

OSHA Challenge Administrator Annual Report

Included in this spreadsheet are:

Tab 1. Administrator Annual Report

Tab 2. Summary of Participant Injury and Illness Rates - Autofills

Tabs 3 - 12. Individual Participant Information

- 1.) Some fields in this spreadsheet are programmed to fill these forms automatically. Do not manually enter data into these fields. All of Tab 2 autofills.
- 2.) The year has been entered in all applicable boxes.
- 3.) Each participant is to have their own tab. If you have more than 10 participants, copy the file of blank annual reports before entering information first. Ensure that you have enough annual report files for the total number of your participants.
- 4.) Ensure that all fields are filled in correctly.
- 5.) Remember to submit an updated OCTPS for each participant along with this summary.
- 6.) Ensure that the data inputted are consistent and accurate.

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

The OSHA Challenge Administrator must prepare the Administrator Annual Report each year and a Challenge Tracking Participant Status (OCTPS) form for each participant. Both the annual report and OCTPS forms must be submitted electronically to your OSHA Challenge Liaison no later than **February 15th**.



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along with an OSHA
report and all OCTPS
every **15** each year.

OSHA Challenge Administrator's Annual Report

Administrator Name

Year

CY2023

Section 1. Administrator Information Update

Name	
Site Address	
City, State, Zip	

Section 2. Administrator Contact Information Update

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

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

Section 4. Participant Information Updates

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Section 5. Input from Challenge Administrators

1.) Please provide a couple of examples of significant achievements accomplished by your Challenge participants during the past year.

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2.) Do you have any suggestions for improving OSHA Challenge?

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OSHA Challenge Administrator's Annual Report

3.) Additional comments:

Form Approved

OMB# 1218 – 0239

Expires 09-30-2014

Public reporting burden for this collection of information is voluntary and is estimated to average 20 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 Office of Partnerships and Recognition, Department of Labor, Room N-3700, 200 Constitution Avenue, N.W., Washington, DC 20210.

OSHA Challenge Summary of Participant Injury and Illness Rates

Administrator			Year			
			CY2023			
Participant Name	Injury and Illness Rates					
	TCIR			DART		
	Current	Baseline	%	Current	Baseline	%
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!

OSHA Challenge Participant Information

Participant	OSHA 300 Log Totals for		
[Insert Participant Name Here]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Year</td> <td style="width: 50%; text-align: center;">CY 2023</td> </tr> </table>	Year	CY 2023
Year	CY 2023		

G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5	M:6
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0	Total Employees	
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Measure	Current Year	Baseline	Change
TCIR	#DIV/0!	0.0	#DIV/0!
DART	#DIV/0!	0.0	#DIV/0!

Significant Achievements and Milestones
Describe any significant achievements/milestones accomplished by your participants during the past year.

OSHA Challenge Participant Information

Participant
[Insert Participant Name Here]

OSHA 300 Log Totals for	
Year	CY 2

G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0
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Total Employees	
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Measure	Current Year	Baseline	Change
TCIR	#DIV/0!	0.0	#DIV/0!
DART	#DIV/0!	0.0	#DIV/0!

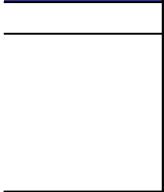
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[Insert Participant Name Here]	Year	CY 2

G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0	Total Employees	
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Measure	Current Year	Baseline	Change
TCIR	#DIV/0!	0.0	#DIV/0!
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G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0	Total Employees	
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TCIR	#DIV/0!	0.0	#DIV/0!
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G	H	I	J	K	L	M:1	M:2	M:3	M:4	M:5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0
Total Employees	

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0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0
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0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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[Insert Participant Name Here]	Year CY 2

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0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Total Hours Worked	0.0
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