

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.

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.

Once your Administrator receives your Candidate Information Package, it will be reviewed by OSHA. You will be contacted by your Administrator if any missing information needs to be provided. Confirmation of your acceptance as an OSHA Challenge Participant will be provided by mail. Please allow 30 days for the review process.

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 Office of Partnerships and Recognition, Department of Labor, Room N-3700, 200 Constitution Avenue, N.W., Washington, DC 20210

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Challenge Pilot Candidate Statement of Commitment

Sample Letter Only

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

In our quest to produce high quality products and services, we, **[insert Candidate firm 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 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 Program and are excited to be involved in voluntary efforts with OSHA and look forward to reaching our

Sincerely,

Site Manager



candidate)

city's name,
it is committed
paramount to
successfully
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r goals.

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 or services provided, and the typical hazards associated with your industry. Also provide your SIC and NAICS codes.

Description	SIC

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duced, and/or ICS.

NAICS

Challenge Pilot Program OSHA 300 Baseline Information*

Candidate Name

REQUIRED DATA

Most Recent Complete Calendar Year of Data

[Enter Year of Data Here]

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

Total Hours Worked

TCIR

#VALUE!

OPTIONAL DATA

Previous Year's Data

[Enter Year of Data Here]

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

Total Hours Worked

TCIR

#VALUE!

Data from Two (2) Years Previous

[Enter Year of Data Here]

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

Total Hours Worked

TCIR

#VALUE!

3-Year Average

TCIR

#VALUE!

DART

* - OSHA will use this information to track the progress of OSHA Challenge Candidates. It will NOT be used for enforcement purposes.



M:4	M:5

DART	#VALUE!
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M:4	M:5

DART	#VALUE!
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M:4	M:5

DART	#VALUE!
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#VALUE!

Challenge Pilot Program Optional Data

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

Candidate Name	
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Absenteeism Rate	
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Turnover Rate	
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Productivity Rate	
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Other Data*	
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Other Data*	
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Worker's Compensation Data	
Fees	
Direct Costs	
EMR	
Loss Run Data	

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



Year of Data Provided

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