Dissemination

Field
Dissemination Type
Start Date
End Date
Description
Emphasis Areas
If Other, please specify
Reached
Additional Information

Outreach Events and Training for non-OSHA Staff

Field
Activity Type
Start Date
End Date
Event Name
Representative Name
Representative Affiliation
Presentation Title
City
State
Emphasis Areas
If other, please specify
Reached
Additional Information

Training for OSHA Staff

Field
Training Type
Start Date
End Date

Trainer Name/Title

Training Title
Audience
City
State
Emphasis Areas
If other, please specify
Reached
Additional Information

Instructions
Select one from dropdown
Enter date for single-day event or start date for multi-day activity
Enter end date for multi-day activity
Self explanatory
Select at least one or multiple from dropdown. If "Other" is selected, please provide description in "If other, please specify" column.
Specify if "Other" is selected as "Emphasis Areas"
Enter just a number (no units). Units or other information can be specified in the "Additional Information" column.
Can enter units for number reached.

Instructions
Select one from dropdown
Enter date for single-day event or start date for multi-day activity
Enter end date for multi-day activity
Self explanatory
Self explanatory
Self explanatory
Self explanatory
Self explanatory
Select from dropdown
Select at least one or multiple from dropdown. If "Other" is selected, please provide description in "If other, please specify" column.
Specify if "Other" is selected as "Emphasis Areas"
Enter just a number (no units). Units or other information can be specified in the "Additional Information" column.
Can enter units for number reached.

Instructions
Select one from dropdown
Enter date for single-day event or start date for multi-day activity
Enter end date for multi-day activity
Self explanatory
Self explanatory
Specify groups that received training (OSHA/State Plan/Consultation staff)
Self explanatory
Select from dropdown
Select at least one or multiple from dropdown. If "Other" is selected, please provide description in "If other, please specify" column.
Specify if "Other" is selected as "Emphasis Areas"
Self explanatory
Self explanatory

Biannual Alliance Data Reporting Form

OSHA Form 12-10.7

Please complete this form biannually (twice per year) and submit to your Alliance Coordinator.

Alliance Name:

Reporting Period: (check one)
Q1&Q2: October 1-March 31 ☐
Q3&Q4: April 1-September 30 ☐

Report Due Dates:
Q1&Q2 report: April 15
Q3&Q4 report: October 15

PAPERWORK REDUCTION ACT STATEMENT

OSHA's Alliance Program requires completion of this form by its national Alliance participants twice a year for su
Under the Paperwork Reduction Act, a Federal agency generally cannot conduct or sponsor, and the public is ge
required to respond to, an information collection, unless it is approved by OMB and displays a valid OMB Contro
this form is voluntary. The template ensures that national Alliance participants provide required information abo
activities to OSHA. OSHA estimates employer burden for the completion of this collection of information ranges
hours, with an average of 8 hours. This estimate includes the time for reviewing instructions, searching existing d
gathering and maintaining the data needed, and completing and reviewing the collection of information. Send co
regarding this burden estimate or any other aspect of this collection of information, including suggestions for red
to OSHAPRA@dol.gov or to OSHA's Alliance Office, Directorate of Cooperative and State Programs, Department
3662, 200 Constitution Ave., NW, Washington, DC 20210; Attn: Paperwork Reduction Act Comment. 1218-0274 (
comments regarding this form only; **DO NOT SEND ANY COMPLETED TEMPLATES TO THIS OFFICE IN THIS MANI**

OMB Approval# 1218-0274; Expires: 02-28-2023



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Dissemination

Please list instances when an Alliance Program participant shared information on agency-developed or OSHA Alliance Program-developed tools and resources, OSHA standards/rulemakings, enforcement, and outreach campaigns. Webpage hits should only be reported in the second biannual reporting form for the FY (due October 15).

Alliance #	Dissemination Type*	Start Date*	End Date	Description*

Emphasis Areas*	**If Other, please specify**	**#Reached***

Additional Information

Outreach Events and Training for non-OSHA Staff

Please list instances when an Alliance Program participant or OSHA representative participate
conference, informational webinar, stand-down, meeting, or training in support of the Alliance
speeches/presentations and exhibit booths.

Alliance #	Activity Type*	Start Date*	End Date

d in an event such as a roundtable, e or an OSHA initiative. This includes	
Event Name	**Representative Name**

Representative Affiliation	**Presentation Title**

City	**State**

Emphasis Areas*	**If other, please specify**

#Reached*	**Additional Information**

	Training for OSHA Staff			
	Please list instances when an Alliance Program participant provided training or assistance in training OSHA and/or OSHA-affiliated staff (e.g., State Plan and/or On-Site Consultation Program representatives).			
Alliance #	**Training Type***	**Start Date***	**End Date**	**Trainer Name/Title**

Training Title	**Audience***	**City**

State	**Emphasis Areas***	**If other, please specify**	**#Reached***

Additional Information