

Challenge Pilot

Administrator's Quarterly Report Instructions

Included in this spreadsheet is:

Tab 1. Administrator's Quarterly Report

To access this document, please click on the tab at the bottom of this form.

The Challenge Pilot Administrator must prepare the Administrator's Quarterly Report only if there have been significant changes to any of its participant sites. The following are examples of changes that would require the completion of a Quarterly Report:

- 1) Changes in Administrator or Participant contact information
- 2) The addition of new participants into the Pilot
- 3) Participants removing themselves from the Pilot.

The Administrator's Quarterly Report is due according to the following schedule:

<u>Quarter</u>	<u>Months Covered</u>	<u>Type of Report Due</u>	<u>Due Date</u>
1st	January - March	Quarterly if changes	April 15
2nd	April - June	Quarterly if changes, plus OCTPS	July 15
3rd	July - September	Quarterly if changes	October 15
4th	October - December	Annual, plus OCTPS	February 15

The Administrator must also prepare an Annual Report at the end of the year (due February 15th each year). This report summarizes the Challenge sites' progress throughout the course of the year. Please refer to the Challenge Pilot Administrator's Annual Report Spreadsheet for instructions on preparing this report.

The OSHA Challenge - Tracking Participant Status (OCTPS) form for **each** Challenge Pilot Participant is due every six months -- to be submitted by July 15th each year (with the Administrator's Quarterly Report, if one is prepared) and at the end of the year (due February 15th) along with the Annual Report.

The Quarterly report should be submitted to:

Challenge Pilot 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

As an option, you may submit your Quarterly Reports electronically to:
kim.jennifer@dol.gov.

Challenge Pilot Administrator's Quarterly Report

Administrator Name
[Fill in Administrator Name Here]

Report Period	
Quarter	Q1
Year	2008

Section 1. Administrator Information Update (If there were any changes)	
Name	
Site Address	

Section 2. Administrator Contact Information Update (If there were any changes)	
Administrator Contact Name	
Administrator Contact Title	
Administrator Contact Phone Number	
Administrator Contact Fax Number	
Administrator Contact E-mail Address	

Section 3. Coordinator Contact Information Update (If there were any changes)	
Coordinator Contact Name	
Coordinator Contact Title	
Coordinator Contact Phone Number	
Coordinator Contact Fax Number	
Coordinator Contact E-mail Address	

Section 4. Candidate Information Update
<p>Please list any Candidates who have dropped out or have been added since the last progress report. You must submit a Candidate Information Package for all new Candidates.</p>
<p>Form Approved OMB# 1218 – 0239 Expired xx-xx-xxxx Public reporting burden for this collection of information is voluntary and is estimated to average 5 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 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.</p>