

# Challenge Pilot

## Candidate Information Package Instructions

### Included in this spreadsheet are:

- Tab 1. Candidate Statement of Commitment
- Tab 2. Candidate Information Form
- Tab 3. OSHA 300 Baseline Information Form [Must provide at least 1 year of data]
- Tab 4. Optional Data (e.g., productivity rate, turnover rate, absenteeism rate)

To access these documents, please click on the tabs at the bottom of this form.

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Please complete and return each of these documents to your Challenge Pilot Administrator.

You may submit this package electronically or via hard copy. However, you must still fax a signed, original of the Statement of Commitment Letter to your Challenge Pilot Administrator.

Form Approved

OMB# 1218 – 0239 Expires 04 -30- 2008

Public reporting burden for this collection of information is voluntary and is estimated to average 10 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information including suggestions for reducing this burden to the Division of Voluntary Programs, Department of Labor, Room N-3700, 200 Constitution Avenue, N.W., Washington, DC 20210.

**Challenge Pilot  
Candidate Statement of Commitment**

**Sample Letter Only**

(The Administrator must receive a signed Statement of Commitment from each candidate)

In our quest to produce high quality products and services, we, **[insert Candidate facility's name, city and state]**, value our employees as our greatest assets. Therefore, management is committed to providing a safe and healthful workplace for our employees. Safety and health are paramount to our corporate vision and mission. Management hereby states that we will [strive to] successfully complete the three stages of the Challenge Pilot Program, provide the necessary data and documentation to our Administrator, **[Insert Administrator name]**, and keep our Administrator informed of our progress. We also will involve our employees in the Challenge Pilot process. We are excited to be involved in voluntary efforts with OSHA and look forward to reaching our goals.

Sincerely,

Site Manager

# Challenge Pilot Candidate Information Form

## Section 1. Candidate Information

Candidate Name	
Site Address	
Site Manager Name	
Site Manager Title	
Company/Corporate Name (If different from above)	
Company/Corporate Address	
Administrator Name	

## Section 2. Challenge Candidate Contact Information

Candidate Contact Name	
Candidate Contact Title	
Candidate Contact Phone Number	
Candidate Contact Fax Number	
Candidate Contact E-mail Address	

## Section 3. Collective Bargaining Representative

Union Name and Local #	
Agent's Name	
Agent's Address	
Agent's Phone Number	
Agent's Fax Number	
Agent's E-mail Address	

## Section 4. Employees

Number of Employees	
Number of Contract Employees	

## Section 5. Type of Work and Products/Services

*Please provide a comprehensive description of the work performed at your site, the type of product produced, and/or services provided, and the typical hazards associated with your industry. Also provide your SIC and NAICS.*

Description	SIC	NAICS

# Challenge Pilot Program OSHA 300 Baseline Information\*

**Candidate Name**

**REQUIRED DATA**

**Most Recent Complete Calendar Year of Data**

G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5

<b>Total Hours Worked</b> <input style="width: 100%;" type="text"/>	<b>TCIR</b> <input style="width: 100%;" type="text" value="#VALUE!"/>	<b>DART</b> <input style="width: 100%;" type="text" value="#VALUE!"/>
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**OPTIONAL DATA**

**Previous Year's Data**

G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5

<b>Total Hours Worked</b> <input style="width: 100%;" type="text"/>	<b>TCIR</b> <input style="width: 100%;" type="text" value="#VALUE!"/>	<b>DART</b> <input style="width: 100%;" type="text" value="#VALUE!"/>
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**Data from Two (2) Years Previous**

G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5

<b>Total Hours Worked</b> <input style="width: 100%;" type="text"/>	<b>TCIR</b> <input style="width: 100%;" type="text" value="#VALUE!"/>	<b>DART</b> <input style="width: 100%;" type="text" value="#VALUE!"/>
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<b>3-Year Average</b> <input style="width: 100%;" type="text"/>	<b>TCIR</b> <input style="width: 100%;" type="text" value="#VALUE!"/>	<b>DART</b> <input style="width: 100%;" type="text" value="#VALUE!"/>
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\* - OSHA will use this information to track the progress of OSHA Challenge Candidates. It will NOT be used for enforcement purposes.

## Challenge Pilot Program Optional Data

Please provide data for your most recent calendar year, where possible.

<b>Candidate Name</b>		
<b>Absenteeism Rate</b>		<b>Year of Data Provided</b>
<b>Turnover Rate</b>		
<b>Productivity Rate</b>		
<b>Other Data*</b>		
<b>Other Data*</b>		
<b>Worker's Compensation Data</b>		
<b>Fees</b>		
<b>Direct Costs</b>		
<b>EMR</b>		
<b>Loss Run Data</b>		

\* - Other data provided by Challenge Participant that may be useful for tracking purposes.