSHA sponsor and the program employees receive an OSHA training card.

To find out more about the types of training and available power points, go to OSHA.gov

OSHA 10-Hour Construction Industry Outreach-Trainer Presentations

These materials are designed to assist trainers conducting OSHA 10-hour Construction Industry outreach training for workers. Since workers are the target audience, these materials emphasize hazard identification, avoidance, and control - not standards. No attempt has been made to treat the ten topics exhaustively.

NOTE: The materials consist of PowerPoint® presentations and lesson plans, each presentation also includes **instructor notes**, we encourage you to review these before you give a training presentation.

Download Zip Files: Due to the size of these files, it is recommended that you save them directly to your hard disk. To download the files, right click on the "Download" button and "Save Link As" (Netscape) or "Save Target As" (Internet Explorer).

Outreach-Trainer Presentations		
Download [1.3 MB ZIP File*]	Download [5.3 MB ZIP File*]	Download [3.1 MB ZIP File*]
Download [2.6 MB ZIP File*]	Download [3.9 MB ZIP File*]	Download [4 MB ZIP File*]
Download [4.2 MB ZIP File*]	Download [1.4 MB ZIP File*]	Download [4.2 MB ZIP File*]
Download [2.9 MB ZIP File*]		

*** These files are provided for downloading only.**

Accessibility Assistance: Contact the OSHA Directorate of Training and Education at (847) 297-4810 for assistance accessing OSHA ZIP materials.

[Back to Top](#)

<http://www.osha.gov/index.html>

<http://www.dol.gov/>

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Fire Extinguishers

Safety Training Handout

Extinguishers are classed by the type fire they can put out. Some extinguishers are **Combination** types that can be used on several different types of fires

Using a Fire Extinguisher

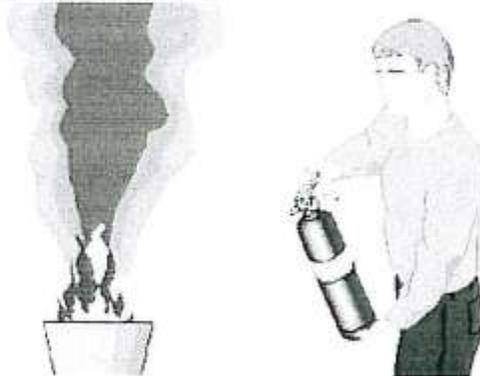
P-A-S-S

Pull the pin

Aim at base of fire

Squeeze the handle

Sweep from side to side



Types of Fires

Class A

Combustible material such as paper and wood

Class B

Fires involving flammable liquids such as gasoline, paint, diesel fuel or solvents

Class C

Fires started in electrical equipment by arcing or overheating

Class D

Fires involving combustible metal powders, flakes or shavings

Smart Safety Rules

Stand 6 to 8 feet away from the fire

Use an extinguisher **ONLY** if you have been trained to use it.

Fire Extinguishers are for small fires in the early stages.

Know where fire extinguishers are located

Never place a pressurized fire extinguisher upright unless you are holding it - if it falls over the nozzle can break off

All fire extinguishers should have an inspection tag and a trigger seal and a pin

After use, do not put a fire extinguishers back on its mounting – it must be refilled before being returned to its location

Safety Sessions

Your Company Name Here

Place information such as date and/or safety slogan here

Eye Protection

The ability to see is probably the most important of all our senses. Your eyes are very sensitive organs that have little natural protection.

Hazards to your eyes include:

- Impact
- Sharp objects
- Dust
- Fumes
- Chemical liquids
- Bright light

All of these potential hazards exist both on and off the job. Knowing these hazards and what you can do to protect your eyes can mean the difference between full vision and blindness. The number one rule for eye protection is to wear safety glasses when using ANY tool or chemical.

Other types of eyewear, such as goggles, provide protection from flying chips, fumes and liquid splashes. When using liquid chemicals be sure to use safety goggles that are designed to prevent splashes from entering the eye area.

- Use Splash-proof goggles and face shield with chemicals
- Never look at welding operations without proper eye protection
- Use goggle in high dust areas
- Protect your eyes from direct high heat
- Don't use tinted safety glasses indoors



Accident Reports...It could happen here

An employee at a metal fabrication facility was pouring acetone, a solvent from a five-gallon container into a smaller container for use at his workstation. As he was transferring the liquid the larger container slipped from his hands and hit the smaller container causing the fluid to splash in his face. The employee was not wearing a face shield or goggles. He received severe chemical burns to his right eye. The employee returned to work after three weeks.

A 36 year old worker at a cement processing facility received abrasions to both his eyes as a result of exposure to the airborne dust created during mixing of the concrete components. These abrasions were treated and healed after four weeks. He was not wearing goggles or a respirator.

Safety Word Search



Find the following Safety Words above

- | | |
|------------|---------|
| Chemicals | Glasses |
| Chips | Goggles |
| Dust | Light |
| Faceshield | Safety |
| Fumes | Splash |

SAVE YOUR SIGHT - WEAR SAFETY GLASSES

Safety Sessions

Your Company Name Here

Place information such as date and/or safety slogan here

Fire Safety

U.S. Companies and businesses experience thousands of fires each year and all of them could have been prevented.

Fires are classified by the type of material, or fuel they use. Class A fires are fueled by things such as paper and wood. Class B fires are fueled by oil, paint and other flammable chemicals. Class C fires are electrical fires, and Class D fires are the result of burning metals.

For fires to start there must be three things: Fuel, Heat and Oxygen. While we can't control the level of oxygen in the air, we can control sources of heat and fuel.

To control sources of fuel, we have specific areas for storage of combustible materials and procedures for their use. The electrical systems are designed to specific engineering codes to minimize the chance of electrical fires.

To control sources of heat, we use a HOTWORKS program that requires inspection of work areas and equipment prior to any work that involves creating heat, such as welding or brazing.

You can help prevent fires by:

- Reporting any damaged electrical equipment
- Properly using and storing flammable liquids
- Following all safety rules and fire safety and prevention procedures.

Accident Reports...It could happen here

Plastics Fire - A massive fire at a plastics recycling building sent choking, black smoke across a large portion of the surrounding area. The fire at Island Plastics also produced an intense heat and flames that could be seen for several miles in any direction. Within minutes after the fire started, the building was about the size of a football field, was engulfed in flames. The building on fire was filled with plastics that prompted fire officials to fear that the smoke being produced was toxic.

Metal Fire - An explosion at a magnesium plant burned the business's plant manager and caused a fire that took three hours to put out, fire officials said. The plant has a large vat in which it smolders magnesium. A leak in the roof above the vat allowed rainwater to come into contact with the molten magnesium, which is highly volatile. The result was an explosion that severely burned the company's plant manager.

Safety Word Search

J	Z	G	H	H	X	S	V	E	E	W	E
F	S	Y	E	O	Z	L	G	L	H	O	R
J	U	T	H	T	Y	A	E	B	E	O	N
Y	E	E	R	W	R	C	J	A	O	D	S
C	T	F	L	O	T	I	F	M	H	M	I
X	U	A	T	R	P	M	Q	M	T	I	W
N	P	S	I	K	M	E	T	A	L	K	S
X	P	C	P	R	P	H	R	L	R	Q	L
U	A	Q	E	X	K	C	M	F	I	R	E
L	P	J	X	S	X	K	W	L	F	X	G

Find the following Safety Words above

Chemicals	Hotwork
Combustion	Metal
Electrical	Report
Fire	Safety
Flammable	Storage
Fuel	Wood

Fire safety and fire prevention is everyone's business

Safety Session

Your Company Name Here

Place information such as date and/or safety slogan here

Flammable liquids are hazardous!

You see different signs and warning labels on these liquid containers, but do you know what do they really mean? The more you know, the safer you'll be both at work and at home.

Have you ever conducted an inspection of the garage or cabinets in your home to see what fire and explosion potentials you may have? At work all flammable liquids must be properly labeled, stored, handled and disposed of, and used according to company policies and procedures and, of course, the chemical manufacturer's directions.

Take the time to know what flammable liquids you're working with and what the necessary precautions are. Know the safety precautions, flashpoints, auto ignition temperatures, and other hazards of each flammable liquid you work with or around. The potential for mishaps is always there when someone forgets to follow precautions on the label or violate company procedures.

The answer to flammable liquid safety is to follow company safety procedures and work rules and, of course, the information provided for the manufacturer. Each employee holds the key to safety when working with flammable liquids. Knowledge is the first step, but putting that information to work for you makes the difference in safety.

There are quite a number of products that can ignite or explode, so it's always a good idea to follow the instructions and recommendations of the chemical manufacturer.

Accident Report...could it happen here

A massive explosion in a plant maintenance shop killed three men and injured five others. The shop area was used to store flammable liquid containers. A corner of the shop was used as a break area where workers were allowed to smoke. Several Naphtha containers had been brought into the shop for overnight storage. These containers were not air-tight and over the course of the night, vapors escaped and built up in the shop.

The next morning as workers were arriving and getting ready for the workday, one employee lit a match to light his cigarette.... The result was a severe explosion that completely destroyed the shop and caused three fatalities.

Safety Word Search

V	K	U	K	L	A	B	E	L	S	P	D	I
P	L	Z	X	Z	L	R	G	E	L	M	V	N
I	T	R	G	N	I	N	R	A	W	A	V	S
N	D	B	W	F	E	U	G	F	P	E	K	T
O	S	U	L	V	D	S	L	O	G	Z	E	R
I	H	Z	A	E	G	A	R	O	T	S	U	U
S	L	A	C	I	M	E	H	C	Y	R	R	C
O	W	O	Z	M	B	K	T	W	X	G	M	T
L	R	M	A	A	G	S	C	M	B	I	U	I
P	Z	B	Z	E	R	H	E	A	Y	X	D	O
X	L	Y	E	W	E	D	W	R	Y	V	C	N
E	T	N	I	O	P	H	S	A	L	F	Q	S

Find these words

Fire

Flammable

Flashpoint

Procedures

Explosion

Labels

Storage

Instructions

Vapor

Warning

Chemical

Hazards

For your safety, store, use, and transport flammable liquids only in approved containers – know and follow all safety precautions

Safety Session

Your Company Name Here

Place information such as date and/or safety slogan here

Slips, Trips & Falls

It can happen by using a chair improperly. It can happen when walking on something you shouldn't be walking on. It happens when you carry something and trip. It can happen by using a ladder unsafely. It happens when you are distracted or doing something that is unsafe. A fall from a height as low as four-feet can cause serious injury and even death. The vast majority of slips and falls occur because the person is not paying attention to where they are walking or what they're doing. The second cause is correctable hazards in the workplace such as slippery floors, an electrical cord laid on the floor, a damaged ladder or an unguarded drop-off.

Things you can do include:

- ✓ Ensuring your work area is kept clean and free of debris on walking surfaces
- ✓ Report and lighting that is not working
- ✓ Never carry objects that block your view of where you are walking
- ✓ Inspect all ladders before each use
- ✓ Clean up spills immediately
- ✓ Report all slip and fall hazards to your supervisor
- ✓ Use handrails when going up or down stair
- ✓ Make sure the soles of your shoes are not excessively worn
- ✓ Don't store or place anything on stairs
- ✓ Walk only in authorized areas
- ✓ Never climb on or over equipment
- ✓ When on a ladder maintain a 3-point contact and never lean out or away from the center of the ladder

Accident Reports...It could happen here

A production worker at a textile plant fell eight feet from the top of a machine he had been attempting to clear. Instead of going to the other side and using the access ladder, he climbed on top of the equipment from the operator's side. While attempting to clear a jam, his foot slipped and he fell to the foot of the machine. He injured his spine and rib cage – this resulted in a three-month stay in the hospital in full traction.

A worker in a paint factory broke her leg when she stepped into an unguarded drain hole... the drain grate had been temporarily removed to clear a blockage. No barrier had been put up to warn workers of the open hole.

Slips trips and falls are the result of unsafe acts and unsafe condition. Correct these problems when you see them!

Safety Word Search

Find the following Safety Words below

- | | |
|---------|----------|
| Chair | Report |
| Clean | Shoes |
| Dropoff | Slippery |
| Hazards | Stairs |
| Inspect | Trip |
| Ladder | Unsafe |
| Look | |

Y	F	T	C	E	P	S	N	I	O	T	Z	O	S
R	F	R	U	L	I	H	R	C	R	D	L	H	G
E	O	O	C	H	A	I	R	I	L	O	O	K	X
P	P	P	Y	Z	U	D	P	H	A	E	N	T	Z
P	O	E	A	T	L	R	D	R	S	T	A	L	B
I	R	R	Q	O	Y	M	F	E	F	A	S	N	U
L	D	H	S	Q	E	T	G	E	R	E	V	F	C
S	W	U	F	P	A	Q	W	J	D	N	G	B	Z

Be aware of potential slip and fall hazards, then take the necessary action to prevent them. Safety is a team effort and we want you to do your part because it's important to the whole team.

Safety Sessions

Your Company Name Here

Place information such as date and/or safety slogan here

Bloodborne Pathogens

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. Examples are Malaria, Syphilis, Brucellosis, Hepatitis B (HBV), and Human Immunodeficiency Virus (HIV).

Bloodborne pathogens can be transmitted through contact with infected human blood and other potentially infectious body fluids.

At work, you can be exposed to bloodborne pathogens through accidental puncture from contaminated needles, broken glass, or other sharps. Contact between broken or damaged skin and infected body fluids. Or contact between mucous membranes and infected body fluids.

Bloodborne pathogens are not transmitted through casual contact, since our skin provides an effective barrier.

Situations in which protection should be used includes, providing first aid, cleaning up spills of blood or other body fluids or in medical situations involving care and treatment.

Anyone who thinks that they may have come in contact with blood, body fluids or infected material should report it right away.

When providing first aid, wear medical gloves. And avoid skin contact with blood and other body fluids.

Accident Reports...It could happen here

While cleaning up broken glass containers of blood samples, a Lab assistant cut her hands and was directly exposed to the potentially contaminated fluids. After thoroughly washing the cut area, she reported the incident to her supervisor. After a series of test on both the lab assistant and the spilled fluid it was determined that the spilled blood contained Hepatitis B. The lab assistant was administered a series of Hepatitis-B Virus (HBV) Vaccinations. Further tests indicated that there was no HBV transmission to the lab assistant. Never clean up and contaminated material with your hands... even if you wear gloves.

All potentially contaminated materials must be placed in proper containers that are marked "Bio-Hazard". Only trained personnel are permitted to move or dispose of these containers

Safety Word Search

C	O	N	T	A	M	I	N	A	T	E	D	D	T
R	M	V	X	C	O	N	T	A	I	N	E	R	S
Q	L	C	G	H	S	F	A	P	Z	R	Q	I	W
H	L	P	N	D	T	E	G	D	L	O	I	R	Y
I	X	W	A	U	V	C	K	C	I	B	G	V	P
H	E	P	A	T	I	T	I	S	I	D	X	T	U
I	S	T	V	S	H	I	Y	S	T	O	R	B	B
Z	C	B	Q	Z	H	O	R	M	C	O	V	P	P
R	A	O	Y	C	Z	U	G	N	P	L	M	L	D
C	O	Z	A	I	D	S	F	E	A	B	H	B	F
A	A	H	H	Y	I	P	R	O	N	Y	R	Y	O
J	N	R	V	V	W	H	Q	K	S	S	Q	X	Y

Find the following Safety Words above

AIDS	Hepatitis
Bloodborne	Infectious
Containers	Pathogens
Contaminated	Report
HIV	Wash

Harassment Training

Grievance and Complaints

There are many diverse personalities and backgrounds that make up the Disaster Relief crews. Therefore, there may be problems that arise from time to time. Some of the more prevalent problems are listed below.

1. General complaints.
 - Co-workers
 - crew leaders
 - the job
 - tools, etc.
2. Charges of sexual harassment
3. Charges of discrimination
4. Complaints about disciplinary code.

During the program there were seven formal complaints. One concerning drugs and alcohol, one for physical violence, two for discrimination, two for sexual harassment, and one relating to safety issues and wrongful dismissal.

Four of the above complaints were handled in house. There were three that were pursued. One claim was filed with the Pennsylvania Human Relations Commission. Another was filed with the Office of Equal Opportunity and a third was pursued by a crew member's attorney. This crew member threatened to sue. Our solicitor investigated and conducted all necessary interviews. To date we have heard nothing more from the participant or their attorney. TCWIB has recently received letters from PA human relations and OEO stating there were no findings to continue action.

Overall the problems and complaints were minor and easily corrected. Keeping the lines of communication open and talking on a regular basis with the crew members helped to alleviate tensions and keep things running smooth.

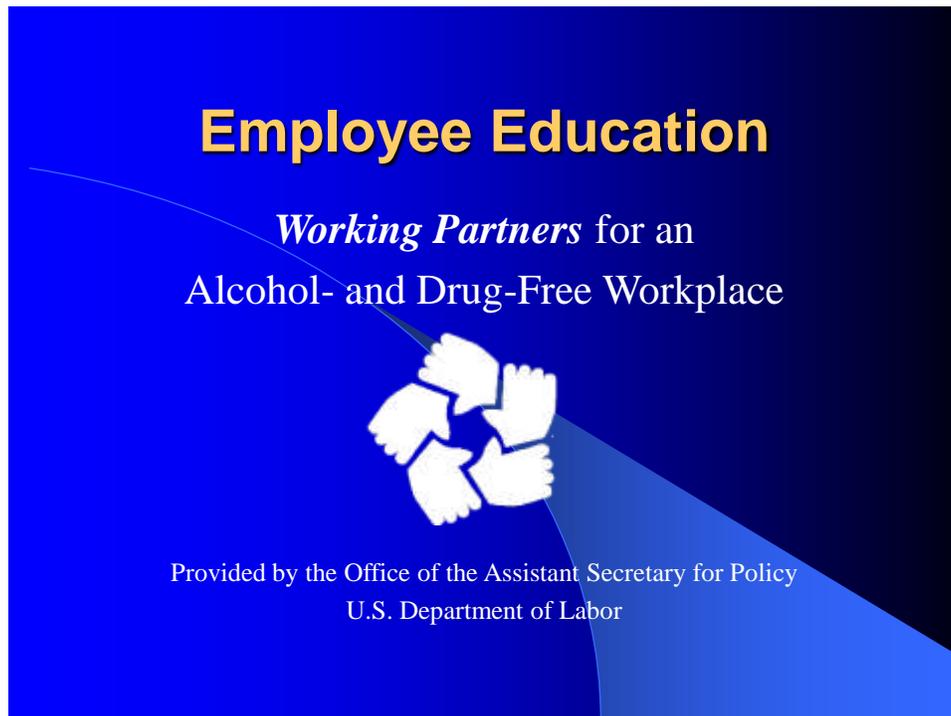
When there was a formal complaint, each complaint was addressed immediately and an internal investigation was conducted. A file was created for each complaint and all documentation and information gathered was placed into the file. The file was given a number, (ex. 05-01), instead of names for confidentiality reasons and kept in a locked drawer.

The Program Coordinator, Safety Coordinator, and Quality Assurance Office met each week to discuss any problems, such as attendance, discipline etc. The team would review files of those employees violating policy or procedure and follow-up with corrective or disciplinary action which ever was appropriate. The Participant Disciplinary Code and Absenteeism Policy were adhered to and all decisions were made accordingly.

Anti harassment presentation here

Drug Free Workplace

EMPLOYEE EDUCATION POWERPOINT HERE



CLICK ON THE PRESENTATION – IF YOU HAVE POWERPOINT INSTALLED ON YOUR COMPUTER – PROGRAM WILL BEGIN