

Challenge Pilot

Administrator Application Package Instructions

Included in this spreadsheet are:

- Tab 1. Administrator Criteria
- Tab 2. Administrator Statement of Commitment
- Tab 3. Administrator Information Form
- Tab 4A. Coordinator Information Form - Coordinator 1
- Tab 4B. Coordinator Information Form - Coordinator 2
- Tab 4C. Coordinator Information Form - Coordinator 3
- Tab 4D. Coordinator Information Form - Coordinator 4
- Tab 4E. Coordinator Information Form - Coordinator 5
- Tab 4F. Coordinator Information Form - Coordinator 6
- Tab 4G. Coordinator Information Form - Coordinator 7
- Tab 4H. Coordinator Information Form - Coordinator 8
- Tab 4I. Coordinator Information Form - Coordinator 9
- Tab 4J. Coordinator Information Form - Coordinator 10

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

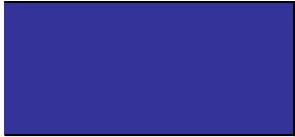
Please complete and return the Statement of Commitment, Administrator Information Form, and Coordinator Information Forms (one per Coordinator) to:

OSHA Challenge Program Coordinator
Directorate of Cooperative and State Programs
Occupational Safety and Health Administration, Room N3700
U.S. Department of Labor
200 Constitution Ave., NW
Washington, DC 20210

You may submit this package electronically to Jim Boom via e-mail boom.lloyd@dol.gov

You will also need to submit candidate packages (see Candidate Application Package Spreadsheet), for all organizations that will be participating with you.

Once your Administrator's Package is received, it will be reviewed by OSHA. You will be contacted if any missing information needs to be provided. Confirmation of your acceptance as an Challenge Pilot Administrator will be provided by mail. Please allow a 45-day window for OSHA to complete the review process.



Information





Eligibility:

Role of Challenge Pilot Administrators:

Role of Challenge Pilot Coordinator:

Challenge Pilot Administrator Criteria:

Challenge Pilot Individual Coordinator Criteria:



Challenge Pilot Administrator Criteria

The role of a Challenge Pilot Administrator is available to any private corporation, federal agency or non-profit association that meets the eligibility criteria outlined below and meets OSHA's selection process. Eligibility does not extend to private safety and health consultants or for-profit associations at this time.

Challenge Pilot Administrator refers to the organization as a whole, such as a federal agency, corporation, or an association. Administrators can administer the program to either their own worksites or members of other companies.

Coordinators are appointed by the Administrator to manage the program implementation for the Challenge Pilot Candidates.

An Administrator must possess the following characteristics in order to be considered:

Knowledge and Experience: Demonstrated knowledge and experience in safety and health management systems. Experience may include involvement in other OSHA Cooperative Programs such as, VPP or Strategic Partnerships; and/or experience administering corporate-wide safety and health policies at the facility-level.

Resources: Administrators must confirm the availability of resources including time, personnel and expertise to administer OSHA Challenge to its Candidate facilities or members.

Commitment: Administrators must be committed to the Challenge Pilot and sponsor a minimum of ten (10) Challenge Pilot Candidates.

Criteria for individual coordinators include:

Knowledge and Experience: Knowledgeable safety and health professionals with experience in implementing and evaluating safety and health management systems.

Training: Ideally, Challenge Pilot Coordinators will have completed the OSHA Special Government Employees (SGE) training or equivalent (i.e., corporate safety and health audit training).

Evaluation Experience: Ideally, Challenge Pilot Coordinators should have performed site safety and health management system reviews or VPP type onsite evaluations.

Challenge Pilot Administrator Statement of Commitment

Sample Letter Only

Cathy Oliver, Director
Office of Partnerships and Recognition
Directorate of Cooperative and State Programs
U.S. Department of Labor, OSHA
200 Constitution Avenue, North West
Room N3700
Washington, DC 20210
Attention: Cathy C. Oliver

Dear Ms. Oliver:

I am writing to inform you of **[insert name of company, association, or federal agency's]** intent to participate in the Challenge Pilot Program as a Challenge Pilot Administrator. We have reviewed the program and believe **[insert name of company, association, or federal agency's]** meets the Administrator criteria you are seeking.

I can assure you that **[insert name of company, association, or federal agency]** is committed to assisting potential candidates in progressing through the Challenge Pilot stages towards health and safety excellence. We agree to have a minimum of ten (10) Candidates in the Challenge Pilot.

Attached please find our: (if submitting at this time).

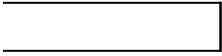
- Administrator Information Sheet
- Coordinator Information Sheet
- Candidate Package(s)

Should you have any questions or need additional information, please contact:

- Name
- Title
- Address
- Phone
- E-mail

[Insert name of company, association, or federal agency] looks forward to working together to bring the benefits of VPP to more facilities throughout the country.

Sincerely,



participate in the
of **[insert name]**

stating our
presence. Initially we

the principles

Challenge Pilot Administrator Application Package

Section 1. Administrator Information

Name
Site Address
Type of Administrator

Section 2. Administrator Contact Information

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

Section 3. Knowledge and Experience

Please describe your organization's knowledge and experience in administering the Challenge Pilot program. Experience may include involvement in other OSI Partnerships; and/or experience in administering the program at the local level. [250 words or less]

--

Section 4. Resources

Please confirm the availability of resources including facilities and members. [100 words or less]

--

Secti

Please provide a description of your organization quarterly/annual data for each Challenge Pilot Ca Package for baseline data requirements and the i requirements) [250 words or less]

**Challenge Pilot
Administrator Information Form**

Administrator Information
Private Company

Administrator Contact Information

Knowledge and Experience
<i>and experience in safety and health management systems. HA Cooperative Programs such as, VPP or Strategic corporate-wide safety and health policies at the facility-</i>

Section 4. Resources
<i>[including time and personnel to administer the Challenge Pilot to or less]</i>

ion 5. Process

*'s internal processes to collect baseline and
indicate and ensure its accuracy. (See Candidate's
following Evaluation Report Template for quarterly/annual*

Coordinator Information
(Please complete this section)

Section 1: Contact Information

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2: Knowledge and Experience

Please describe your knowledge and experience in the following areas:

--

Section 3: Safety and Health

Please describe any relevant safety and health training or experience:

--

Section 4: Additional Experience

Please describe all relevant experience you have had in the following areas:

--

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coorc

(Please c

Sect

Company Name

Coordinator Contact Name

Coordinator Contact Title

Coordinator Contact Phone Number

Coordinator Contact Fax Number

Coordinator Contact E-mail Address

Administrator Name

Sectio

Please describe your knowledge and experien

Please describe any relevant safety and health

Sec

*Please describe all relevant experience you ha
less]*

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1: Company and Coordinator Contact Information

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2: Knowledge and Experience

Please describe your knowledge and experience in the following areas:

Section 3: Safety and Health

Please describe any relevant safety and health training or experience:

Section 4: Relevant Experience

Please describe all relevant experience you have had in the following areas:

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1: Coordinator Contact Information

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2: Knowledge and Experience

Please describe your knowledge and experience in the following areas:

Section 3: Safety and Health

Please describe any relevant safety and health training or experience:

Section 4: Relevant Experience

Please describe all relevant experience you have had in the following areas:

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2

Please describe your knowledge and experience in the following areas:

--

Please describe any relevant safety and health training you have received.

--

Section 3

Please describe all relevant experience you have had in the following areas:

--

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1: Coordinator Contact Information

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2: Knowledge and Experience

Please describe your knowledge and experience in the following areas:

Section 3: Safety and Health

Please describe any relevant safety and health experience:

Section 4: Relevant Experience

Please describe all relevant experience you have had in the following areas:

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2

Please describe your knowledge and experience in the following areas:

--

Please describe any relevant safety and health experience:

--

Section 3

Please describe all relevant experience you have had in the following areas:

--

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1: Contact Information

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2: Knowledge and Experience

Please describe your knowledge and experience in the following areas:

Please describe any relevant safety and health training or experience:

Section 3: Other Experience

Please describe all relevant experience you have had in the following areas:

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information

(Please complete this section)

Section 1: Contact Information

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2: Knowledge and Experience

Please describe your knowledge and experience in the following areas:

--

Please describe any relevant safety and health training:

--

Section 3: Relevant Experience

Please describe all relevant experience you have had in the following areas:

--

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]

Coordinator Information
(Please complete this section)

Section 1

Company Name
Coordinator Contact Name
Coordinator Contact Title
Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address

Administrator Name

Section 2

Please describe your knowledge and experience in the following areas:

--

Please describe any relevant safety and health training or experience:

--

Section 3

Please describe all relevant experience you have had in the following areas:

--

**Challenge Pilot
Coordinator Information Form**
(Complete forms for each Coordinator)

Section 1. Coordinator Information

Section 2. Knowledge and Experience
Describe your experience in safety and health program management. [200 words or less]

Section 3. Training
Describe the training you have completed. [150 words or less]

Section 4. Evaluation Experience
Describe your experience in evaluating safety and health management systems. [200 words or less]
