OMB No. 1218-XXXX Exp. Date: xx/xx/2022

### ALLIANCE ANNUAL REPORT

### **National Alliances**

# The Occupational Safety and Health Administration (OSHA) and [Alliance Participant]

# [Date of Report]

- I. Alliance Background
  - A. Date Signed

Date

#### **B.** Dates Renewed

[Renewal date. If Alliance has been renewed more than once, use a bulleted list. If alliance has not been renewed yet, you may delete this section.]

## C. Evaluation Period

[Opening date – Closing date]

## **D.** Alliance Overview and Goals

[Brief summary of the purpose and scope of the Alliance – from the Alliance agreement.]

## **II.** Implementation Team Meetings

- [Date]
- [Date]

In addition to these formal meetings, the Alliance coordinators from both groups maintained regular contact throughout the reporting period to monitor the Alliance's progress and results.

## III. Results of Alliance Activities in Support of Agreement Goals

**Dissemination:** Alliance Program participant shared information on agency-developed or OSHA Alliance Program-developed tools and resources, OSHA standards/rulemakings, enforcement, and outreach campaigns.

Dissemination Type	Date	Description	Emphasis Areas	Number Reached
Webpage	<date></date>	Alliance Webpage-OSHA Website		<tbd by<br="">OSHA&gt;</tbd>
Webpage	<date></date>	Alliance Webpage-Participant Website		<number hits="" of="" or="" views=""></number>
Newsletter				
Press Release				
Social Media				
Email Blast				
TOTAL				[Total]

**Outreach Events and Training for non-OSHA Staff:** Alliance Program participant or OSHA participation in events which includes speeches/presentations, exhibits, roundtables, conferences, informational webinars or other meetings or training in support of the Alliance or an OSHA initiative.

Activity Type	Date	Event Name	Participant Name(s) and Affiliation(s)	Title Of Presentation (if applicable)	City	State	Emphasis Areas	Number Reached
<event></event>								
<speaker <br="">Presentation&gt;</speaker>								
<exhibit></exhibit>								
	1	'	ı	1	ı			
TOTAL								[Total]

**Training for OSHA Staff:** Alliance Program participant provided training or assistance in training OSHA and OSHA-affiliated staff (including State Plan and/or On-Site Consultation Program representatives).

Training	Date	Name/Title of	Training		City	State	Emphasis	Number
Туре		Trainer	Title	Audience: OSHA, State Plan, Onsite Consultation			Areas	Reached
<webinar></webinar>								
<seminar></seminar>								
TOTAL								[Total]

## **IV.** Alliance Developed Products

[List all Alliance products developed by the Alliance Program participants during the timeframe of the reporting period. *If none, you may delete this section.*]

### V. OSHA Product Reviews

[List all OSHA products reviewed by the Alliance Program participants during the timeframe of the reporting period. *If none, you may delete this section.*]

Report prepared by: [Alliance Coordinator, title, Office, date].

\*(Emphasis areas are tied to OSHA's Operating Plan, DOL's Strategic Plan, and agency/departmental initiatives; they are updated annually. Use *only* Areas listed below. If none apply, leave blank. More than one can be included; please input them in alphabetical order.)

- Agriculture
- Beryllium
- Construction
- Emergency Response/Recovery
- Fall Prevention
- Fall Stand-Down
- Healthcare
- Heat Illness Prevention
- Oil and Gas
- Recordkeeping/Reporting

- Safety & Health Programs
- Safe + Sound Week
- Silica
- Small Business
- Temporary Workers
- Telecommunications Towers
- Trenching
- Walking-Working Surfaces
- Young Workers

#### PAPERWORK REDUCTION ACT STATEMENT

OSHA's Alliance Program requires Alliance Annual Reports for National Alliances. Alliance participants may be required to use this template or to review a completed template, with assistance from OSHA personnel. OSHA uses this report to assess the effectiveness of the individual Alliance, as well as the impact of the overall Alliance Program. Under the Paperwork Reduction Act, a Federal agency generally cannot conduct or sponsor, and the public is generally not required to respond to, an information collection, unless it is approved by OMB and displays a valid OMB Control Number. Use of this report is voluntary. The template ensures that Alliance participants provide required information about Alliance activities to OSHA. OSHA estimates employer burden for the completion of this collection of information ranges from 1 to 3 hours, with an average of 2 hours. This estimate includes the time for reviewing instructions, 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 OSHAPRA@dol.gov or to OSHA's Directorate of Cooperative and State Programs, Office of Outreach Services and Alliances, Department of Labor, Room N-3662, 200 Constitution Ave., NW, Washington, DC 20210; Attn: Paperwork Reduction Act Comment. 1218-XXXXX (This address is for comments regarding this form only; **DO NOT SEND ANY COMPLETED TEMPLATES TO THIS OFFICE IN THIS MANNER.**)

OMB Approval # 1218-xxxx; Expires: 00-00-0000