

## CHALLENGE PARTICIPANT APPLICATION AND INSTRUCTIONS

1. Complete the Challenge participant application.
2. Write and sign a Challenge participant statement of commitment. A sample letter of commitment is at the end of this application.
3. To submit electronically, attach the completed Challenge participant application and a scanned copy of the signed Challenge participant statement of commitment to an email and send it to your Challenge Administrator.

To submit via hard copy, send the completed Challenge participant application and the signed Challenge participant statement of commitment to your Challenge Administrator. All Challenge Administrators' addresses can be found on the OSHA Challenge Web page (<http://www.osha.gov/dcsp/vpp/challenge.html>) under "Find a Challenge Administrator."

If you have questions about OSHA Challenge or the Challenge participant application process, please contact the Office of Partnerships and Recognition (<http://www.osha.gov/dcsp/opr/index.html>) at 202-693-2213.

OMB Control Number: 1218-0239 Expires 01-31-2018

Public reporting burden for this collection of information is estimated to average 10 hours per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Directorate of Cooperative and State Program U.S. Department of Labor, 200 Constitution Ave., Suite N3700 NW, Washington, DC 20210-4537 and reference the OMB Control Number 1218-0239.

## Challenge Participant Application

|  |  |
|--|--|
| Challenge Participant Applicant                        |  |
| Site Address   |  |
| Site Manager Name                                      |  |
| Site Manager Title                                     |  |
| Company/Corporate Name<br>(if different from above)    |  |
| Company/Corporate Address<br>(if different from above) |  |
| Challenge Participant Applicant Contact Name           |  |
| Challenge Participant Applicant Contact Title          |  |
| Challenge Participant Applicant Contact Phone Number   |  |
| Challenge Participant Applicant Contact E-mail Address |  |
| Union Name and Local #                                 |  |
| Union Address<br>(if different from above)             |  |
| Union Representative's Name                            |  |
| Union Representative's Phone Number                    |  |
| Union Representative's Fax Number                      |  |
| Union Representative's E-mail Address                  |  |
| Number of Employees                                    |  |
| Number of Contract Employees                           |  |
| SIC  |  |
| NAICS  |  |

| Baseline Injury and Illness Information |   |   |   |   |   |                                       |     |     |     |     |     |
|---|---|---|---|---|---|---------------------------------------|-----|-----|-----|-----|-----|
| Challenge Participant Applicant         |   |   |   |   |   | OSHA 300 Log Totals for Calendar Year |     |     |     |     |     |
|   |   |   |   |   |   |                                       |     |     |     |     |     |
| G                                       | H | I | J | K | L | M:1                                   | M:2 | M:3 | M:4 | M:5 | M:6 |
|   |   |   |   |   |   |                                       |     |     |     |     |     |

|                           |  |                             |  |
|---------------------------|--|-----------------------------|--|
| <b>Total Hours Worked</b> |  | <b>Total # of Employees</b> |  |
| <b>TCIR</b>               |  | <b>DART</b>                 |  |

To Calculate TCIR:

$$\frac{(\text{Columns H + I + J}) \times 200,000}{\text{Total Hours Worked}} = \text{TCIR}$$

To Calculate DART:

$$\frac{(\text{Columns H + I}) \times 200,000}{\text{Total Hours Worked}} = \text{DART}$$

## **Challenge Participant Applicant Statement of Commitment**

<Date>

In our mission to produce high quality products and services, we, <Challenge Participant Applicant>, value our employees as our greatest assets and we are committed to providing a safe workplace for them. We assure you that <Challenge Participant Applicant> is committed to successfully completing OSHA Challenge and developing an effective safety and health management program. We will provide the necessary data and documentation to our challenge Administrator, <organization name>, and keep them informed of our progress. We also will involve our employees in OSHA Challenge. We are excited to be involved in voluntary efforts with OSHA and look forward to reaching our goals.

Attached please find our Challenge participant application. Should you have any questions or need additional information, please contact me at <Challenge Participant Applicant telephone number> or <Challenge Participant Applicant email address>.

Signature

<Challenge Participant Applicant name>

<Challenge Participant Applicant title>

<Challenge Participant Applicant>