

Virginia Occupational Safety & Health



VOSH PROGRAM DIRECTIVE: 09-050 ISSUED: 15 June 2018

<u>SUBJECT</u>: VOSH VPP Challenge Policies and Procedures Manual

<u>Purpose:</u> This Directive establishes policies and procedures for implementation of the

VOSH VPP Challenge Policies and Procedures Manual.

This Program Directive is an internal guideline, not a statutory or regulatory rule, and is intended to provide instructions to VOSH personnel regarding internal operation of the Virginia Occupational Safety and Health Program and is solely for the benefit of the program. This document is not subject to the Virginia Register Act or the Administrative Process Act; it does not have general application; and it is not being enforced as having the force of

law.

Scope: This Directive applies VOSH-wide.

Reference: 16VAC25-200, Voluntary Protection Program Regulation

<u>Cancellation:</u> Not Applicable

Effective Date: 15 June 2018

Expiration Date: Not Applicable – remains in effect until cancelled or superseded.

Action: Directors and Managers shall ensure that policies and procedures

established in this Directive are uniformly enforced and field personnel understand and comply with the requirements included in this Directive.

<u>C. Ray Davenport</u> Commissioner

Distribution: Commissioner of Labor and Industry

Assistant Commissioner

VOSH Directors and Managers Legal Support & OIS Staffs **Director of Cooperative Programs**

VOSH Compliance & Cooperative Programs Staffs OSHA Region III & OSHA Norfolk Area Offices VOSH When the guidelines, as set forth in this Program Directive, are applied to the Commissioner of the Department of Labor and Industry and/or to Virginia employers, the following federal terms if, and where they are used, shall be considered to read as below:

<u>Federal Terms</u> <u>VOSH Equivalent</u>

OSHA VOSH

Federal Agency State Agency

Agency Department

Regional Administrator Assistant Commissioner

Area Director Regional Director

VOSH Program Director

Regional Solicitor Attorney General or VOSH

Division of Legal Support (DLS)

Office of Statistics VOSH Research and Analysis

29 CFR VOSH Standard

Compliance Safety and Health Officer (CSHO) CSHO

OSHA Directives VOSH Program Directives



VOSH VPP Challenge Program Policies and Procedures Manual

June 15, 2018

Virginia Voluntary Protection Program Virginia Department of Labor and Industry

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I. INTRODUCTION

The Department of Labor and Industry's Virginia Occupational Safety and Health (VOSH) program has two cooperative programs that recognize safety and health excellence: the Virginia Voluntary Protection Programs (VPP) and the Safety and Health Achievement and Recognition Program (SHARP).

A. Purpose:

This manual is to provide guidance, policy, and clarification for the implementation and monitoring of the VOSH VPP Challenge Program (hereafter may also be referred to as "Challenge").

B. Scope:

This instruction applies VOSH-wide.

C. Authority:

Va. Code §40.1-1 authorizes the Virginia Department of Labor and Industry to administer and enforce "occupational safety and health activities as required by the Occupational Safety and Health Act of 1970". Section 21(c) of the Occupational Safety and Health Act gives OSHA the authority to develop programs such as Challenge. The Act states, in part:

"The Secretary, in consultation with the Secretary of Health and Human Services, shall (1) provide for the establishment and supervision of programs for the education and training of employers and employees in the recognition, avoidance, and prevention of unsafe or unhealthful working conditions in employments covered by this Act, and (2) consult with and advise employers and employees, and organizations representing employers and employees as to effective means of preventing occupational injuries and illnesses."

D. Action Information:

Responsible Office: Virginia Occupational Safety and Health, Voluntary Protection Program (VPP).

E. Background:

VPP has attracted a wide spectrum of employers from smaller companies with limited resources to large industrial sites with full-time safety and health professional staff. VOSH's premier recognition program, VPP STAR, has gained international recognition for its successes in reducing injuries, illnesses, and fatalities in the workplace. As the program has grown so has the interest. VOSH found, through numerous resources, that many employers are willing to develop a safety and health management system (SHMS) at a level equal to that of a VPP Participant, but lacked the necessary knowledge or resources. Challenge was developed to



address their needs in a manner that provides a structured, tiered process based on the VPP model.

F. Definitions:

Administrator: Selected individuals in organizations such as corporations, state agencies, or non-profit associations that have met VOSH VPP criteria including dedicated resources to administer the Challenge Program for their worksites/members or other organizations worksites/members. Administrators are involved in the application and review processes.

Annual Report: An annual report prepared by Challenge Administrators that summarizes Challenge Participants' progress throughout the course of the year and provides up-to-date information that is transmitted to VOSH by February 28th of the following calendar year.

Candidate: An employer that has elected to submit a Challenge application to a Challenge Administrator. The employer will remain a Candidate until receiving notification from VOSH VPP that it has been accepted into Challenge as a Participant.

Challenge Stages (I, II, and III): Challenge Stages serve as "roadmaps" or guides for achieving VPP STAR status. Each stage has requirements that define the necessary knowledge, actions, outcomes, and documentation for successful completion and implementation of an effective safety and health management system.

Contract Employees: Employees who are employed by a company that provides services under contract to a Challenge Candidate or Participant, usually at the Candidate's or Participant's worksite.

Coordinator: Persons appointed by a Challenge Administrator to manage program implementation for its designated Challenge Participants.

OCTPS Form: OSHA Challenge Tracking Participant Status (OCTPS) form that is submitted every quarter on the status of each Challenge Participant.

Participant: A Candidate that has been accepted into Challenge for the purpose of developing or improving its safety and health management system.

Safety and Health Management System (SHMS): A method of preventing worker fatalities, injuries, and illnesses through the ongoing planning, implementation, integration, and control of four interdependent elements: Management Leadership and Employee Involvement; Worksite Analysis; Hazard Prevention and Control; and Safety and Health Training.

Quarterly Report: A report completed by Challenge Administrators on a quarterly basis stating if there has been a significant change to any of its Participants' sites.



Temporary Employees: Employees hired on a non-permanent basis by the Applicant/Candidate/Participant site that they direct and control as their own.

Vetting: A process where VOSH VPP accepts the Challenge Candidates as Participants.

G. Challenge Principles:

Challenge provides a "roadmap to VPP STAR," plotting a path for employers to follow with the help of a voluntary network of safety and health professionals committed to providing guidance and advice in developing and implementing a safety and health management system based on VOSH's VPP model. This program provides flexibility for diverse industries with separate tracks for general industry, and provides recognition for employers' incremental improvements on their path to attaining VPP STAR status.

In addition, Challenge supports VOSH's VPP mission to protect lives by reducing fatalities, injuries, and illnesses in the workplace. Other important objectives of Challenge are to:

- Support the Virginia Department of Labor and Industry's Strategic Management Plan,
- Logically integrate Challenge with the existing menu of other cooperative programs,
- o Uphold quality and integrity commensurate with VPP, and
- o Be responsive to stakeholders needs and maintain positive relations.

H. Challenge Elements:

The basic requirements of Challenge are the same as VPP STAR. To qualify for VPP STAR, a site must operate a comprehensive safety and health management system that includes four essential elements and their sub-elements. These elements when integrated into a site's daily operations can reduce the incidence and severity of illnesses and injuries:

- o Management leadership and employee involvement,
- Worksite analysis,
- Hazard prevention and control, and
- Safety and health training.

I. Performance Measures:

VOSH VPP measures Challenge success at both the Participant level and overall program level by monitoring and evaluating the reports submitted by Administrators. VOSH VPP evaluates quantitative and qualitative measures, such as illness and injury data, and leading indicators for management commitment and employee involvement. Other measures include evaluating the number of Participants at



each Stage, the percentage of Participants progressing to the next stage, and the percentage of those ultimately achieving VPP STAR status.

II. ROLES AND RESPONSIBILITIES

- **A. Administrators:** The Challenge Administrators' primary role is to guide their Participants through a structured series of stages making incremental improvements in their safety and health management system through a combination of development, implementation, and training steps. They may also perform routine evaluations, on-site visits, and data collection to track progress. Administrators have an important role in collecting and reporting information on each Candidate and Participant to the VOSH VPP Office, such as injury and illness data and progress reports. The Administrator's work eases the burden on VOSH's limited resources, and allows Participants to work towards developing a world-class safety and health management system. Administrators are the Participants' primary contact and liaison with VOSH VPP. Some specific responsibilities of Administrators include:
 - o Providing assistance to Candidates in developing Candidate applications;
 - Reviewing Candidate applications;
 - Compiling and sending Candidate applications to the VOSH VPP Office for review and approval;
 - Evaluating and reporting on Participants' progress to VOSH VPP by sending quarterly and annual progress reports;
 - Sending Stage Completion forms; and
 - Reviewing, verifying, and forwarding information on elements of stage completion to the VOSH VPP Office.

Sponsoring Challenge Participants: Each Administrator is required to commit to sponsoring a specified number of Participants over a period of time, typically three years. An administrator may sponsor more participants upon a showing of willingness and adequate resources as well as consideration of past performance. Factors to be considered will include but are not limited to formal evaluations, participation in quarterly conference calls, face-to-face meetings, and progress reports.

- **B.** Coordinators: Coordinators are appointed by the Administrator and approved by VOSH. They may perform a number of tasks under the direction of the Administrator. At the discretion of the Administrator, Coordinators may help manage the program at the Participant level which may include providing training, monitoring, guidance, and verifying Challenge Stage implementation and completion.
- **C. Participants:** Once a Candidate is accepted by VOSH VPP as a Participant in Challenge, the Participant is responsible for performing the following actions:
 - Taking the necessary actions to meet the requirements for the various Challenge Stages in a manner that reflects the size and nature of the business and to the satisfaction of the Challenge Administrator and VOSH VPP;



- o File timely progress reports as required by the Coordinator and/or the Administrator; and
- o Continually assess their progress and improve as necessary.
- **D. VOSH's Role in Challenge:** VOSH's role in Challenge is primarily related to:
 - Program design and policy;
 - Managing/controlling the program for the purpose of program assessment and improvement;
 - o Approval of Administrators, Coordinators, and Candidates;
 - o Serving as an Administrator in certain situations;
 - Acceptance and Recognition of Participants at inception, Stage completion, and graduation; and
 - o Program evaluation.

The specific responsibilities of various VOSH Offices are described in the following paragraphs. (See Appendix A: <u>VOSH Challenge Process Flowchart</u>)

- Division of Legal Support, Voluntary Protection Programs (VPP), Office of Research and Analysis (ORA), Office of Policy and Planning (OPP) and Office of Whistleblower Protection (OWP) (hereafter "Division"): The Division reviews and approves Candidate packages. Upon vetting by the VOSH VPP Office, the Division either may or will:
- Notify Participants of acceptance;
- o Enter pertinent information in database;
- o Review Administrators' quarterly and annual progress reports;
- Enter the Administrators' quarterly and annual progress information into a database;
- o Review stage completion materials;
- o Issue appropriate congratulatory letters to the Commissioner for signature;
- Develop and maintain a VOSH Challenge web page for the general public, Administrators, and Participants which will contain information pertinent to the program including a listing of Administrators, Participants, and Coordinators;
- o Maintains statistics on a quarterly basis;
- o Provide continuous monitoring and a formal evaluation annually;
- o Conduct quarterly meetings with Administrators either by telephone or in person;
- o Follow-up meeting outcomes and develop program changes as necessary;
- o Form workgroups to address and resolve issues as they arise;
- Provide outreach and training as necessary to all parties in the program and general public; and
- Participate in conferences, roundtable discussions, and the development of informative briefings for the Commissioner.
- **2. VPP Office:** The VPP Office will send congratulatory letters signed by the VPP Manager to Participants upon completion of Stage I with copies sent to the participant's Administrator.
- 3. Division: The Division Director will send congratulatory letters signed by the



Assistant Commissioner to Participants upon completion of Stage II with copies sent to the participant's Administrator.

4. VOSH VPP: VOSH VPP will send congratulatory letters signed by the Commissioner of the Department of Labor and Industry to the Participants upon completion of Stage III with copies sent to the Participant's Administrator.

III. ELIGIBILITY REQUIREMENTS

A. Candidate/Participant Eligibility: Challenge is open to employers that are interested in and committed to improving their safety and health management system using the VPP model. Candidates must have the sponsorship of an approved Administrator, as well as confirmation in writing from the candidate and the collective bargaining unit (as applicable) stating their commitment to improve their safety and health management systems and provide other requested information to VOSH VPP in their applications. Continued participation in Challenge requires that Participants exhibit continued improvements of their safety and health management systems by providing regular progress reports to their Administrator.

The existence of any of the following precludes the filing of an application:

- Open VOSH enforcement investigations,
- Pending or open VOSH contested citations or notices under appeal at the time of application,
- Whistleblower violations during the 12 months prior to application,
- Unresolved, outstanding VOSH enforcement actions, such as long term abatement agreements or contests.
- **B. Challenge Administrators:** Eligibility does not extend to private safety and health consultants or other for-profit associations at this time. However, a participant may elect to hire a safety consultant for the purpose of improving their safety and health management system. An Administrator must possess the following characteristics in order to be eligible:
 - o **Knowledge and Experience:** Administrators must have demonstrated knowledge and experience in safety and health management systems. This experience may include involvement in other VOSH cooperative programs such as VPP and/or experience in administering corporate-wide safety and health policies at the facility level.
 - o **Resources:** Administrators must confirm the availability of resources including time, personnel, and expertise to administer, coordinate, and facilitate Challenge to its Candidate/Participant facilities.
 - o **Commitment**: Administrators must be committed to Challenge and sponsor an agreed upon number of Participants.
- **C. Coordinators:** To serve as a Coordinator, the following eligibility criteria for Coordinators must be met:



- Knowledge and Experience: Coordinators must be knowledgeable safety and health professionals with experience in implementing and evaluating safety and health management systems.
- o **Training:** Ideally, Coordinators will have completed the OSHA Special Government Employees (SGE) training or equivalent (i.e., corporate safety and health audit training).
- Evaluation Experience: Ideally, Coordinators will have performed site safety and health management system reviews, VPP STAR type onsite evaluations, or safety and health inspections.

IV. CHALLENGE REQUIREMENTS

- **A. Challenge Stages Serving as a Roadmap:** VOSH developed documents to guide Participant's through the three stages, ranging from the initial planning processes to the implementation of effective safety and health management systems based on the VPP model. Employers can begin participation in Challenge at any stage but they must first demonstrate their programs are as effective as those outlined in the guidelines. Stage requirements provide guidance to implement the four main elements of VPP elements, including:
 - o Management leadership and employee involvement,
 - Worksite analysis,
 - Hazard prevention and control, and
 - Safety and health training.

Using the Challenge materials including the VOSH OCTPS forms, Participants can track their progress. OCTPS automatically calculates the percentage of completion for each element including the required actions, documentation, and outcomes for each stage.

B. Continuous Improvement: With the three VOSH Challenge Stages, the intention is to have the Participants learn the importance in the upkeep of their safety and health management systems by improving their existing program(s) and maintaining enthusiasm for continued involvement among its employees in carrying out safety and health activities. VOSH VPP believes Participants will find continuous improvement is not only a commonalty in Voluntary Protection Programs but is a critical element to all successful safety and health management systems.

Furthermore, the verification process by the Administrator looks at all aspects of the implementation process and may recommend improvements as the employer progresses through the stages.

C. Completion of Challenge Stages: Although Participants can enter Challenge at any of the three Stages, the Administrator is responsible for verifying the required documentation in accordance with the Stage requirements. Once approved into VOSH VPP Challenge, Participants are to work with their Administrators and Coordinators to assess their present level of performance, and then take actions to implement and improve various elements as needed throughout the process. The



Participant is required to demonstrate that their programs are effective at the appropriate level by demonstrating knowledge, actions, documentation, and specific outcomes upon completion of each stage. At the completion of Stage III, the Participant should have an effective safety and health management system(s) in place and be prepared to apply for Voluntary Protection Program recognition.

1. Stage I – Assess, Learn, and Develop

This is the Challenge Stage which introduces Participants to the basic VPP elements that are necessary to launch the development and implementation of an effective safety and health management system. The activities normally are related to the following:

- Assessing performance of existing safety and health programs and policies,
- Providing training to management and employees on effective safety and health management system programs and activities, and
- o Developing strategies, programs, policies, and expected outcomes to accomplish Stage 1.

2. Stage II – Implement, Track, and Control

This is the Challenge Stage which the basic actions and outcomes of Stage I have been completed and the worksites are beginning to implement more thorough safety and health management system processes. The activities are generally related to the following:

- o Continuing to enhance and develop the site's safety and health management system,
- <u>Fully</u> implementing and tweaking the site's safety and health management system, and
- o Begin to incorporate policies for contractor/special trade contractor Safety and Health program requirements.

3. Stage III – Reassess, Monitor, and Improve

This is the Challenge Stage which the Participant site's safety and health management system has been fully implemented and the site is continuing to assess its effectiveness and improving its performance where necessary. The activities are generally related to the following:

- o Monitoring the Participant site's safety and health management system,
- o Refining and enhancing the Participant site's safety and health management system, and
- Reassessing and <u>continuously</u> improving the Participant site's safety and health management system.
- **4.** Detailed required actions and desired outcomes for the three stages are listed on the OCTPS Form in the <u>Participant OCTPS Form</u> (Appendix B).



V. THE CHALLENGE PROCESS

- A. Availability of Challenge Information: Organizations interested in learning about Challenge; its benefits; how to participate as an Administrator, Coordinator, Candidate/Participant; or obtaining an application package may obtain information by contacting the Virginia VPP Office.
- **B. Applications for VOSH Challenge Administrators:** The following provides information for those interested in applying to be an Administrator:
 - 1. Preparing Applications for Administrators: Organizations or business entities that meet the eligibility criteria defined in Section III of this manual and want to be Administrators must complete and submit the requested information in the Challenge Administrator Application and Instructions (Appendix C.)
 - **2. Addressing Applications:** The application package must be submitted electronically to the VOSH VPP Office via the VOSH VPP Challenge Program Coordinator.
 - **3. Receipt by VPP Office:** If the application package is sent to a VOSH VPP Office, it will be forwarded to the VOSH VPP Challenge Program Coordinator.
 - 4. Contents of Application Package: The Administrator's application package must contain the required information including the Administrator's Statement of Commitment, Administrator's Information Form (the proposed Administrator's name, address, contact information, knowledge and experience, the resources available, and the internal processes for collection of information), and the Coordinators' Information Form for each Coordinator that will assist the Administrator in carrying out his/her responsibilities.
 - 5. VOSH Review and Approval: VOSH VPP must complete the review of Administrator applications within 45 days of receipt. After VOSH VPP completes its review and determines that the Administrator applicant meets the eligibility criteria, the Division Director is to send a letter to the Administrator advising them of the approval. The name and address of the approved Administrator will also be added on the VOSH VPP Challenge website so any potential Challenge Candidates can have a point of contact to the Participant and Administrator Listing (Appendix D).

C. Applications from Challenge Candidates/Participants:

1. Application Content: A Candidate site that meets the eligibility criteria defined in Section III (Eligibility Requirements) of this manual must complete the application Challenge Participant Application and Instructions (Appendix C). The information included in the application must contain, as a minimum, the Challenge Participant Application, Baseline OSHA 300 log information for the last full calendar year, Optional Data Tracking, and Challenge Participant Application Statement of Commitment Letter. The instructions are available from



the Administrator sponsoring the Participant, the VPP Manager, and the VOSH VPP Challenge Program Coordinator. This completed Candidate Information Package must be sent to the Administrator sponsoring and supporting the applicant.

- 2. Administrator Actions: The Administrator, upon receipt of a Candidate Information Package, is to review the package to insure all the required information is included. The Administrator may also need to make a determination that it has the available resources to serve as the Administrator for the Candidate (time, staffing, and resources to support the Candidate's efforts to improve its safety and health management system). Upon approval, the Administrator is then to send the package electronically to the VOSH VPP Office for review.
- 3. VOSH Review and Approval Actions: Upon receipt of the application package, the VOSH VPP Challenge Program Coordinator is to review the application package to ensure that the Candidate meets the eligibility criteria provided in Section III of this manual. The VOSH VPP Challenge Program Coordinator must also verify that the Administrator has adequate resources to support the Candidate's efforts to improve its safety and health management system.
- **4. Recording Information on the New Participants:** After notification of acceptance of a new Challenge Participant, the VOSH VPP Challenge Program Coordinator is to enter the required information for tracking purposes on the <u>Participant and Administrator Listing</u> (Appendix D).
- 5. Submission of Stage Tracking Forms: Once the Candidate is approved and included in VOSH VPP Challenge as a Participant, the sponsoring Administrator must begin to maintain the Challenge Stage I, II, or III OCTPS Forms as the Participant progresses. The Coordinator and/or the Participant may assist in the assessment of the safety and health management system status.

D. Participant Actions to Achieve Challenge Stages:

- 1. Working Toward Attainment of VPP STAR Status: The main objective of VOSH VPP Challenge is to guide Participants in accomplishing specific actions that will improve their safety and health management system programs ultimately to the VPP STAR level. To assist the Participant sites in this improvement, VOSH VPP has developed the three Challenge Stages which define a less than fully effective safety and health management system (Stage I) up to a fully implemented and effective safety and health management system (Stage III) that when implemented should meet all VPP STAR requirements.
- 2. Determination of Challenge Stage for New Participants: VOSH VPP accepts participation in Challenge at any of the three stages depending on the safety and health management system elements and activities that have been implemented at the Participant site. To determine the stage in which the new Participant enters Challenge, the Participant uses the OCPTS Forms to determine that it has implemented the actions necessary for Stage I. This is, in effect, the



baseline on which the Participant's progress in their safety and health management system is measured.

- 3. Administrator/Coordinator Assistance: The Administrator and Coordinators are to assist their Participants in obtaining training, developing experiences, and sharing information that are necessary for the Participants to learn about and perform the actions and outcomes that will improve their safety and health management systems following the roadmaps defined in the three Challenge Stages.
- **4. Administrator Verification:** The Administrators are to verify their Participants' performances by reviewing reports submitted by Participants in addition to onsite visits performed by the Administrator or Coordinator and/or teleconferences. This verification is important because VOSH VPP relies on the Participants to self-assess and report on their performance. A Participant that has completed all the Stage I, II, and III actions should then have a safety and health management system in place that would meet the VPP requirements. A VOSH VPP onsite VPP Evaluation would serve to validate that the self-assessing and reporting processes were effectively performed.

E. Reporting on Progress

1. Participant Progress Reports:

Reporting on the Participant's progress is a key element of Challenge which keeps Administrators updated on Participants activities and progress, as well as helps VOSH VPP to measure the overall outcomes of Challenge and the Participants progress.

a. Participants Submission of OCTPS Reports: Participants must submit an updated Participant Challenge Tracking Participant Status (OCTPS) Form (Appendix B) every 3 months to their Administrator. The report includes a Participant Status Summary, and the Stage I, II, or III Status Reports. The OCTPS's Participant Status Summary Report provides an "at a glance" view of the Participant's status in completing the activities for each Stage and provides the percentage of activities completed for each stage. The Stage I, II, and III Status Reports serve as a tracking system for the Participants and reviewers to use in assessing the Participants progress in each of the three Stages. It also informs the Administrator of the progress made by each of their Participants. The due dates for the Participant reports are:

Reporting Period	Months Covered	Report Due to Administrator
Q1	January - March	April 15
Q2	April - June	July 15
Q3	July – September	October 15
Q4	October - December	January 15

Table 1-A

Detailed instructions are included with the Participant OCTPS Form.



- b. Verification of Participants Progress: Administrator must verify the progress of each Participant that they sponsor to ensure the Participants effectively understand and are implementing the guidance provided through Challenge. This ensures that Participants who complete Stage III are prepared for submitting VPP STAR applications which can then be expeditiously reviewed by the VOSH VPP Manager. The methodology used by Administrators for verification is included in the periodic progress reports submitted to VOSH is discussed below.
- **2.** Administrator Progress Reports to VOSH: Administrators submit a number of quarterly and annual reports to the VOSH VPP Challenge Program Coordinator on the progress made by their sponsored Participants.

The following table provides the due dates and the relationships between the various Administrator reports:

Quarter	Months Covered	Type Report Due	Due Date
Q1	January - March	Quarterly (if changes)	April 29
Q2	April - June	Quarterly and OCTPS	July 29
Q3	July - September	Quarterly (if changes)	October 29
Q4	October - December	Annual and OCTPS	February 28

Table 1-B

- **a. VOSH Recipient of Administrator Reports:** All the Administrator reports must be sent electronically to the VOSH VPP Challenge Program Coordinator.
- **b. Quarterly Reports:** The Administrators are to prepare and send VOSH an Administrator's Quarterly Report if there have been significant changes to any of its participating sites. Examples of significant changes requiring this report include:
 - Changes in the Administrator or Participant contact information.
 - The addition of a new Participant to Challenge.
 - Participants removing themselves from Challenge.

Table 1-B above shows that the Quarterly Report for the Q2 should be transmitted along with the Challenge Participant OCTPS Forms for the preceding three months (discussed in more detail below). The Q4 Administrators Quarterly Report can be satisfied with the submission of the Administrators Annual Report which is also discussed below.

The details of the information to be included in the Quarterly Reports are described in the <u>Administrator Quarterly and Annual Summary Report</u> (Appendix F).



- C. Annual Reports: Administrator must prepare and submit to the VOSH VPP Office an Administrator's Annual Report by February 28th of each calendar year. The annual report takes the place of the Q4 Administrator Quarterly Report (discussed in the preceding paragraph) since to require a Q4 report would constitute redundant reporting. The annual report should be accompanied with updated Participant OCTPS Form (Appendix B) for the Participants sponsored by the Administrator for the latter three months of the calendar year (also due February 28th).
- **d.** The Administrator's Annual Report must contain, as a minimum, an Administrator's Annual Report; Summary of Annual Rates by Participant; and Summary of significant achievements and milestones by Participant. Details on submission of the report are provided on the report Administrator Quarterly and Annual Summary Report (Appendix F).
- e. Administrator OCTPS Form: Administrators must update the <u>Participant OCTPS Form</u> (Appendix B) for each Participant every quarter and send them to the VOSH VPP Challenge Program Coordinator electronically. A separate spreadsheet must be provided for each Participant. The Administrator OCTPS spreadsheet must include a Verification Summary, Participant Status Summary, Stage I Status Report, Stage II Status Report, and Stage III Status Report.
- **f. Verification Summary:** As part of the Administrator OCTPS Form, the Administrator must describe in the Verification Summary of the Administrators OCTPS Report the methods used to verify the actions and outcomes of the Participant sites sponsored by the Administrator. Methods may include review of draft/final documentation, monthly or quarterly conference calls, site visits, or e-mail correspondence.
- g. VOSH Actions upon Receipt of Administrator Reports: The VOSH VPP Challenge Program Coordinator reviews the reports to obtain an understanding of the Participants Safety and Health Management System progress in order to determine Challenge's progress and continuation. The data is entered into a database to enhance VOSH's decision-making capabilities.

F. Recognition for Accomplishment of Challenge Stages:

- Completion of Stages: When a Participant believes they have completed Stage
 I, II, or III, as specified in the Stage Status Reports, they should notify their
 Administrator or Coordinator and provide a copy of the completed and
 updated Stage Status Report showing that the actions and outcomes have
 been completed.
- 2. Administrator Verification: The Administrator must verify that the Stage actions and outcomes have been completed using a Stage Evaluation Checklist: <u>Verification Process Form</u> (Appendix G) through an onsite visit, teleconference,



and/or document review. Once the Administrator has verified that the actions have been carried out at a Participant site, they send a Stage Completion Letter and the Stage Evaluation Checklist to the VOSH VPP Challenge Program Coordinator.

3. VOSH VPP Actions When Stages Are Completed

- **a. Stage I Completion:** The VOSH VPP Challenge Program Coordinator reviews the Stage Completion materials and e-mails a draft Congratulatory Letter to the VPP Manager. The VPP Manager signs and sends the Congratulatory Letter to the Participant. <u>Sample Letters</u> (Appendix H).
- **b. Stage II Completion:** The Division Director sends a Congratulatory Letter to the Assistant Commissioner for signature and transmittal to the Participant (Appendix H).
- **c. Stage III Completion:** The Division Director sends a Congratulatory Letter for the Commissioner's signature for transmittal to the Participant. In addition to the congratulatory message, the letter advises the Participant that they now have an opportunity to request an expedited onsite VPP Onsite Evaluation. (Appendix H).
- **4. Expedited VOSH VPP Onsite Evaluation:** If the Challenge Graduate asks the VOSH VPP Office for an onsite evaluation then the VPP Manager may place the Participant on the VPP onsite evaluation schedule as quickly as possible.

G. Withdrawal, Suspension, or Termination

- 1. 16VAC25-200-110, Withdrawal, Suspension, or Termination. The provisions of 16VAC25-200-110 shall apply to withdrawals, suspensions, or terminations of any Candidate, Participant, Coordinator, or Administrator.
- 2. Request for Withdrawal: A Candidate, Participant, Coordinator, or Administrator can withdraw from the VOSH Challenge Program at any time. Such Candidates, Coordinators, and/or Participants seeking to withdraw should notify their Challenge Administrator in writing of their intent to withdraw and the reasons why. For Administrators and Administrator Applicants, they should notify their VOSH VPP Challenge Program Coordinator in writing of their intent to withdraw and the reasons why. The withdrawn Candidate, Participant, Coordinator, or Administrator may reapply at any time.
- 3. VOSH Request Withdrawal: VOSH may ask Administrators or Participants to withdraw for such reasons including but not limited to lack of resources or participation, not submitting the required data, or other reasons indicating roles and responsibilities are not being fulfilled. The withdrawn Administrator or Participant may reapply at any time.
- **4. Suspension:** A Participant may be suspended from the program by the Commissioner of Labor and Industry during the investigation of a fatality or major

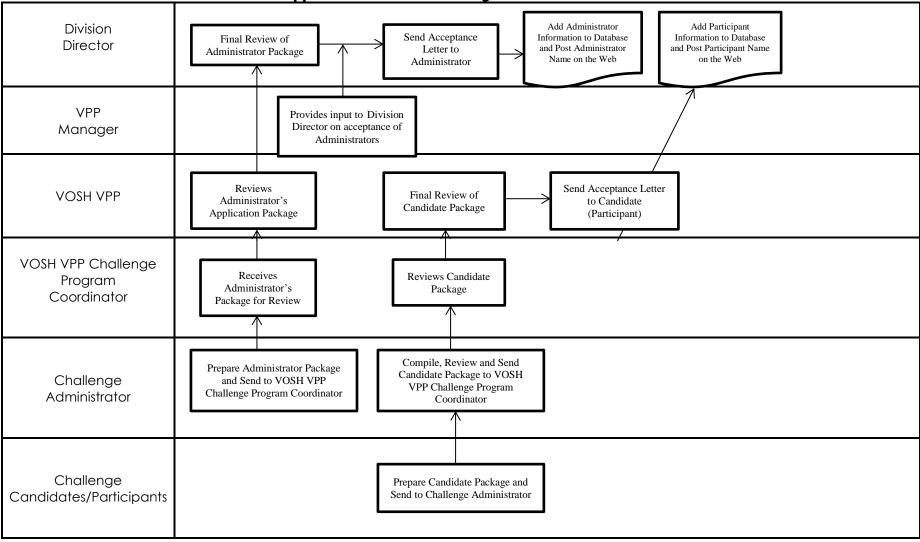


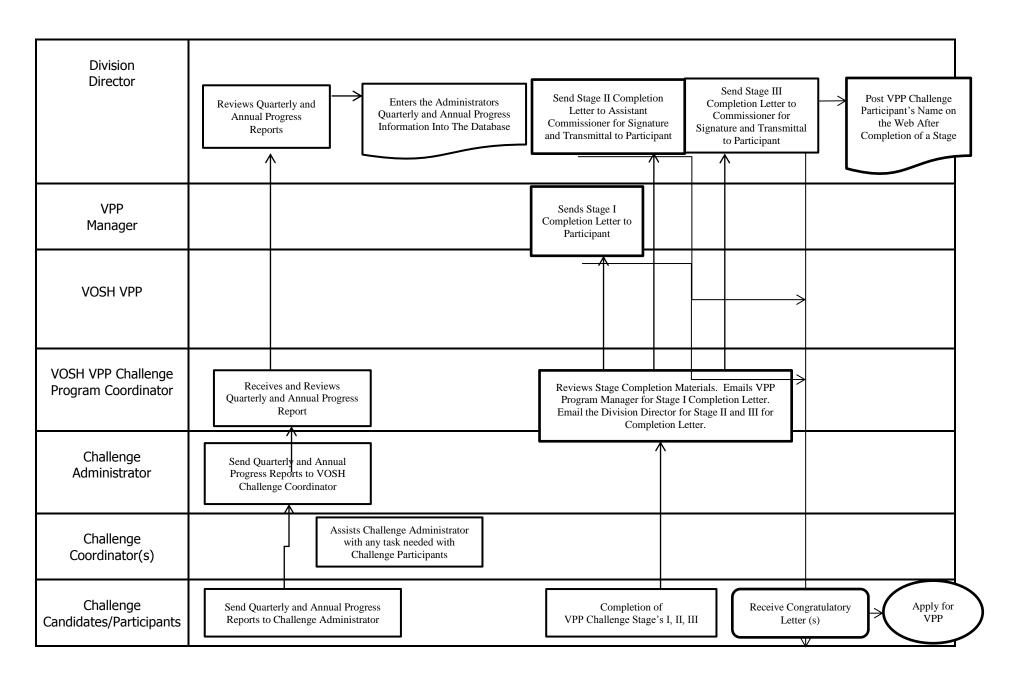
incident at a covered worksite. The Commissioner of Labor and Industry will notify any Administrator or Participant of its suspension and the lifting of any suspension via a letter. The Participant has 30 days to appeal this proposed suspension in writing to the Commissioner of Labor and Industry. In the event of an appeal, the Commissioner will hold an informal fact finding conference in accordance with Va. Code §2.2-4019 and 2.2-4021. Decisions of the Commissioner of Labor and Industry may be appealed in the manner provided for in §§ 2.2-4026 through 2.2-4029 of the Code of Virginia. A Participant will be automatically suspended from the program during the pendency of a termination process initiated by the Commissioner of Labor and Industry.

5. VOSH Termination Actions: The Commissioner of Labor and Industry will notify any Administrator or Participant of its intent to terminate via a letter. The Administrator or Participant has 30 days to appeal this proposed termination in writing to the Commissioner of Labor and Industry. In the event of an appeal, the Commissioner will hold an informal fact finding conference in accordance with Va. Code §2.2-4019 and 2.2-4021. Decisions of the Commissioner of Labor and Industry may be appealed in the manner provided for in §§ 2.2-4026 through 2.2-4029 of the Code of Virginia. A terminated Administrator or Participant may reapply after six months.



Appendix A: VOSH Challenge Process Flowchart





Appendix B: Challenge Participant OCTPS Form

Electronic File Name: Challenge Participant OCTPS Form.xlsx

Tab 1: Cover Page

Tab 2: Overview and Instructions

Tab 3: 1 – Summary Page

Tab 4: 2 – Stage I Status

Tab 5: 3 – Stage II Status

Tab 6: 4 – Stage III Status

Tab 7: Stage I Desired Outcomes

Tab 8: Stage II Desired Outcomes

Tab 9: Stage III Desired Outcomes

Tab 10: Example Stage I

Tab 11: Checklist

Participant OCTPS Form



OCTPS Form Instructions

This form is to be completed by Challenge participants.

Included in this spreadsheet are:

Tab 1	Cover Page
Tab 2	Instructions
Tab 3	Summary Page
Tab 4	Stage I Status
Tab 5	Stage II Status
Tab 6	Stage III Status
Tab 7	Stage I Desired Outcomes
Tab 8	Stage II Desired Outcomes
Tab 9	Stage III Desired Outcome
Tab 10	Stage I Example
Tab 11	Checklist

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

The cells in the tables on the <u>Summary Page</u> will be entered automatically as other sections of the spreadsheet are completed. Please do not manually enter any data into the tables in this section or the formulas will be over-written.

This spreadsheet provides an "at-a-glance" view of the status of the participant in completing the required activities at each Stage and provides a percentage of activities completed for each element.

Tabs 4/5/6 Stages I, II, and III Status Reports

These worksheets will serve as a tracking system for participants to use in assessing their progress in completing the requirements in each of the three stages of the Challenge Pilot program, as well as serve as a mechanism to update the Administrator as to progress being made.



Participants need only update the spreadsheet for the Challenge Pilot Stage they are currently working in (Stage 1 to start, for most). Once all the requirements for a Stage have been met (i.e., the participant has performed all of the activities and prepared all of the required documentation), the participant would then begin entering information into the next spreadsheet. Note that participants are being asked to provide information only on the Activities completed – not the Outcomes

The spreadsheets for each of the Stages follow the same format. The following instructions apply:

Enter the participant name, Administrator name, time period (Q1, Q2, Q3, or Q4), and year at the top of the page. The cells with the same information on other pages in the worksheet will automatically be pre-filled.

The remainder of the spreadsheet requires the participant to identify those activities that have been completed as part of their participation in the Challenge Pilot. The worksheets are divided into five sections:

Management Leadership and Employee Involvement Worksite Analysis Hazard Prevention and Control Safety and Health Training Documentation

As the participant completes an activity listed, it should update its status by using the pull-down menu in the Status column of the spreadsheet. The pull-down menu has three options:

No Action Taken (the default) In Progress Completed

Note that the color of the cell will change automatically as the selection is made (i.e., "In Progress" will turn the cell yellow, "Completed" will turn the cell green).

When a participant has completed all of the activities included in the Stage and all of the check boxes are green, then the participant has met all the requirements for that Stage and is ready to move onto the next stage (upon verification and agreement by the Administrator).



Note that the summary sheet is updated as the statuses of activities in each of the spreadsheets are updated. The summary sheet provides information on the percentage of activities completed in each of the elements in each stage. When all of the activities have been completed, then the Status Summary data element will change automatically to indicate that the requirements of the stage have been met.



OCTPS Summary Status Report

Participant Name Report Period
Time Period
Year

Stage I

Participant Summary		Mgt. Leadership and Worker Involvement				Hazard Prevention and Control		Safety and Health Training		Documentation	
	Status	#	%	#	%	#	%	#	%	#	%
Starra LOuterann	No Action Taken	19	100%	6	100%	15	100%	33	100%	15	100%
Stage I Outcome Completion Status	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Completion status	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	19	100%	6	100%	15	100%	33	100%	15	100%

Stage I Status Summary No Action Taken/In Progress

Administrator Summary

	Status	#	%	#	%	#	%	#	%	#	%
	No Action Taken	18	100%	6	100%	15	100%	33	100%	15	100%
Stage Outcome	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Completion Status	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	18	100%	6	100%	15	100%	33	100%	15	100%

Stage I Status Summary No Action Taken/In Progress



Stage II											
Participant Summary		Mgt. Leadership and Worker Involvement		Worksile Analysis		Hazard Prevention and Control		Safety and Health Training		Documentation	
	Status	#	%	#	%	#	%	#	%	#	%
eleve II Outeans	No Action Taken	21	100%	15	100%	16	100%	9	100%	12	100%
Stage II Outcome Completion Status	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Completion status	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	21	100%	15	100%	16	100%	9	100%	12	100%

Stage II Status Summary No Action Taken/In Progress

Administrator Summary

aless y outsess	Status	#	%	#	%	#	%	#	%	#	%
	No Action Taken	21	100%	15	100%	16	100%	9	100%	12	100%
Stage II Outcome Completion Status	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Completion sidios	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	21	100%	15	100%	16	100%	9	100%	12	100%



				Stage III							
Participant Summary	Mgt. Leadership and Worker Involvement		Worksile Analysis		Hazard Prevention and Control		Safety and Health Training		Documentation		
	Status	#	%	#	%	#	%	#	%	#	%
otere w outerer	No Action Taken	19	100%	13	100%	8	100%	3	100%	5	100%
Stage III Outcome	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Completion Status	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	19	100%	13	100%	8	100%	3	100%	5	100%

Stage III Status Summary No Action Taken/In Progress

Administrator Summary

aless III outs and	Status	#	%	#	%	#	%	#	%	#	%
	No Action Taken	19	100%	13	100%	8	100%	3	100%	5	100%
Stage III Outcome Completion Status	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Completion sidios	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	19	100%	13	100%	8	100%	3	100%	5	100%

Stage III Status Summary No Action Taken/In Progress



Stage I

Participant Name	
[Enter Participant Name]	

Coordinator Name
[Enter Coordinator Name]

Report Period				
Time Period [Enter Time Period]				
Year	[Enter Year]			

Stage I - 1. Management Leadership and Employee Involvement			
1. Management Com	mitment - Actions Required	Participant Status	Coordinator Status
communicate a Safet where the site wants to company's desire to p	Mission Statement: Develop, issue, and y and Health Mission Statement (i.e., defining o be). This Vision statement should address the participate in Challenge. This process may include employees in the development of these	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Document Location:		raiger baier	Sompleted Bales
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	olicy Statement: Develop, issue, and y and Health Policy Statement (i.e., what the site	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Document Location:			•
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			



participate and demo management system of that demonstrate a co training, participating employees to report h safe, we're not doing it related actions that ar	any establishes a policy requiring managers to instrate leadership in safety and health activities. Managers set an example and behaviors or mitment to safety and health, such as attending in planning meets, wearing PPE, encouraging azards, injuries and illnesses, enforcing the "if it's not t" principle, and performing other safety and healther required of employees.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:			
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
plan for covering typic unusual or emergency correction of uncontro adequate resources to action to begin integro planning, such as plan materials, etc. Compo and health will be inte processes.	get for the present and for the future, including a cal safety and health expenditures, as well as expenditures such as requirements for prompt olled hazards. Commit and ensure utilization of a achieve this for Challenge. Take management ating safety and health into other aspects of aning for new equipment, processes, building any establishes a policy/requirement that safety agrated into the overall planning and budgeting	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator			
Narrative:			
communicate to emp objectives that are cle bringing about a safe policies and procedur	coals and Objectives: Establish, document, and loyees the annual safety and health goals and ear, attainable, measurable, and relevant to and healthy work environment, as well as the esthat will help achieve these goals and	No Action Taken	
Department and/or		Target Date:	Completed Date:
Document Location		i	i .



Participant Actions			
Coordinator			
Narrative:			
6. Clear Lines of Com	munication with Employees and Employee Access:		
	h clear lines of communication with all employees		
	have reasonable access to top management with		
-	nealth issues. Address issues of employee language	No Action Taken	No Action Taken
_		no nelloli rakeli	no renon raken
	afety and health information in languages spoken		
and understood by en	nployees.		
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
	es, Authority, and Accountability for Safety and		
	ety and health responsibilities of each company		
employee and contra	ctor working on the site/project:		
 a. Identify who wi 	Il be responsible for achieving safety and health		
 a. Identify who wi goals and objectives. 	ll be responsible for achieving safety and health	No Action Taken	No Action Taken
goals and objectives.	ll be responsible for achieving safety and health	No Action Taken	No Action Taken
goals and objectives. Department and/or	ll be responsible for achieving safety and health	No Action Taken Target Date:	No Action Taken Completed Date:
goals and objectives. Department and/or Person Responsible:	ll be responsible for achieving safety and health		
goals and objectives. Department and/or	ll be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location:	ll be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions	ll be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting	ll be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation	ll be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required):	ll be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator	Il be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required):	Il be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator	Il be responsible for achieving safety and health		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative:			
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific	c persons to be accountable for meeting safety		
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, included	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and	Target Date:	Completed Date:
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, incluse specific safety and he	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and alth staff; assign adequate authority, as	Target Date:	
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, incluspecific safety and he appropriate to their levents.	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and alth staff; assign adequate authority, as vel of responsibility; and explain their	Target Date:	Completed Date:
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, incluspecific safety and he appropriate to their letaccountability and au	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and alth staff; assign adequate authority, as	Target Date:	Completed Date:
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, incluse specific safety and he appropriate to their leaccountability and au Department and/or	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and alth staff; assign adequate authority, as vel of responsibility; and explain their	Target Date:	Completed Date:
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, incluse specific safety and he appropriate to their leaccountability and au Department and/or Person Responsible:	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and alth staff; assign adequate authority, as vel of responsibility; and explain their	Target Date:	Completed Date:
goals and objectives. Department and/or Person Responsible: Document Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: b. Identify specific and health goals, incluse specific safety and he appropriate to their leaccountability and au Department and/or	persons to be accountable for meeting safety uding, at a minimum, managers, supervisors, and alth staff; assign adequate authority, as vel of responsibility; and explain their	Target Date:	Completed Date:



Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			
managers, supervisors	ty and health accountability plan to hold and non-supervisory employees accountable for bilities through a documented performance sal system.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
2. Employee Involven	nent - Actions Required	Participant Status	Coordinator Status
safety and health prac the following areas for	nd Health Perception Survey: Evaluate the current ctices at the total site and establish a baseline in each of the following categories of personnel -, and non-supervisory employees:	No Action Taken	No Action Taken
 a. Levels of involvesystem. 	ement in the safety and health management		
b. Values regardir	ng the importance of employee safety and health.		
c. Perceptions of and health managem	the effectiveness of the total company's safety ent system.		
	how well the culture encourages and supports accidents and injuries.		
e. Levels of comp	liance with rules or unwritten safety and health stan		
	garding their roles, responsibilities, and ring safety and health on the total site/project.		
Department and/or		Target Date:	Completed Date:
Person Responsible: Document Location:			-
Document Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
•	tractices Action Plan: Develop an action plan to om the survey and begin implementation of the	No Action Taken	No Action Taken
plan.	on me serve, and seguiniplementation of me	No Action Taken	No Action Taken
Department and/or		TID-I	CI-I-I D-I-
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
3. Employee Notifica	tion: Notify company and subcontractor as follows:		
a. Inform manage	rs, supervisors, and non-supervisory employees of		
	Occupational Safety and Health (OSH) Act. Take		
_	em to freely exercise their rights, especially that of	No Action Taken	No Action Taken
freely reporting hazard			
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
bocomeni tocanon.			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
b. Inform all emplo	byees, including new hires, of the company's	No Astro-Tal	N. A.E. T.I
participation in Challe		No Action Taken	No Action Taken
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
pocument tocation:			
		1	I



Participant Actions Taken (Supporting Documentation Required):			
Coordinator			
Narrative:			
implementation sched involvement of all mar	ree Involvement: Develop a plan, including an dule, for how to bring about the meaningful magers, supervisors, and non-supervisory employees in various safety and health related activities.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		rangerbarer	completed bale.
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
a few key teams (i.e., o	applicable labor laws, initiate the establishment of a safety and health planning team) representing site's staff, to bring about meaningful change.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale.	Completed Date.
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
such as accident inve	some employees in safety and health activities stigations. Note: Ensure that proper training is oyees conduct such activities.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			



Coordinator Narrative:			
3. Contract Worker Co	overage - Actions Required	Participant Status	Coordinator Status
and begin implement	ht and Management System: Develop, document, ing the following basic elements of an oversight tem covering contractors:		
implementing a plan f	d Health Protection: Develop and begin for how to provide contractor employees with tection equal in quality that is provided to	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
their employees that t	afety and Health Rules: Inform all contractors and hey are required to adhere to all of the company's s, regardless of their status or the length of time the site.	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	ractor Work Areas: Establish a requirement that mely identification, correction, and tracking of in their work areas.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			



Participant Actions	
Taken (Supporting	
Documentation	
Required):	
Coordinator	
Narrative:	

	Stage I - 2. Worksite Analysis		
1. Baseline Safety	and Industrial Hygiene Hazard Analysis - Actions Required	Participant Status	Coordinator Status
establish initial levels o levels, so that change	e safety and industrial hygiene hazard analysis to if exposure (baselines) for comparison to future is can be recognized. This study should include a cidents, injuries, and illnesses; complaints of revious studies; etc.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
2. Ensure that the bas	eline survey accomplishes the following:	No Action Taken	No Action Taken
 a. Identifies and do how they are controlled 	ocuments common safety hazards in the site and ed.		
determine if further sa			
further study.	ocuments safety and health hazards that need		
survey and when it wo	e work site and indicates who conducted the as completed.		
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):		•	



Coordinator			
Narrative:			
3. Repeat the baseline	e survey only if warranted by significant changes		
(i.e., changes in proce	sses, equipment, hazard controls, etc.).	No Action laken	No Action Taken
Department and/or		TI D-I	CI-II D-I
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions		l .	
Taken (Supporting			
Documentation			
Required):			
Coordinator Narrative:			
2. Hazard Analysis of I	Routine Jobs, Tasks, and Processes - Actions		Coordinator
Required		Participant Status	Status
	No Actions Required		
3. Pre-Use Analysis - C	Outcomes Achieved - Required Actions	Participant Status	Coordinator Status
	No Actions Required		
4. Industrial Hygiene (IH) Program - Actions Required	Participant Status	Coordinator Status
previously reported ha	ne study, including a chemical inventory, review of izards, trends or illnesses to identify and quantify typical health hazards such as noise, chemicals,	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
5. Routine Self-Inspec	ctions - Actions Required	Participant Status	Coordinator Status
	No Actions Required		
6. Hazard Reporting Sy	ystem for Employees - Actions Required	Participant Status	Coordinator Status
	No Actions Required		
7. Accident Investigat	ions - Actions Required	Participant Status	Coordinator Status



_	nts and Maintain Written Reports of the gations should be conducted by trained personnel	No Action Taken	No Action Taken
a. Document the e	ntire sequence of relevant events.		
b. Identify all contri	buting factors.		
 c. Determine wheth effective. 	ner the safety and health management system was		
d. Recommend ac	tions to prevent recurrence.		
e. Are prioritized			
f. Assign timeframe recommended contro	s and responsibility for implementing ols.		
g. The site should m	ake the results available to employees on request		
(although actual inves	tigation records need not be provided).		
Department and/or		Target Date:	Completed Date:
Person Responsible:		ranger baier	completed bale.
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			

8. Trend Analysis - Act	ions Required	Participant Status	Coordinator Status
 Conduct a trend analysis of previous three complete calendar years' injury and illness history, based on a thorough review of OSHA 300 logs, workers' compensation claim forms, and accident reports. 		No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
and health-related info employee reports of h	plan for conducting an analysis of other safety ormation (i.e., hazards identified during inspections, azards, accidents, near-misses, etc.) for the g or detecting trends, planning, and setting goals.	No Action Taken	No Action Taken



Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage I - 3. Hazard Prevention and Co	ntrol	
1. Certified Profession	al Resources - Actions Required	Participant Status	Coordinator Status
baseline hazard analy	sources are available if needed to conduct rsis, and that they are certified, competent, and aselines pertinent to the work activity involved.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Date Completed:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
2. Hazard Elimination	and Control Methods - Actions Required	Participant Status	Coordinator Status
identified in this stage	es and implements a system that prioritizes hazards based on the potential seriousness of injury, illness, by of exposure, and long-term effects. Establish an tion.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			



combination of option	d select the most appropriate option or as for hazard elimination and control methods, controls, administrative controls, work practices, we equipment (PPE).	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
site's hazard(s); unders equitably enforced th implemented, and up	e that the selected controls are appropriate to the stood and followed by all affected parties; rough the disciplinary system; written, dated as needed; used by employees; and hing, positive reinforcement, and correction	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			
3. Hazard Control Prog	grams - Actions Required	Participant Status	Coordinator Status
OSHA standards (i.e., F	ory of existing hazard control programs required by PPE, Hazard Communication, Respiratory agOut, Confined Space Entry, Process Safety dborne Pathogens).	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			



2. Review existing pro	grams to identify what is missing or unsatisfactory.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	ograms and modify existing programs, as needed, elines, including training requirements.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Date Completed:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			

4. Occupational Heal	th Care Program - Actions Required	Participant Status	Coordinator Status
Records Review: Conduct a thorough review of injury/illness records and ensure they are in order.		No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
licensed health care p	are Professionals: Provide employees access to professionals who can provide onsite or offsite cy services. Provide emergency services as	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:



Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
5. Preventative Mainte	enance of Equipment - Actions Required	Participant Status	Coordinator Status
maintenance. Verify w	ory of equipment that requires preventive with manufacture service intervals.	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
6. Tracking of Hazard	Correction - Actions Required	Participant Status	Coordinator Status
identified in this stage accident investigation	n using a documented system to record hazards through the baseline study, trend analysis, and as. The system must document priority, assign ction, establish timeframes for correction, and tal abatement.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	edness and Response - Actions Required	Participant Status	Coordinator Status
all shifts to all types of threat, natural disaster compliance with appl	nunicate written procedures for responding during emergencies (fire, chemical spill, accident, terrorist r, active shooter, workplace violence, etc.) in licable requirements.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:



Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
Conduct at least or procedures worked.	ne evacuation drill and assess how well the	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
and services, including medical care, ambulo	d explain to all employees emergency procedures g provisions for physician care and emergency ances, emergency medical technicians, nospital emergency rooms available for all shifts me and distance.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	ne training class on first aid and CPR so that there is mployee for each shift or an alternative that is at	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			



Coordinator Narrative:			
	Stage I - 4. Safety and Health Trainin	ng	
1. Safety and Health	Training - Actions Required	Participant Status	Coordinator Status
_	managers, supervisors, non-supervisory employees, following the general guidelines below:		
a. Document traini	ng attendance.	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			
b. Provide training	at the following intervals:	No Action Taken	No Action Taken
 For OSHA red OSHA standards; 	quired courses - as often as necessary to meet	No Action Taken	No Action Taken
(2) For non-OSH specific needs;	A required courses – at adequate intervals to meet	No Action Taken	No Action Taken
	n new work processes, new equipment, and new	No Action Taken	No Action Taken
procedures, as neede	d.		
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
training for all required developed to meet sp	uire up-to-date and clearly understandable I participants, with curricula and materials Decific site needs and modified to reflect changes Decorption of the procedures of the	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Date Completed
Document Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
d. Ensure that train	ing is conducted by persons who have specific		
subject matter knowle		No Action Taken	No Action Taken
Department and/or		Taxanat Data	Completed Date
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
e. Use findings of th	ne various worksite analysis activities (i.e., baseline		
study, hazard analysis	of routine jobs, tasks, and processes, etc.) to		
-	is relevant to the site (i.e., training on safe job	No Action Taken	No Action Taken
	workstations, equipment or materials,		
incorporating findings	in future planning efforts, etc.).		
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions		<u> </u>	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
2. At a minimum, prov	ride the following types of training to current or new		
	, and non-supervisory employees:		
a. Their rights unde	r the OSH Act.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		ranger barer	Completed Date.
Document Location:			
Participant Actions		1	<u> </u>
Taken (Supporting			
Documentation			
Required):			



Coordinator Narrative:			
b. Challenge.		No Action Taken	No Action Taken
Department and/or		Target Date	Completed Date
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	orkplace; how to recognize hazardous conditions; f workplace-related illnesses; protective measures;	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	completed bale.
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
and how to maintain i	PPE, why it is required, its limitations, how to use it, t.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			1
Coordinator			
Narrative:			
	bilities for each type of emergency.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:		_	
f. Emergency evac	cuation procedures.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		larger bale.	Completed bule.
Document Location:			
Participant Actions		•	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
3. At a minimum, prov	vide the following types of training to managers		
and supervisors:			
 a. Their specific sat 	fety and health responsibilities and how to carry	N. A.P. T.L.	N. A.P. T.L.
them out effectively.		No Action Idken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		larger bale.	Completed bale.
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
 b. Methods for cho practices. 	anging workplace safety and health attitudes and	No Action Taken	No Action Taken
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions		•	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
c. Requirements fo	r Challenge Stage I and VPP Requirements	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:	l	larger bale.	Completed bule.



Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator			
Narrative:			
safety and health staff responsibilities, to equi	ride the following types of training to designated fand others assigned safety and health p them with the knowledge and skills they need to tasks or to identify appropriate vendors:		
 a. How to conduct practices. 	an assessment of workplace safety and health	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	inging workplace safety and health attitudes and develop a plan to address necessary changes.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
 c. How to conduct hazard analysis. 	the required baseline safety and industrial hygiene	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
d. How to conduct	hazard analyses, accident/incident investigations,		
	s, trend analyses, and preventive maintenance	No Action Taken	No Action Taken
inspections.			
Department and/or		Toward Dades	Commission Date
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
e. Hazard eliminati	on and control methods.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date
Person Responsible:		rarger bale:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
_	a documented system for routinely scheduled self-	No Action Taken	No Action Taken
inspections.			
Department and/or		Target Date:	Completed Date:
Person Responsible: Document Location:			_
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
	a worker hazard-reporting system.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale.	Completed bale.
Document Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
•			
h. How to develop a plan fo	r a written IH Program.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date
Person Responsible:		rarger bale:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
i. How to develop emergen	cy procedures.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	Completed bale.
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
j. How to develop a hazard	tracking system.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale.	Completed bale.
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
5. At a minimum, provide the fo	ollowing types of training to all contractors		
	pervisors, and non-supervisory employees:		
a. Their rights under the OSH	Act.	No Action Taken	No Action Taken



Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
b. Requirements fo	r Challenge Stage I and VPP Requirements.	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
c. Hazards in the w	orkplace.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
 d. What is required and how to maintain i 	PPE, why it is required, its limitations, how to use it, t.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
e. Specific responsi	bilities for each type of emergency.	No Action Taken	No Action Taken



Department and/or Person Responsible:		Target Date:	Date Completed:
Document Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
f. Emergency evac	uation procedures.	No Action Taken	No Action Taken
Department and/or Person Responsible: Document Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage I - Documentation		
1. Minimum Required	Documentation	Participant Status	Coordinator Status
 Accurate and up to three calendar years in 	o date records of injury and illness for the previous including:		
OSHA 300 Logs		No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting Documentation			
Required):			
Required): Coordinator Narrative:			
Coordinator Narrative: • Insurance Claim F	orms	No Action Taken	No Action Taken
Coordinator Narrative:	orms	No Action Taken Target Date:	No Action Taken Date Completed:



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
 Accident Reports 		No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	completed bale.
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
2. Vision and Policy St	atements.	No Action Taken	No Action Taken
Department and/or		T 15.1	
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
	showing allocated resources for Safety and Health.	No Action Taken	No Action Taken
Department and/or	showing anocarea resources for safety and ricam.	NO ACION TUKEN	No Action Taken
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
4. Safety and Health (Goals and Objectives	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		Target Date:	Completed Date:
Document Location:			
			I



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
Accountability Plan	l .	No Action Taken	No Action Taken
Department and/or		Target Date:	Date Completed:
Person Responsible:		raiger bale:	Dale Completed:
Document Location:			
Participant Actions		1	1
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
6. Safety and Health i	ractices Action Plan	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		rarger bale:	Completed Date:
Document Location:			
Participant Actions		1	1
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
7. Meaningful plan in	cluding implementation to involve employees	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	completed bale.
Document Location:			
Participant Actions		1	1
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
8. Written contractor	policies for this stage	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	compicied bale.
Document Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
9. Baseline hazard an	alysis results, including IH reports	No Action Taken	No Action Taken
Department and/or		T 151	6 11 15 1
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions		I	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
10. Written hazard co	ntrol programs	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale.	Completed bale.
Document Location:			
Participant Actions		-	1
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
11. Accident investige	ation forms and reports	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		larger bale.	Completed bale.
Document Location:			
Participant Actions		I	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
12. Trend Analysis resu	ılts	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		.arger bale.	Completed ballet
Document Location:			
l	1		I



Participant Actions			
Taken (Supporting Documentation			
Required):			
Coordinator			
Narrative:			
Hazard correction	action plan and tracking system	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	completed bale.
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
14. Preventative Main	tenance of Equipment	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		laiger bale.	Completed bule.
Document Location:			
Participant Actions		•	-
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
15. Written emergeno	y procedures.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		laiger bale.	Completed Date.
Document Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
16. Training Records		No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		.arger baler	zompiolog balo
Document Location:			
	1		1



Participant Actions	
Taken (Supporting	
Documentation	
Required):	
Coordinator	
Narrative:	



Stage II

Coordinator Name

0			0	Year	
Stage II - 1. Manage	ment Lead	lership and I	Employee Involvement		
1. Management Com	mitment - Re	equired Action	ns	Participant Status	Coordinator Status
I	's Safety and orporate app ortement and	d Health Missi oropriate info I Policy Stater	on and Policy Statements rmation about the Safety ment into the site's	No Action Taker	n No Action Taken
Department and/or Person Responsible: Department Location:				Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):					
Coordinator Narrative:					
through behaviors tha	t demonstra ed participa	ite total comr ation by top e	executives and managers in	No Action Taker	n No Action Taken
Department and/or Person Responsible: Department Location:				Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative:					
l	I				



Report Period

Participant Name

committing and ensuri safety and health activ	es and Safety and Health Integration. Continue ng the utilization of adequate resources to support vities and programs. Improve the integration of other planning processes.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
towards achievement as the policies and pro new annual goals and SMART Goal technique subcontractors will dev company goals in an e	coals and Objectives. Review the site's progress of its safety and health goals and objectives, as well ocedures to meet them; revise and communicate objectives, as appropriate. Remember to use the ess. Establish a policy/requirement that velop their goals and objectives supportive of the equivalent manner.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
Continue to take nece company employees	munication with Employees and Employee Access. essary action to clarify lines of communication with and subcontractor employees and ensure access to egarding safety and health issues.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation			
Required):			
Coordinator			
Narrative:			
Health. Continue clarit	es, Authority, and Accountability for Safety and fying safety and health expectations for each ct employee on the site.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
supervisors, and safety performance plans the safety and health and timely feedback on per needed; conduct perf rewards and recognition	and health staff by incorporating into their and health staff by incorporating into their eir responsibilities and standards of performance for monitoring performance. Provide specific and erformance; require corrective action plans if formance appraisals; provide commensurate on for good performance; and implement a performance. (Pefer to Application item. 1.1.4.5)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
b. Continue com everyone's safety and	municating management expectations regarding health responsibilities.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date
Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	porting the authority of designated staff members for safety and health goals.	No Action Taken	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
goals and objectives,	who is responsible for achieving safety and health with no unassigned areas, so that each employee ee can describe his/her responsibility for safety and	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
(policy, procedures, co management and em among all non-supervi	evelop and begin implementing a disciplinary plan onsequences) with an implementation schedule for ployees. Ensure equitable enforcement of the plan sory employees, as well as across levels (i.e., ould not get better treatment than non-supervisory	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
Annual Salf Evaluation	ion of Safety and Hoalth Management Program. No		
action required.	ion of Safety and Health Management Program. No		
2. Employee Involvem	nent - Required Actions	Participant Status	Coordinator Status
responding to the findi	Health Perception Survey. Continue reviewing and ings and conclusions of the baseline employee ception survey conducted in Stage I.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Department Location:			
Participant Actions		•	
Taken (Supporting			
<u>Documentation</u>			
Coordinator Narrative:			
2. Safety and Health F	Perception Survey Action Plan. Continue		
implementing the site!	s Safety and Health Perception Survey Action Plan	No Action Taken	No Action Taken
developed in Stage I.			
Department and/or		Target Date:	Completed Date:
Person Responsible:		larger bale:	Completed Date:
Department Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
3. Worker Notification.	Notify new company managers, supervisors, and		
	yees of their rights under the OSH Act, of the		
	on in Challenge, and any other pertinent	No Action Taken	No Action Taken
	ate this information into the company's orientation		
for new employees an	d subcontractors.		
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale:	Completed bale:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	ee Involvement. Continue implementing the site's t plan, developed in Stage I. Specifically, for		
	e formation of new and/or greater participation in ns to meet the site's needs at this Stage of	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			•
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
-	oyee participation as part of safety and health ccident/near-miss investigations, self-inspections, es.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken(Supporting Documentation Required):		1	
Coordinator Narrative:			
3. Contract Employee	Coverage - Required Actions	Participant Status	Coordinator Status
	nt and Management System. Continue improving e following basic elements of an oversight and covering contractors:		
	nd Health Protection. Improve and continue tractor program that begun in Stage I.	No Action Taken	No Action Taken



Department and/or		Target Date:	Completed Date:
Person Responsible:		larger bale.	Completed bale.
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
requiring immediately work on-site whether re	Safety and Health Rules. Improve process for and contractually that contract employees who egular or temporary to adhere to all of the site's s, regardless of their status or the length of time they	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
process for addressing written safety and hea	ection and Oversight. Implement a policy and safety and health performance, including review of alth plan and injury and illness rates, in selecting erseeing their work while they are onsite.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:		raiger bale.	completed bale.
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
process for the timely i	ntractor Work Areas. Improve and formalize the dentification, correction, and tracking of n the contractors' work areas, as needed.	No Action Taken	No Action Taken



Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	completed bale.
Department Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
e. Removal of Co	ontractor for Violations. Develop and implement a		
penalty policy and pro	ocess for safety or health violations in contractor	No Action Taken	No Action Taken
work areas including re	emoval.		
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale:	Completed bale.
Department Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
	Stage II - 2. Worksite Analysis		
Baseline Safety and Actions	Industrial Hygiene Hazard Analysis - Required	Participant Status	Coordinator Status
	(See IH Required Actions below).		
	Routine Jobs, Tasks, and Processes - Required	Participant	Coordinator
Actions		Status	Status
1 11-17 11-			
_	nent safety and health hazards of routine jobs, tasks,		
	commend adequate hazard controls by conducting process hazard analyses when the routine jobs, tasks,		
	ad injuries/illnesses associated with them or have:		
	at incidents or near-misses; are perceived as high-		
	could result in a catastrophic explosion,	No Action Taken	No Action Taken
_	nical overexposure; or are required by a regulation or		
	steps of the task or procedure being analyzed, the		
	tly in place, recommendations for needed		
additional hazard con	trols, dates conducted, and the responsible parties.		
Department and/or		Target Date:	Completed Date:
Person Responsible:			
Department Location:			



Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative:			
environment, procedu	analysis as appropriate, such as when the res, equipment change, or when errors are found st recent hazard analysis.	No Action Taker	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date
Participant Actions Taken (Supporting Documentation Required):		1	1
Coordinator Narrative:			
3. Hazard Analysis of S	ignificant Changes - Required Actions	Participant Status	Coordinator Status
No action required.			
4. Pre-Use Analysis - C	outcomes Achieved - Required Actions	Participant Status	Coordinator Status
No action required.			
5. Industrial Hygiene (I	H) Program - Required Actions	Participant Status	Coordinator Status
identifying, analyzing, occupational disease. including sampling me	Program. Establish procedures and methods for and controlling health hazards to prevent The written program must address sampling issues thods, performed by whom, compared to what, on, and how communicated to employees.	No Action Taker	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		1	1



Coordinator			
Narrative:			
Begin implementing	the IH Program by doing the following:		
a. Conduct furth	er analysis, such as full shift sampling, if necessary.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Department Location.			
Participant Actions		•	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
sampling identified ha based on findings of th	implement sampling frequencies – a schedule for izards and conduct additional sampling as needed, ne baseline hazard analysis, review of chemicals, azards, previous exposures, and reports of illnesses.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting		1	
Documentation Coordinator			
Narrative:			
Stages I and II.	enting appropriate controls for hazards identified in	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
•			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator Narrative:			
6. Routine Self-Inspec	tions - Required Actions	Participant Status	Coordinator Status



inspections of the work schedule, the member	s a documented system for routinely scheduled self- cplace, including a tool or checklist, the inspection rs of the regular self-inspection teams to be created, esponsibility for abatement, and tracking of imely correction.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:			•
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
Start self-inspections health staff.	s, at a minimum, by designated trained safety and	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation			
Coordinator Narrative:			
3. Cover the entire wo	rksite at least twice a year.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		I	
Coordinator Narrative:			
7. Hazard Reporting Sy	ystem for Employees - Required Actions	Participant Status	Coordinator Status



may be anonymous, the management staff in v reprisal, about possible Determine and comm	implementing a hazard-reporting system, which nat allows employees to use specific tools to notify writing (or via alternate methods), without fear of a hazardous conditions, accidents, and near-misses. Unicate to employees how they will receive aken regarding the hazards they report.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:			
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	cidents and Near-Misses - Required Actions	Participant Status	Coordinator Status
Stage I.	ng accidents, following the guidelines established in	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:			-
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	near-misses, following the same guidelines or investigating accidents.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):		-	
Coordinator Narrative:			



	dings and corrective actions available to (although actual investigation records need not be	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
9. Trend Analysis - Rec	quired Actions	Participant Status	Coordinator Status
information not yet stu employees reports of h	alysis of the other safety and health-related died (i.e., hazards identified during inspections, nazards, accidents, and near-misses, etc.) for the g or detecting trends, planning, and setting goals.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
2. Conduct another tre gone by since the initia	end analysis of injury and illness history if a year has al trend analysis.	No Action Taken	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage II - 3. Hazard Prevention and Con	rol	



1. Cerlified Profession	al Resources - Required Actions	Participant Status	Coordinator Status
	ertified safety and health professionals, licensed als, and other experts as needed who can provide s.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:			
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
2. Hazard Elimination	and Control Methods - Required Actions	Participant Status	Coordinator Status
frequency of injury or il	ntified in this stage based on seriousness and lness, property loss, frequency of exposure, and long- an action plan for correction.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Date Completed:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
of options for hazard e	select the most appropriate option or combination limination and control methods including protective safety devices, administrative controls, PE.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Date Completed:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			



Coordinator Narrative:			
site's hazard(s); unders enforced through the updated as needed; u	e that the selected controls are: appropriate to the tood and followed by all affected parties; equitably disciplinary system; written, implemented, and used by employees; and incorporated into training, , and correction programs.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
3. Hazard Control Prog	grams - Required Actions	Participant Status	Coordinator Status
	ting hazard control programs required by OSHA d improve, as needed.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
Continue training all needed.	employees on the required OSHA programs as	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		1	



Coordinator Narrative:			
 Establish necessary h new OSHA Standards. 	nazard control programs in compliance with any	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
4. Tracking of Hazard	Correction - Required Actions	Participant Status	Coordinator Status
established in Stage I. the means listed in Sta jobs, self-inspections, n hazards. Record priori	ting and improving the documented system To record hazards identified in this Stage, through ge I, and now also through hazard analysis of routine lear-miss investigations, and worker reports of ty, responsibility for correction, timeframes for up to ensure total abatement.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
5. Preventative Mainte	enance of Equipment - Required Actions	Participant Status	Coordinator Status
1. Review the equipme	ent inventory developed in Stage I.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative:			
monitor and maintain machine guards and e repaired on a schedul prevent potential haza	e according to manufacturers' recommendations to	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
6. Occupational Healt	h Care Program - Required Actions	Participant Status	Coordinator Status
	re Professionals. Provide employees access to rofessionals who can provide onsite or offsite	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
such as pre-placemen employees as needed health analysis.	Needed). Company arranges for health services, t physicals, audiograms, and lung function tests for based on the outcomes of the baseline safety and	No Action Taken	No Action Taken
such as pre-placemen employees as needed	t physicals, audiograms, and lung function tests for	No Action Taken Target Date:	No Action Taken Completed Date:



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
7. Emergency Prepare	dness and Response - Required Actions	Participant Status	Coordinator Status
with applicable stands	cating the emergency procedures in compliance ards.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
employees emergenc emergency physician medical technicians, e	ue making available and explaining to all y procedures and services including provisions for and medical care, ambulances, emergency emergency clinics, or hospital emergency rooms ithin a reasonable time and distance.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
first aid and CPR availe	ency Response Team. Including persons trained in able on all shifts (or an alternative that is at least as e number of trained individuals from Stage I.	No Action Taken	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	ne evacuation drill, assess how well the procedures the emergency procedures, as needed.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage II 4. Safety and Health Training	9	
1. Safety and Health Tr	aining - Required Actions	Participant Status	Coordinator Status
	training to managers, supervisors, non-supervisory act employees following the general guidelines	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
non-supervisory emplo	e to provide current or new managers, supervisors, yees, contract employees, and designated safety required training established in Stage I.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
provide the following t staff and others with a	ed training established in Stage I, at a minimum, ypes of training to designated safety and health ssigned safety and health responsibilities to equip age and skills they need to perform their assigned ropriate vendors:		
	pp a disciplinary plan.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	p a system and written procedures to annually e's safety and health management system.	No Action Taken	No Action Taken
Department and/or	-	Target Date:	Completed Date:
Person Responsible:		raiger bale.	completed bale.
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
c. How to condu	ct hazard analyses of significant changes.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			



Coordinator			
Narrative:			
d. How to condu	ct pre-use analyses.	No Action Taken	No Action Taken
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Department Location:			
•			
Participant Actions		•	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
e. How to condu	ct IH sampling, if applicable.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		larger bale:	Completed Date:
Department Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
	et an annual evaluation of the site's safety and	No Action Taken	No Action Taken
health management s	ystem.	No Action Taken	NO ACION Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger baie.	completed bale.
Department Location:			
Participant Actions		1	
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
4. In addition to requir	ed training established in Stage I, at a minimum,		
	loyees with training on how to recognize hazardous	No Action Takes	No Action Taken
	ymptoms of workplace-related illnesses, protective	No Action Taken	No Action Taken
measures, and safe wo	ork procedures.		
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiger bale.	completed bale.
Department Location:			
		i	



Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative:			
	Stage II - Documentation		
1. Minimum Required	Documentation	Participant Status	Coordinator Status
1. All Documentation.	Required in Stage I.	No Action Taker	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):		•	
Coordinator Narrative:			
2. Minutes, Charters, N	dission Statements of safety and health teams.	No Action Taker	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
policies established in	Documentation. Updated to include additional this stage.	No Action Taker	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		1	
Coordinator Narrative:			



Job Hazard Analysis	forms and records	No Action Taker	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		•	
Coordinator Narrative:			
5. Written IH Program (and Sampling results	No Action Taker	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):		1	
Coordinator Narrative:			
6. Routine Self-Inspec	tion forms and records	No Action Taker	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		,	
Coordinator Narrative:			
7. Employee Hazard R	eporting form	No Action Taker	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):		I	



Coordinator Narrative:			
8. Trend Analysis result	S	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	owing implementation of hazard controls and their tilation studies, PPE purchases, machine guarding	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
10. Written Preventive	Maintenance schedule and system.	No Action Taken	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
11. Emergency Proce	dures updated since Stage 1.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
12. Training Matrix and	d Records.	No Action Taker	No Action Taken
Department and/or		Townsk Date:	Commission Dela
Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions			
Taken (Supporting			
Documentation			
Required):			
Coordinator			
Narrative:			
	1		



Stage III				
Participant No	ame	Coordinator Name	Repo	rt Period
[Enter Participant	Namel	[Enter Coordinator Name]	Time Period	[Enter Time Period]
[Enler Fariicipani	Numej	[Enler Coordinator Name]	Year	[Enter Year]
Sta	ge III - 1. Mo	nagement Leadership and Emplo	yee Involvemer	it .
1. Management Com	mitment - Req	uired Actions	Participant Status	Coordinator Status
communicate the site for the site and take no contractors understan- information about the Statements routinely b	's Safety and I eccessary steps d the stateme site's Safety a ecomes a pai w employees	licy Statements. Continue to Health Mission and Policy Statements to ensure all employees and ents. Ensure that appropriate and Health Mission and Policy to f general communication and of and contractors. (Refer to	No Action Taken	No Action Taken
Department and/or			Target Date:	Completed Date:
Person Responsible: Department Location:				
Participant Actions Taken (Supporting Documentation Required):				
Coordinator Narrative:				
site through behaviors health (see examples i executives, managers,	that demonst in Stage I). En , and superviso	e setting an example to the entire rate total commitment to safety and sure total involvement of all ors in the site's safety and health efer to Application item 1.1.A.3.)	No Action Taken	No Action Taken
Department and/or			Target Date:	Completed Date:
Person Responsible: Department Location:				•
Participant Actions Taken (Supporting Documentation Required): Coordinator				
Narrative:				



committing and ensuri safety and health acti	res and Safety and Health Integration. Continue ing the utilization of adequate resources to support vities and programs. Ensure that safety and health into all planning processes at the site. (Refer to 6.6.)	No Action Taken	No Action Taken	
Department and/or Person Responsible:		Target Date:	Completed Date:	
Department Location:				
Participant Actions Taken (Supporting Documentation Required):	Taken (Supporting Documentation			
Coordinator Narrative:				
continue communicat year's safety and healt procedures to meet th objectives are routinel	ioals and Objectives. Review, revise, and ing, as appropriate to this Stage, the previous th goals and objectives, as well as the policies and iem. Ensure that safety and health goals and y considered in planning for and implementing the ad programs. (Refer to Application item 1.1.A.1.)	No Action Taken	No Action Taken	
Department and/or Person Responsible:		Target Date:	Completed Date:	
Department Location:				
Participant Actions Taken (Supporting Documentation Required):				
Coordinator Narrative:				
Continue to take nece all employees and ens regard to safety and h	munication with Employees and Employee Access. essary action to clarify lines of communication with ourse reasonable access to top management with ealth issues. Take proactive steps to encourage en management and employees. (Refer to 0.4.)	No Action Taken	No Action Taken	
Department and/or Person Responsible:		Target Date:	Completed Date:	
Department Location:				



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
Health. Continue clar employee and contra- understand and acce Continue supporting the accountable for achie addition: (Refer to App	es, Authority, and Accountability for Safety and ifying safety and health expectations for each ct employee in the site. Ensure all employees pt their safety and health roles and responsibilities. The authority of designated staff members who are eving safety and health goals and objectives. In polication item 1.1.A.5.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
incorporated into the vall employees, including	fety and health performance elements have been written job descriptions and performance plans of a managers, supervisors and non-supervisory contractors. (Refer to Application item 1.1.A.5.)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
descriptions and perfo and ensure that every monitored and evalua	afety and health responsibilities into the job rmance plans of all non-supervisory employees individual's safety and health performance is ted and that everyone receives feedback on their ormance. (Refer to Application item 1.1.A.5.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:



Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
exemplary safety and 3.F.)	mplement a system of rewards and recognition for health performance. (Refer to Application item	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			-
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
disciplinary plan devel ensuring equitable ent	Improve and continue implementing the loped in Stage II for non-supervisory employees, forcement as required. Enforce the plan to ensure cance to achieve the desired outcomes for Stage in item 3.F.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			



Develop a system and entire site's safety and be conducted by site staff, or trained outside weaknesses of the site's specific recommenda for improvements; and recommendations. The evaluation of its safety the site must conduct	written procedures to annually evaluate the health management system. The evaluation may employees with managers, qualified corporate ers. The evaluation must identify the strengths and is safety and health management system; contain tions, timelines, and assignment of responsibilities id document actions taken to satisfy the e site must conduct at least one annual self-and health management system in Stage III; and additional self-evaluations each year they remain Application item 1.1.D.1.)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:		ranger baler	completed bale.
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
		Participant	Coordinator
2. Employee Involve	ement - Required Actions	Status	Status
1. Follow-Up Employee	e Safety and Health Perception Survey. Conduct a	Status	Status
Follow-Up Employed follow-up assessment a	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health		Status
Follow-Up Employed follow-up assessment of perception survey to ice	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health	Status No Action Taken	Status No Action Taken
Follow-Up Employed follow-up assessment of perception survey to id Department and/or	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health	Status	Status
Follow-Up Employed follow-up assessment of perception survey to ice	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health	Status No Action Taken	Status No Action Taken
Follow-Up Employed follow-up assessment of perception survey to id Department and/or Person Responsible:	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health	Status No Action Taken	Status No Action Taken
Follow-Up Employed follow-up assessment of perception survey to id Department and/or Person Responsible: Department Location: Participant Actions Taken (Supporting Documentation	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health	Status No Action Taken	Status No Action Taken
1. Follow-Up Employed follow-up assessment of perception survey to ide Department and/or Person Responsible: Department Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: 2. Safety and Health P	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health dentify improvements.	Status No Action Taken	Status No Action Taken
1. Follow-Up Employed follow-up assessment of perception survey to ide Department and/or Person Responsible: Department Location: Participant Actions Taken (Supporting Documentation Required): Coordinator Narrative: 2. Safety and Health Pimplementing the site!	e Safety and Health Perception Survey. Conduct a of the baseline employee safety and health dentify improvements.	No Action Taken Target Date:	No Action Taken Completed Date:



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
non-supervisory emplo Act and of the site's po information about emp the site's orientation tro proactive steps to end especially that of freel Application item 1.1.8.	on. Continue notifying new managers, supervisors, yees, and contractors of their rights under the OSH articipation in Challenge. Assure that appropriate ployees' rights continues to be incorporated into aining for new employees and contractors. Take courage all employees to freely exercise their rights, y reporting hazards in the workplace. (Refer to 2.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			
implementation of the	ee Involvement. Take proactive steps to ensure full site's employee involvement plan developed in Stage II. Specifically, for Stage III: (Refer to 1.)		
required outcomes for	the safety and health teams need to achieve the Stage III are established and that there is broad participation in these teams.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			



inspections, and job ho teams that have broad Application item 1.1.B.	aris, accident/incident investigations, self- azard analyses are routinely conducted by regular d and active employee representation. (Refer to 1.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			
program for employee	continue implementing the site's hazard-reporting is. Take proactive steps to encourage more active participation. (Refer to Application item 1.1.B.1.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
3. Contract Employee	Coverage - Required Actions	Participant Status	Coordinator Status
and fully implementing system. Take proactive and health protection adhere to the site's saf for safety and health ver safety and health perform their work; and that the	the contractor oversight and management esteps to ensure that contractors receive safety equal to that received by employees; that they ety and health rules and are removed promptly iolations; that management considers contractors' ormance in selecting contractors and overseeing este identifies, corrects, and tracks uncontrolled work areas. (Refer to Application item 1.1.C.1.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
working with contracto	Management Systems for Contractors. Begin ors to encourage and support them in developing on effective safety and health management dication item 1.1.C.1.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage III - 2. Worksite Analysis		
1. Worksile Analysis - I	Required Actions	Participant Status	Coordinator Status
significant changes (i.e	epeat the baseline survey only if warranted by e., changes in processes, equipment, hazard o Application item 2.A.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
conducting hazard an	Routine Jobs, Tasks, and Processes. Continue alyses, following guidelines specified in Stages II, to control hazards at the site. Specifically for this ation item 2.B.)		



recommend adequate system/process hazard processes; have writte studies and analyses for the Challenge Particip	ds of routine jobs, tasks, and processes and e hazard controls by conducting task-based or analyses when the routine jobs, tasks, and procedures; have been recommended by other or more in-depth analysis; or are determined by ant to warrant hazard analysis. Follow the in Stage II. (Refer to Application item 2.B.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
Identify and documen including but not limite once a year) and new identify uncontrolled h	Non-Routine Tasks and Significant Changes. t safety and health hazards of significant changes, d to non-routine tasks (i.e. performed less than processes, materials, equipment and facilities to azards prior to the activity or use and recommend trols. (Refer to Application item 2.C.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
4. Pre-Use Analysis.			
significantly different o analysis to review the p employees at a level o	nsidering new equipment, chemicals, facilities, or perations or procedures, conduct a pre-use potential safety and health impact on the of detail that is appropriate considering the number of people who may be affected. (Refer C.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
this practice into the p opportunity for proact 2.C.)	begin implementing a plan for how to integrate rocurement/design phase to maximize the ive hazard controls. (Refer to Application item	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	e steps to ensure that pre-use analysis continues to procurement/design phase. (Refer to Application	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
to identify, analyze, ar disease. (Refer to App	rogram. Continue implementing the IH program and control health hazards to prevent occupational blication item 2.A.)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			



Coordinator Narrative:			
6. Routine Self-Inspect	ions.		
documented system fo	d subcontractors continue implementing the or routinely scheduled self-inspections of the in Stage II. (Refer to Application item 2.D.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):		-	
Coordinator Narrative:			
health staff, with the p (Refer to Application it	ducting self-inspections by designated safety and articipation of other non-supervisory employees. em 2.D.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
· ·	e steps to ensure that self-inspections are routinely nd that the entire work site is covered at least plication item 2.D.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			



reporting system and en improvements as neede the status of hazards rep messages, bulletin board proactive steps to encor	vistem. Continue implementing the hazard- icourage active reporting. Implement program ed. Ensure regular feedback to all employees on ported (i.e. through meetings, newsletters, email d postings, intranet postings, etc.). Take urage all employees to freely make suggestions anditions without fear of retaliation. (Refer to	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:		raiger baie.	completed bale.
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	dents and Near-Misses. Continue investigating ses, as needed, following the guidelines specified to Application item 2.F.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
analysis to ensure that th annually) as scheduled, is used in setting future g	proactive steps to establish a system for trend ne process takes place regularly (at least for all types of safety and health information and goals to address identified trends of accidents, efer to Application item 2.G.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			



Coordinator Narrative:			
	Stage III 3. Hazard Prevention and C	ontrol	
1. Hazard Prevention o	and Control - Required Actions	Participant Status	Coordinator Status
and contractors acce	nal Resources. Continue to provide employees ss to certified safety and health professionals and rofessionals who can provide onsite and offsite lication item 1.1.A.6.)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible: Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
identify hazards throug combinations of option appropriate methods controls, protective sat practices, and PPE). C	and Control Methods. Continue to proactively the all means and selecting options or as to eliminate or control hazards using the most or combination of methods (i.e. engineering fety devices, administrative controls, work correct all hazards identified in this and previous term abatement projects, before graduating from polication item 3.A.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
programs required by including an annual re to establish hazard coi	ograms. Continue to maintain all hazard control on OSHA Standard, complying with all guidelines, view and training if required. Take proactive steps introl programs, if any, required by new OSHA diffy or update existing programs, as needed.	No Action Taken	No Action Taken



Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
site's documented has improve the tracking s communicate with all	racking. Continue to implement and improve the zard tracking system. Take proactive steps to ystem, ensure that it is fully implemented, and employees throughout the process on the status ntified until they are totally abated. (Refer to	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
preventive maintenan conditions. Take proac established, routinely-c	ance of Equipment. Continue to implement the ce on equipment to prevent any hazardous ctive steps to ensure that the site schedule has an observed preventive maintenance schedule and intenance is automatically part of future systems.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	th Care Program. Take proactive steps to provide onal health care program, including:		



professionals, needed medical care; improve	access to or availability of certified health care health services, and emergency physician and e the program based on all available safety and efer to Application item 3.C.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required): Coordinator			
Narrative:			
to help identify causes illnesses. Ensure care p	licensed health care providers to include site visits and symptoms of occupational injuries and provided is within the schedule of licensure and ocedures. (Refer to Application item 3.C.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
communicate, and im responding during all s results of previous drills annual drill. Ensure the response team on ever on their use. Take productionatic tracking of program and proceduconsult with local fire a explosion, or chemical	edness and Response. Continue to improve, aplement the site's written procedures for shifts to all types of emergencies. Review the and conduct and evaluate, at a minimum, an at there is at least one fully operational emergency ery shift. Provide AEDs as appropriate and training active steps to ensure full implementation and the site's emergency preparedness and response ares. Establish a HAZMAT Team if necessary and department to ensure adequate coverage for fire, I release. (Refer to Application item 3.G.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage III - 4. Safety and Health Train	ing	
1. Safety and Health T	raining - Required Actions	Participant Status	Coordinator Status
-	e training to all employees, including contractors, guidelines specified in Stage I. (Refer to	No Action Taken	No Action Taken
Department and/or Person Responsible: Department Location:		Target Date:	Completed Date:
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	s to improve and continue providing training on ded. (Refer to Application item 4.B.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
conditions along with	contractors on how to recognize hazardous the signs and symptoms of workplace-related Refer to Application item 4.F.)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			



Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
	Stage III - Documentation		
1. Documentation		Participant Status	Coordinator Status
 All documentation t 	from Stages I and II completed and updated.		No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
 Annual self-evaluati system. 	on of the site's safety and health management	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
3. Follow up Safety an	d Health Perception Survey and results.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
 Hazard analysis form significant changes. 	n showing analysis of non-routine tasks or	No Action Taken	No Action Taken



Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			
5. Pre-use analysis form	ns and results.	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Department Location:			
Participant Actions Taken (Supporting Documentation Required):			
Coordinator Narrative:			



Stage I Desired Outcomes

Element 1. Management Leadership and Employee Involvement

1. Management Commitment

Return to Element

Top Management:

- In conjunction with the employees, have developed, issued, and communicated an acceptable Safety and Health Mission Statement.
- 2 Have developed, issued and communicated an acceptable Safety and Health Policy Statement.
- 3 Demonstrates visible Safety and Health leadership

Management:

- 4 Has committed adequate resources and has begun integrating Safety and Health goals and objectives that are clear, attainable, measurable, and significant.
- 5 Has developed and communicated annual safety and health goals and objectives that are clear, attainable, measurable, and significant.
- Has clarified lines of communication and encourages all workers to contact top management of safety and health issues.
- 7a Has clearly identified every employee's and contract worker's responsibility for safety and health.

The site has an acceptable safety and health accountability plan that includes:

- 7b Safety and health responsibilities and accountability are included in the job descriptions and performance plans of, at a minimum, managers, mid-level supervisors, and designated safety and health staff.
- 7c Authority provided to persons responsible for achieving safety and health goals.

2. Employee Involvement

Return to Element

- 1 Has conducted a baseline employee safety and health perception survey.
- Has reviewed the results of the employee safety and health perception survey and has begun to make changes in response to the findings.
- Has informed all workers of their rights under the OSH Act, of the site's participation in Challenge, and of the fundamental principles of VPP.
- 4 Has established a few key teams that represent different sectors of the site's staff. Teams have established goals and missions that will effectively contribute to safety and health, such as addressing a particular trend, spreading the word about Challenge, acting as one avenue to accept employee reports of hazards.

3. Contract Worker Coverage

- Has developed a plan for providing contractors high-quality safety and health protection equal to that received by employees.
- 2 Has required all contractors and contract workers to adhere to the site's safety and health rules.
- Has a system of contractor oversight to ensure that contractors have systems and processes for ensuring the timely identification, correction, and tracking of uncontrolled hazards in contractors' work areas.



Element 2. Worksite Analysis

1. Baseline Safety and Industrial Hygiene Hazard Analysis

Return to Element

- 1 Has conducted an acceptable Baseline Safety and Industrial Hygiene Hazard Analysis.
- Has conducted a repeat baseline study if justified by significant change (e.g., changes in processes, equipment, hazard controls, etc.).

2. Hazard Analysis of Routine Jobs, Tasks and Processes & 3. Pre-Use Analysis

Return to Element

No Action Required

4. Industrial Hygiene (IH) Program

Return to Element

Has conducted a baseline study based on this IH Program Plan, including a noise, possible chemical exposures, and chemical inventory.

5. Routine Self-Inspections

Return to Element

No Action Required

6. Hazard Reporting System for Employees

Return to Element

No Action Required

7. Investigation of Accidents and Near-Misses

Return to Element

- 1 Had developed a documented system and procedures for investigation of accidents.
- 2 If applicable, site has conducted acceptable investigations of accidents.

8. Trend Analysis

Return to Element

- Has conducted a trend analysis of injury and illness history at the site for previous three complete calendar vears.
- Has, at a minimum, begun developing a plan for conducting additional trend analyses of other safety and health related information.

Element 3. Hazard Prevention and Control

1. Certified Professional Resources

1 No action is required, unless outside resources are being utilized to conduct the baseline hazard analysis.

2. Hazard Elimination and Control Methods

- 1 Has begun identifying and selecting the most appropriate hazard elimination and control methods for the most serious known hazards at the site that were identified in this stage through the baseline hazard analysis, accident investigations, and/or trend analysis.
- 2 Hazard controls follow the hierarchy of controls. (Engineering, administrative, work practice, PPE).
- 3 Top priority hazards are controlled before progressing to Stage II. (For hazards requiring long-term abatement projects, such as new ventilation systems, interim protection is acceptable).



3. Hazard Control Programs

Return to Element

Has met all minimum requirements regarding the establishment of hazard control programs required by OSHA standards

4. Occupational Health Care Program

Return to Element

- Has conducted thorough review of OSHA 200/300 logs, insurance claims, and accident investigations and ensures that all records are in order.
- Employees have access to health services, as needed, based on results of the baseline safety and health analysis including physician and emergency medical care. (See also Emergency Preparedness and Response).

5. Preventive Maintenance of Equipment

Return to Element

1 Has an inventory of equipment that requires preventive maintenance and verified recommended intervals.

6. Tracking of Hazard Correction

Return to Element

Has developed and established a hazard tracking system.

7. Emergency Preparedness and Response

Return to Element

- 1 Has provided emergency physician and medical care.
- 2 Has established and communicated written emergency procedures.
- 3 Has trained employees and provided first aid and CPR for each shift, or an equally effective alternative.

Element 4 Safety and Health Training

1. Safety and Health Training

Training provided complies with specified guidelines.

2. Managers, supervisors, non-supervisory employees, and contractors are:

- 2a Aware of their rights under the OSH Act, what Challenge is all about, and fundamental VPP Principles.
- 2b Familiar with the hazards onsite; how to recognize hazardous conditions; signs and symptoms of workplace-related illnesses; protective measures; safe work procedures; and the function, use, and maintenance of specific PPE they are required to wear.
- 2c Familiar with emergency evacuation procedures and their specific responsibilities for each type of emergency.
- 3 Managers and supervisors have specific knowledge of their safety and health roles and responsibilities and how they can carry these out, including knowledge of change strategies they can use to help improve the safety and health culture at the total site.
- Designated staff who have assigned safety and health responsibilities have the knowledge and skills they need to perform the tasks assigned to them.



Stage II Desired Outcomes

Element 1. Management Leadership and Employee Involvement

1. Management Commitment

Return to Element

- All employees and contract workers are aware of management's and employee's safety and health vision for the site.
- In addition to top management, managers and supervisors are also demonstrating visible safety and health leadership.
 - Management has committed adequate resources to meet the safety and health outcomes required for
- 3 Stage II. Management continues to improve and strengthen the integration of safety and health into existing planning.
- Management, in conjunction with the employees, continues to develop and communicate annual safety and health goals and objectives that are clear, attainable, measurable, and significant.
- 5 Employees are communicating with management more openly on safety and health issues.
- 6 Managers, supervisors, and non-supervisory employees can clearly describe their responsibilities and accountability for safety and health at the site.
 - Employees identified as being accountable for meeting safety and health goals believe they have
- 6a adequate authority and support to do their job. Other workers recognize these persons' authority and are beginning to support them.
- 6b Managers, supervisors, and specific safety and health staff are monitored and evaluated on their safety and health performance; receive feedback; prepare corrective action plans as needed; receive rewards and recognition for good performance; and bear consequences for poor performance.
- Safety and health responsibilities and accountability are included in the job descriptions and performance plans of managers, mid-level supervisors, and designated safety and health staff.
- 7 Site has an acceptable disciplinary plan for non-supervisory employees and contract workers, which identifies the consequences for meeting or failing to meet safety and health expectations.
- 8 Site has an acceptable plan for conducting an annual evaluation of the total site's safety and health management system.

2. Employee Involvement

Return to Element

- 1 The site can demonstrate significant improvement in its safety and health practices in terms of employee involvement, attitudes (survey results), and hazard-reporting; their compliance with rules and standards; and their acceptance of safety and health roles and responsibilities.
- 2 Increased activity on and/or additional safety and health teams are formed with greater employee participation.
- 3 Site has incorporated into its orientation training for new employees all the information that is required to be shared with employees (e.g., rights under the Occupational Safety and Health Act, the site's participation in Challenge, and the fundamental principles of VPP).
- More employees are actively participating in safety and health activities at the site, together with 4 designated safety and health staff in performing hazard analyses, accident and near miss investigations, and self-inspections.

3. Contract Worker Coverage

- Site routinely uses safety and health factors, such as injury and illness rates, in selecting and overseeing contractors.
- Site can demonstrate a significant improvement in its system for the timely identification, correction, and tracking of uncontrolled hazards in contractors work areas.
- Site has an established process to monitor contractor compliance and to remove contractors for safety or health violations.



- 4 Site can demonstrate a significant rise in the quality of safety and health protection given to contract workers
- Site can demonstrate a significant rise in the level of compliance by contract workers with the site's safety and health rules

Element 2. Worksite Analysis

1. Baseline Safety and Industrial Hygiene Hazard Analysis

Return to Element

No Action Required

2. Hazard Analysis of Routine Jobs, Tasks and Processes

Return to Element

1 Site has conducted acceptable hazard analyses of routine jobs, tasks, and processes.

3. Hazard Analysis of Significant Changes

Return to Element

No Action Required

4. Pre-Use Analysis

Return to Element

No Action Required

Industrial Hygiene (IH) Program

Return to Element

- Site has developed a written IH program.
- Site has begun implementing controls for hazards identified in the initial baseline study.
- 3 Site has established and implemented sampling frequencies.
- 4 Site has conducted the necessary IH surveys.

6. Routine Self-Inspections

Return to Element

- 1 Site has developed a documented routine self-inspection system.
- Acceptable routine self-inspections have been conducted, at a minimum, by designated safety and health staff.
- 3 The entire worksite, including contractor work areas, has been inspected at least twice a year.

7. Hazard Reporting System for Employees

Return to Element

Site has developed and begun implementing a documented hazard reporting system that includes a feedback to employees on actions taken.

8. Investigation of Accidents and Near-Misses

Return to Element

- Site has expanded system and process developed in Stage I for accident investigation to include nearmisses.
- 2 Site has conducted acceptable investigations of accidents and near-misses.

9. Trend Analysis



- Site has conducted another acceptable trend analysis of injury and illness history at the site if a year has gone by since the initial analysis.
- Site has conducted an acceptable trend analysis of the other safety and health information in addition to injury and illness history (i.e., near-misses reported, reported hazards, company wide incidents, etc.).

Element 3. Hazard Prevention and Control

1. Certified Professional Resources

Return to Flement

Site has identified certified safety and health professionals and other licensed health care professionals whom employees and contract workers can access for onsite or offsite safety and health services.

2. Hazard Elimination and Control Methods

Return to Element

- Site has begun identifying and selecting the most appropriate hazard elimination and control methods for hazards identified in this Stage through all previous methods, and now also through hazard analysis of routine jobs, self-inspections, near-miss investigations, and employee reports of hazards.
- Hazard controls follow the hierarchy of controls. (elimination/substitution, engineering, administrative, work practice, PPE).
- 3 Top priority hazards are controlled before progressing to Stage III. (For hazards requiring long-term abatement projects, such as new ventilation systems, interim protection is acceptable).

3. Hazard Control Programs

Return to Element

- Site continues to implement, maintain, modify, and improve hazard control programs required by OSHA standards.
- 2 Site continues to train all workers on these programs, as needed.

4. Tracking of Hazard Correction

Return to Element

Site continues to implement and improve the hazard tracking system.

5. Preventive Maintenance of Equipment

Return to Element

The site has established and is following an acceptable preventive maintenance schedule.

6. Occupational Health Care Program

Return to Element

- 1 Site continues to provide access to licensed health care professionals.
- Site continues to provide access to health services, as needed, based on the results of the baseline safety and health analysis.
- Site continues to provide access to physician care and emergency medical care for all shifts within a reasonable time and distance. (See also Emergency Preparedness and Response).

7. Emergency Preparedness and Response

- Site continues to communicate the written procedures for responding to all types of emergencies that meet VPP requirements and has begun improving the emergency procedures established in Stage I.
- 2 Site has conducted at least one evacuation drill and has assessed how well the procedures worked.
- 3 Site continues to provide Emergency Medical Services.
- Site has made available to each shift a sufficient number of employees trained in first aid and CPR, or an alternative at least as effective.
- 5 Site has established an Emergency Response Team.



Element 4. Safety and Health Training

1. Safety and Health Training

- Training provided complies with guidelines established in Stage I.
 - Managers, supervisors, non-supervisory employees, and contract workers are aware of their safety and
- 2 health related rights and have the knowledge and skills they need to perform their safety and health roles and responsibilities.
- 3 Implemented training required for safety and health staff.
 - Provide training to contract employees recognition of hazard, symptoms of workplace illnesses, protective
- 4 measures and safe work procedures.



Stage III Desired Outcomes

Element 1. Management Leadership and Employee Involvement

1. Management Commitment

eturn to Element

- Management overall demonstrates at least minimally effective, visible leadership with respect to the site's safety and health program.
- Top management accepts ultimate responsibility for safety and health in the organization even if safety and health functions are delegated to others.
- The individuals assigned responsibility for safety and health have the authority to ensure that hazards are corrected or necessary changes to the safety and health management system are made.
- 4 Management has set aside and promotes the use of adequate and dedicated resources for safety and health.
- 5 All employees and contract workers are aware of managements and employees safety and health vision for the site.
 - Safety and health responsibilities and accountability are included in the job descriptions and
- 6 performance plans of non-supervisory employees and contract workers, in addition to those of managers, mid-level supervisors, and designated safety and health staff.
- 7 Enforce, document, and improve disciplinary plan.
- 8 Site has an acceptable plan for conducting an annual evaluation of the total site's safety and health management system.

2. Employee Involvement

Return to Element

- 1 & 2 Complete perception survey plan
 - 3 Employees support the site's participation in the Challenge process.
- Site safety and health teams are adequately supported and functioning. Audits, inspections, and investigations are routinely conducted and have broad employee involvement.
- 4b Employees feel free to participate in the safety and health management system without fear of discrimination or reprisal.
- 4c Employees are involved in the safety and health management system in at least three meaningful and constructive ways in addition to the exercise of their right to report a hazard.

3. Contract Worker Coverage

Return to Element

- Contractors support the site's participation in the Challenge process.
- 2 The site's contractor program covers the prompt correction and control of hazards in the event that the contractor fails to correct or control such hazards.
- 3 The contract oversight is minimally effective considering the nature of the site including: equal safety and health protection provided to contractors, rise in the level of compliance by contract workers with the site's safety and health rules, safety and health performance included in the bidding process, monitoring and correction of hazards in contractor's work areas, and enforcement of penalties, including removal for safety and health violations.
- Site can demonstrate a significant rise in the quality of safety and health protection given to contract workers as reported in employee interviews.
- 5 Site can demonstrate a significant rise in the level of compliance by contract workers with the site's safety and health rules (e.g.: less hazards in contractor work areas, fewer disciplinary actions, fewer penalties).



Element 2. Worksite Analysis

1. Baseline Safety and Industrial Hygiene Hazard Analysis

Return to Element

Site has previously conducted baseline survey in Stage I and completed any required resampling after implementing any Hierarchy of Controls required by OSHA programs. (i.e.: Hearing Conservation, Respiratory Protection, regulated chemicals such as Formaldehyde, Asbestos, etc.)

2. Hazard Analysis of Routine Jobs, Tasks and Processes

Return to Element

Site has an effective hazard analysis system in place for routine operations, non-routine operations, and significant changes

3. Hazard Analysis of Non-Routine Tasks and Significant Changes

Return to Element

ate nas an effective nazara analysis system in place for non-routine operations and significant

4. Pre-Use Analysis

Return to Element

Site has at least an effective hazard analysis system in place when considering new equipment, chemicals, facilities, or significantly different operations or procedures.

5. Industrial Hygiene (IH) Program

Return to Element

- Site has developed a written IH program.
- 2 Site has implemented controls for hazards identified in the initial baseline study.
- 3 Site has established and implemented sampling frequencies.
- 4 Site has conducted the necessary IH surveys.

6. Routine Self-Inspections

Return to Element

Site has a documented system for routinely scheduled system for self inspections that are completed monthly and ensures that the entire site is covered at least quarterly.

7. Hazard Reporting System for Employees

Return to Element

1 Hazard reporting system is active and encourages reporting with regular feedback.

8. Investigation of Accidents and Near-Misses

Return to Element

- Site has expanded system and process developed in Stage I and II for accident investigation to include near-misses.
- 2 Site has conducted acceptable investigations of accidents and near-misses.

9. Trend Analysis

Return to Element

1 The site has an effective means for identifying and assessing trends.

Element 3. Hazard Prevention and Control

1. Certified Professional Resources

eturn to Element

Continue to provide employees and contractors access to certified safety and health professionals and other licensed health care professionals who can provide onsite or offsite services

2. Hazard Elimination and Control Methods



Return to Element

1 Site has an effective tracking system that results in hazards being controlled, reduced, or eliminated.

3. Hazard Control Programs

Return to Element

1 Continue to maintain all hazard control programs required by an OSHA standard, complying with all guidelines including an annual review and training if required. Take proactive steps to establish hazard control programs, if any, required by new OSHA standards and to modify or update existing programs as needed.

4. Tracking of Hazard Correction

Return to Element

1 Continue to implement and improve the site's documented hazard tracking system.

5. Preventive Maintenance of Equipment

Return to Element

Continue to implement the preventive maintenance schedule on equipment to prevent any hazardous conditions.

6. Occupational Health Care Program

Return to Element

- Site continues to provide access to licensed health care professionals to help identify causes and symptoms of occupational injuries and illnesses.
- Site continues to provide access to health services, as needed, based on the results of the baseline safety and health analysis.

7. Emergency Preparedness and Response

Return to Element

Continue to improve, communicate, and implement the site's written procedures for responding during all shifts to all types of emergencies. All shifts should be included in one emergency response drill annually.

Safety and Health Training

1. Safety and Health Training

Return to Element

- Training provided complies with specified guidelines.
- Site provides an effective training to educate employees regarding the known hazards of the site and their controls.
- 3 site.



Stage | Example

Coordinator Name

0		1	[Enter Coordinator Name]	Time Period	[Enter Time Period]
				Year	[Enter Year]
		_			_
Stage I 1. Manage	ment Leaders	hip and Emplo	yee Involvement		
1 Management Co.	namitment A	etions Possiss	J.	Participant	Coordinator
1. Management Co	mmument - A	ctions Require	:u	Status	Status
			nd communicate a Safety and		
	. ,		ts to be). This Vision statement		
			enge. This process may include	Completed	In Progress
involving permanent emp Application item 1.A.1)	ployees in the de	velopment of thes	e documents. (Refer to		
Department and/or		HRE	Dept.	Target Date:	Completed Date:
Person Responsible:	 	7 luple to pr	Icana:	- 1- 1	
Document Location:			cy/SHMission.doc	3/1/2016	4/1/2016
Participant Actions		-	statement that is signed by all em	ployees. Communicat	ed this to all
Taken (Supporting	employees duri	ng Monthly Meet	ing, posted in breakrooms.		
Documentation					
Coordinator Narrative: Reviewed the safety and mission statement, meets all requirements. All employees were informed via			e informed via		
	meeting, postin	igs and paycheck	stuffers		
2. Safety and Health Pol	icy Statement:	Develop, issue, an	d communicate a Safety and		
Health Policy Statement	(i.e., what the sit	e commits to doin	g). (Refer to Application item 1.	No Action Taken	No Action Taken
A.2)					
Department and/or				Target Date:	Completed Date:
Person Responsible:				rarget bate:	completed bate:
Document Location:					
Participant Actions					
Coordinator Narrative:					
3. Leadership: Company	y establishes a po	licy requiring man	nagers to participate and		
		_	ystem activities. Managers set an		
			safety and health, such as		
			PPE, encouraging employees to	No Action Taken	No Action Taken
		_	ot safe, we're not doing it"		
	-		ctions that are required of		
employees. (Refer to App	olication item 1./	4.3)			
Department and/or				T	0
Person Responsible:				Target Date:	Completed Date:
Document Location:					
Participant Actions			-		
Coordinator Narrative:					
I	1				



Report Period

Participant Name

budget for the present an health expenditures, as w prompt correction of unc resources to achieve this and health into other asp building materials, etc. C	and safety and health integrations: Develop a safety and health and for the future, including a plan for covering typical safety and well as unusual or emergency expenditures such as requirements for ontrolled hazards. Commit and ensure utilization of adequate for Challenge. Take management action to begin integrating safety ects of planning, such as planning for new equipment, processes, ompany establishes a policy/requirement that safety and health will erall planning and budgeting processes. (Refer to Application item	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
employees the annual saf measurable, and relevant the policies and procedur	als and Objectives: Establish, document, and communicate to fety and health goals and objectives that are clear, attainable, to bringing about a safe and healthy work environment, as well as es that will help achieve these goals and objectives. Goals should baseline and trend analysis. (Refer to Application item 1.A.8)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
	Coordinator Narrative:		
establish clear lines of cor reasonable access to top issues of employee langu	nication with Employees and Employee Access: Take action to mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages y employees. (Refer to Application item 1.A.4)	No Action Taken	No Action Taken
establish clear lines of cor reasonable access to top issues of employee langu	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages	No Action Taken Target Date:	No Action Taken Completed Date:
establish clear lines of cor reasonable access to top issues of employee langur spoken and understood b Department and/or	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages		
establish clear lines of cor reasonable access to top issues of employee langur spoken and understood b Department and/or Person Responsible:	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages		
establish clear lines of cor reasonable access to top issues of employee langu- spoken and understood b Department and/or Person Responsible: Document Location:	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages		
establish clear lines of cor reasonable access to top issues of employee langu- spoken and understood b Department and/or Person Responsible: Document Location: Participant Actions Coordinator Narrative:	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages y employees. (Refer to Application item 1.A.4) Authority, and Accountability for Safety and Health: Clarify the sibilities of each company employee and contractor working on the		
establish clear lines of correasonable access to top issues of employee languispoken and understood but Department and/or Person Responsible: Document Location: Participant Actions Coordinator Narrative: 7. Clear Responsibilities safety and health responsible/project: (Refer to Ap	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages y employees. (Refer to Application item 1.A.4) Authority, and Accountability for Safety and Health: Clarify the sibilities of each company employee and contractor working on the plication item 1.A.5) e responsible for achieving safety and health goals and objectives.		
establish clear lines of correasonable access to top issues of employee languispoken and understood but Department and/or Person Responsible: Document Location: Participant Actions Coordinator Narrative: 7. Clear Responsibilities safety and health responsible/project: (Refer to Apa. Identify who will but to top issue project in the safety and safety who will but the safety and safety and safety who will but the safety and sa	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages y employees. (Refer to Application item 1.A.4) Authority, and Accountability for Safety and Health: Clarify the sibilities of each company employee and contractor working on the plication item 1.A.5) e responsible for achieving safety and health goals and objectives.	Target Date:	Completed Date:
establish clear lines of correasonable access to top issues of employee langus spoken and understood between the content of th	mmunication with all employees and ensure that they have management with regard to safety and health issues. Address age barriers by providing safety and health information in languages y employees. (Refer to Application item 1.A.4) Authority, and Accountability for Safety and Health: Clarify the sibilities of each company employee and contractor working on the plication item 1.A.5) e responsible for achieving safety and health goals and objectives.	Target Date:	Completed Date:



Coordinator Narrative:			
including, at a minimum, adequate authority, as ap	ersons to be accountable for meeting safety and health goals, managers, supervisors, and specific safety and health staff; assign opropriate to their level of responsibility; and explain their rity to all employees. (Refer to Application item 1.A.5)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions Taken (Supporting			
Coordinator Narrative:			
non-supervisory employe	nd health accountability plan to hold managers, supervisors, and ses accountable for meeting their responsibilities through a standards and appraisal system. (Refer to Application item 1.A.5)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
2. Employee Involve	ement - Actions Required	Participant Status	Coordinator Status
practices at the total site	Health Perception Survey: Evaluate the current safety and health and establish a baseline in the following areas for each of the ersonnel - managers, supervisors, and non-supervisory employees:	No Action Taken	No Action Taken
a. Levels of involvem	ent in the safety and health management system.		
 b. Values regarding t 	he importance of employee safety and health.		
c. Perceptions of the	effectiveness of the total company's safety and health		
management system.			
	w well the culture encourages and supports reporting on hazards,		
accidents and injuries. e. Levels of complian	nce with rules or unwritten safety and health standards.		
	ding their roles, responsibilities, and accountability in ensuring		
safety and health on the	total site/project.		
Department and/or		Target Date:	Completed Date
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
-	ctices Action Plan: Develop an action plan to address the findings n implementation of the plan.	No Action Taken	No Action Taken



Department and/or		Target Date:	Completed Date:
Person Responsible:		rarget bate:	completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
3. Employee Notificatio	n: Notify company and subcontractor as follows:		
 a. Inform managers, s 	supervisors, and non-supervisory employees of their rights under		
the Occupational Safety a	nd Health (OSH) Act. Take steps to encourage them to freely	No Action Taken	No Action Taken
	cially that of freely reporting hazards in the workplace. (Refer to		
Application item 1.B.2)			
Department and/or		Target Date:	Completed Date:
Person Responsible:		raiget bate.	completed bate.
Document Location:			
Participant Actions			
Coordinator Narrative:			
 b. Inform all employe 	es, including new hires, of the company's participation in Challenge.	No Action Taken	No Action Taken
(Refer to Application item	1.B.2)	IVO ACCIONI TARCH	NO ACCION TAKEN
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
4. Meaningful Employe	Involvement: Develop a plan, including an implementation		
	g about the meaningful involvement of all managers, supervisors,		
and non-supervisory emp	loyees through participation in various safety and health related	No Action Taken	No Action Taken
activities. Specifically, for	Challenge: (Refer to Application item 1.B.1)		
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
coordinator ivarrative:			
a. Consistent with ap	plicable labor laws, initiate the establishment of a few key teams		
	planning team) representing different sectors of the site's staff, to	No Action Taken	No Action Taken
bring about meaningful c	hange. (Refer to Application item 1.B.1)		
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			



_	me employees in safety and health activities such as accident ure that proper training is provided before employees conduct such	No Action Taken	No Action Taken
activities. (Refer to Appli	cation item 1.B.1)		
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
3. Contract Worker	Coverage - Actions Required	Participant Status	Coordinator Status
_	and Management System: Develop, document, and begin		
	ng basic elements of an oversight and management system		
covering contractors: (Re	fer to Application item 1.C.1)		
to provide contractor em	ealth Protection: Develop and begin implementing a plan for how ployees with safety and health protection equal in quality that is ployees. (Refer to Application item 1.C.1)	No Action Taken	No Action Taken
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			•
Coordinator Narrative:			
that they are required to	ty and Health Rules: Inform all contractors and their employees adhere to all of the company's safety and health rules, regardless of of time they perform work on the site.	No Action Taken	No Action Taken
Department and/or		Target Date:	
Person Responsible:			Completed Date:
Document Location:			<u> </u>
Participant Actions			
Coordinator Narrative:			
c. Hazards in Contract	or Work Areas: Establish a requirement that contractors provide		
timely identification, corr	ection, and tracking of uncontrolled hazards in their work areas.	No Action Taken	No Action Taken
(Refer to Application item	1.C.1)		
Department and/or		Target Date:	Completed Date:
Person Responsible:		rarget Date:	Completed Date:
Document Location:			
Participant Actions			•
Coordinator Narrative:			
Stage I 2. Worksite	e Analysis		
1. Baseline Safety a	nd Industrial Hygiene Hazard Analysis - Actions Requir	Participant Status	Coordinator Status



of exposure (baselines) fo This study should include	fety and industrial hygiene hazard analysis to establish initial levels or comparison to future levels, so that changes can be recognized. a review of previous accidents, injuries, and illnesses; complaints of ous studies, etc. (Refer to Application item 2.A)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location: Participant Actions			
Coordinator Narrative:			
Coordinator Narrative:			
2. Ensure that the baselin	ne survey accomplishes the following: (Refer to Application item	No Action Taken	No Action Taken
a. Identifies and docu	ments common safety hazards in the site and how they are		
controlled.			
	ments common health hazards in the site and determine if further		
sampling is needed.			
	ments safety and health hazards that need further study.		
 d. Covers the entire w 	ork site and indicates who conducted the survey and when it was		
completed.			
Department and/or		Target Date:	Completed Date:
Person Responsible:			
Document Location:			
Participant Actions			
Coordinator Narrative:			
	rvey only if warranted by significant changes (i.e., changes in zard controls, etc.). (Refer to Application item 2.A)	No Action Taken	No Action Taken
Department and/or		T	
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
2. Hazard Analysis o	of Routine Jobs, Tasks, and Processes - Actions Require	Participant Status	Coordinator Status
	No Actions Required		
3. Pre-Use Analysis	- Outcomes Achieved - Required Actions	Participant	Coordinator
	No Actions Required		
4. Industrial Hygien	e (IH) Program - Actions Required	Participant Status	Coordinator Status
1. Complete a baseline st	tudy, including a chemical inventory, review of previously reported		
hazards, trends or illnesse	es to identify and quantify employee exposures to typical health	No Action Taken	No Action Taken
hazards such as noise, ch	emicals, dust, etc. (Refer to Application item 2.A)		
Department and/or		T	C
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			



Coordinator Narrative:			
5. Routine Self-Ins	pections - Actions Required	Participant Status	Coordinator Status
No Actions Required			
6. Hazard Reporting	System for Employees - Actions Required	Participant Status	Coordinator Status
No Actions Required			
7. Accident Investig	ations - Actions Required	Participant Status	Coordinator Status
_	and Maintain Written Reports of the Investigations: Investigations rained personnel and: (Refer to Application item 2.F)	No Action Taken	No Action Taken
a. Document the entire	e sequence of relevant events.		
b. Identify all contribut	·		
	the safety and health management system was effective.		
	to prevent recurrence.		
e. Are prioritized			
f. Assign timeframes a	nd responsibility for implementing recommended controls.		
g. The site should mak	e the results available to employees on request (although actual		
investigation records nee	d not be provided).		
Department and/or			
Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
8. Trend Analysis - A	Actions Required	Participant Status	Coordinator Status
history, based on a thoro	sis of previous three complete calendar years' injury and illness ugh review of OSHA 300 logs, workers' compensation claim forms,	No Action Taken	No Action Taken
	fer to Application item 2.G)	T	
Department and/or Document Location:		Target Date:	Completed Date:
Participant Actions			ļ
Coordinator Narrative:			
Coordinator Narrative:			
information (i.e., hazards	n for conducting an analysis of other safety and health-related identified during inspections, employee reports of hazards, tc.) for the purpose of establishing or detecting trends, planning, to Application item 2.G)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions	-		•
Taken (Supporting Documentation			
Coordinator Narrative:			



Stage I 3. Hazard F	revention and Control				
1. Certified Professional Resources - Actions Required Status Status					
and that they are certified	urces are available if needed to conduct baseline hazard analysis, d, competent, and qualified to perform baselines pertinent to the efer to Application item 1.A.6)	No Action Taken	No Action Taken		
Department and/or Person Responsible:		Target Date:	Date Completed:		
Document Location: Participant Actions					
Taken (Supporting Documentation					
Coordinator Narrative:					
2. Hazard Eliminatio	on and Control Methods - Actions Required	Participant Status	Coordinator Status		
stage based on the poten	and implements a system that prioritizes hazards identified in this tial seriousness of injury, illness, property loss, frequency of effects. Establish an action plan for correction. (Refer to	No Action Taken	No Action Taken		
Department and/or Person Responsible:		Target Date:	Completed Date:		
Document Location:					
Participant Actions Taken (Supporting Documentation					
Coordinator Narrative:					
hazard elimination and co	elect the most appropriate option or combination of options for ontrol methods, including engineering controls, administrative and personal protective equipment (PPE). (Refer to Application item	No Action Taken	No Action Taken		
Department and/or		Target Date:	Completed Date:		
Document Location:					
Participant Actions Coordinator Narrative:					
understood and followed system; written, impleme	nat the selected controls are appropriate to the site's hazard(s); by all affected parties; equitably enforced through the disciplinary nted, and updated as needed; used by employees; and g, positive reinforcement, and correction programs. (Refer to	No Action Taken	No Action Taken		
Department and/or		Target Date:	Completed Date:		
Document Location:					
Participant Actions					
Coordinator Narrative:					



3. Hazard Control Pr	rograms - Actions Required	Participant	Coordinator
		Status	Status
	of existing hazard control programs required by OSHA standards		
	nication, Respiratory Protection, LockOut/TagOut, Confined Space	No Action Taken	No Action Taken
3.A.iii)	nagement or Bloodborne Pathogens). (Refer to Application item		
Department and/or		Target Date:	Completed Date:
Document Location:		Target Date:	Completed Date:
Participant Actions			
Coordinator Narrative:			
Coordinator Narrative:			
2. Review existing progra	ms to identify what is missing or unsatisfactory.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
3. Develop missing progr	ams and modify existing programs, as needed, to meet all OSHA		
guidelines, including train	ing requirements.	No Action Taken	No Action Taken
Department and/or		Target Date:	Date Completed:
Document Location:			
Participant Actions			
Coordinator Narrative:			
coordinator real acree.			
4. Occupational Hea	alth Care Program - Actions Required	Participant Status	Coordinator Status
 Records Review: Con 	duct a thorough review of injury/illness records and ensure they	No Action Taken	No Action Taken
are in order.		TWO MEDION TUNETI	No Action Functi
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
2. Licensed Health Care	Professionals: Provide employees access to licensed health care		
	ovide onsite or offsite services and emergency services. Provide	No Action Taken	No Action Taken
	quired. (Refer to Application item 3.C)		
Department and/or		Target Date:	Completed Date:
Document Location:			·
Participant Actions			
Coordinator Narrative:			
5. Preventative Mai	ntenance of Equipment - Actions Required	Participant Status	Coordinator Status
1. Conduct an inventory	of equipment that requires preventive maintenance. Verify with		
	rvals. (Refer to Application item 3.D)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Person Responsible:			
Document Location:			



Participant Actions			
Coordinator Narrative:			
6. Tracking of Hazar	d Correction - Actions Required	Participant Status	Coordinator Status
through the baseline stud document priority, assign	ng a documented system to record hazards identified in this stage ly, trend analysis, and accident investigations. The system must responsibility for correction, establish timeframes for correction, otal abatement. (Refer to Application item 3.E)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
7. Emergency Prepa	redness and Response - Actions Required	Participant Status	Coordinator Status
of emergencies (fire, che	icate written procedures for responding during all shifts to all types mical spill, accident, terrorist threat, natural disaster, active shooter, in compliance with applicable requirements. (Refer to Application	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
2. Conduct at least one e to Application item 3.F)	vacuation drill and assess how well the procedures worked. (Refer	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
including provisions for p medical technicians, eme	plain to all employees emergency procedures and services, hysician care and emergency medical care, ambulances, emergency rgency clinics or hospital emergency rooms, available for all shifts and distance. (Refer to Application item 3.F)	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
	raining class on first aid and CPR so that there is at least one trained or an alternative that is at least as effective. (Refer to Application	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			Jampione a Care
Participant Actions			



Coordinator Narrative:			
Stage I4. Safety ar	nd Health Training		
1. Safety and Healt	h Training - Actions Required	Participant Status	Coordinator Status
	nagers, supervisors, non-supervisory employees, and contract neral guidelines below: (Refer to Application item 4.A. and 4.B)		
a. Document training	attendance.	No Action Taken	No Action Taken
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions	-		
Coordinator Narrative:			
b. Provide training at t	he following intervals: (Refer to Application item 4.A. and 4.B)	No Action Taken	No Action Taken
(1) For OSHA requir	red courses - as often as necessary to meet OSHA standards;		
(2) For non-OSHA re	equired courses – at adequate intervals to meet specific needs;		
(3) For training on n needed.	ew work processes, new equipment, and new procedures, as		
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions	-		
Coordinator Narrative:			
participants, with curricul	up-to-date and clearly understandable training for all required a and materials developed to meet specific site needs and modified new workplace procedures, trends, hazards, and controls identified to Application item 4.B)	No Action Taken	No Action Taken
Department and/or Person Responsible:		Target Date:	Date Completed:
Document Location:			
Participant Actions			
Coordinator Narrative:			
d. Ensure that training	is conducted by persons who have specific subject matter	No Action Taken	No Action Taken
	Refer to Application item 4.A)	NO ACTION TAKEN	NO ACCION TAKEN
Department and/or		Target Date:	Completed Date:
Document Location:			
Participant Actions			
Coordinator Narrative:			
analysis of routine jobs, to site (i.e., training on safe j	various worksite analysis activities (i.e., baseline study, hazard asks, and processes, etc.) to develop training that is relevant to the job procedures, modifying workstations, equipment or materials, future planning efforts, etc.). (Refer to Application item 4.B)	No Action Taken	No Action Taken



Department and/or	Target Date:	Completed Date:
Document Location:		
Participant Actions		
Coordinator Narrative:		



Participants: The following checklist can be used when developing programs to meet Challenge requirements

Coordinators: The following checklist can be used to assist you in auditing the participants

Element 1 - Management Leadership and Employee Involvement	
1) Safety and Health Mission Statement.	Return to Element
Does it include the following information:	
Commitment to maintaining compliance and continuously improving the SHM	2 ś
Signed by top management?	
Communicated to all employees?	
1a) Safety and Health Policy Statement Check List.	Return to Element
Does your policy include the following items?	
Commitment to maintaining compliance and continuously improving the SMS	}
Signed by top management?	
Ensure all workers (including contract workers) are provided equal safety & hea	alth protection?
Include attainable goals?	
Communicated to all employees?	
2) Leadership	Return to Element
Is there a policy requiring managers to participate and demo state leadership	in Safety & Health?
Has this been communicated to them?	
Is management participating, wearing PPE, and encouraging the reporting of	safety items?
Do employee and management have safety participation on their performance	ce reviews?
3) Adequate Resources and Safety and Health Integration	Return to Element
Are resources for Safety & Health in the budget?	
Are resources for Safety & Health in the budget? Are resources available for training, personnel, and equipment?	
	ionals) been
Are resources available for training, personnel, and equipment?	ionals) been
Are resources available for training, personnel, and equipment? Have corporate or outside professional resources (CIH, CSP, PE or other profess	•



4) Goals and Objectives Return to Element
Are Goals:
Are the goals large in size, specific, primary, and important?
Measurable and achievable?
Long term?
Something that you are trying to do or achieve?
Are Objectives:
Sub-goals?
Medium or small in size?
Shorter term?
A step to reach your goal?
5) Clear Lines of Communications with Employees and Employee Access Return to Hement
How have employees been informed on how to access management with safety concerns?
Are language barriers addressed?
Do employees have access to medical records/testing results?
6) Clear Responsibilities, Authority, and Accountability for Safety and Health Return to Element
Did the site identify who will be responsible for achieving safety & health goals and objectives?
Did the site identify specific responsibilities to each Employee, Manager, and Supervisor?
Did the site assign adequate authority appropriate to responsibility to safety and health staff?
Did the site assign accountability to each employee? How are they held accountable?
Is accountable measures documented in each employee performance standards and appraisal
system?
7) Employee Involvement Return to Element
Was a perception survey completed? What were the results?
Was a plan developed based on the results?
How is the compliance with safety and health rules and standard? PPE followed by all?
How do employees feel about the Safety & Health Program? (Interview employees)
Have employees (including new hires) been informed of the OSHA rights, Challenge, and VPP?
How are employees involved? (inspections, training, etc.)
Are there any safety teams? What are they? Who is a member?
Are employees involved in incident investigations?



8) Contract Workers Return to Element	
Has a program been developed to select contractors? How are contractors selected?	
Does the program include oversight and managing the system?	
Are contractors held to the same policy and procedures as employees?	
Is there a procedure in place if a contractor is not following safety & health policies?	
Are contractors responsible for identification, correction, and tracking of hazards in their work area	εŝ
Element 2 - Worksite Analysis	
Baseline Safety and Industrial Hygiene Hazard Analysis Return to Flement	
Has a baseline analysis been completed? What did it include? (noise, air, dust, hazards, etc.)	
Who performed the analysis, when was it completed, and what were the results?	
Was any health or safety hazards identified to warrant further sampling?	
What is the sampling program for the future?	
Was the entire work site covered?	
2) Industrial Hygiene (IH) Program Return to Flement	
Was a chemical inventory completed?	
Have previous hazards, trends, or illnesses been identified?	
Have the hazards identified been controlled to reduce exposure to health hazards (noise, chemic	al,
etc.)? Has additional exposure sampling been required and conducted?	
3) Investigation of Accidents and Near-Misses Return to Element	_
Are accidents investigated?	
Who investigates?	
What type of training did they receive?	
Does the investigation identify all contributing factors?	
Is the investigation documented?	
Are results communicated with all employees?	
Are there recommended actions to prevent recurrence?	
4) Trend Analysis Return to Element	
Has trending been completed using last 3 years of incident data?	
What trends were discovered and how were they addressed?	
Any additional data being trended? (Near-miss, first aid, hazard, inspections, etc.)	
Has a plan been developed to expand trending?	



Element 3 - Hazard Prevention and Control	
1) Certified Professional Resources	Return to Element
Were outside resources used to conduct baselines? If so, were they c	ertified?
2) Hazard Elimination and Control Methods	Return to Element
Have the hazards that have been found during inspections, baseline on seriousness of injury, illness or property loss, frequency of exposure,	•
Has a plan been developed to address these hazards for corrections employees?	and communicated to all
Do the hazard controls follow the hierarchy of controls (engineering, PPE)	administrative, work practice,
Are the controls documented, followed by all employees, and include	ded in training?
3) Hazard Control Program	Return to Element
Have all hazard control programs required by OSHA/VOSH standard HAZCOM, LOTO, BBP, Etc.)	s been identified? (PPE,
Do the programs established meet the guidelines, including training r	requirements?
Have all missing programs or programs not meeting guidelines been requirements?	updated to meet
4) Tracking of Hazard Corrections	Return to Element
Has a system been developed to document hazards identified in base investigations, etc.?	seline study, trend analysis,
Does the system assign priority, responsibility, timeframes and follow u	p to ensure total abatement?



5) Preventive Maintenance of Equipment	Return to Element
Has a list been completed of all the equipment that requires prev Was a schedule developed to track the required maintenance? for maintenance requirements)	
() Consumer time of the other Consumer	
6) Occupational Health Care Program	Return to Rement
All OSHA 300 logs, insurance claims, investigation records are cor and in order?	mpleted, reviewed for accuracy,
Established compliant OSHA programs for employee exposures (i. respiratory protection, medical evaluations for regulated chemic	
Employees have access to health services as needed (on site or of services as needed?	off) and emergency medical
Employees have access to their own medical records (hearing, re	nonitor, IH, etc.) as needed?
7) Emergency Preparedness and Response	Return to Element
Is there a documented emergency action plan (EAP)?	
Does the EAP address what to do in all types of emergencies (fire etc.)?	, chemical, workplace violence,
Has the site explained to all employees the emergency procedur help)	res and service? (How to access
Has the site conducted at least 1 First Aid/CPR class for employee	es covering each shift?
Has at least 1 emergency evacuation drill been conducted in the	e past year? Was it evaluated for imp



Element 4 - Safety and Health Training	
1) Safety and Health Training	Return to Element
ls Training:	
	nanagers, supervisors, non-supervisory employees)?
Documented with a sign in sheet, the topics cove	
Provided for all OSHA/VOSH required courses as o	ften as required to meet the standards?
Provided for all NON OSHA/VOSH required course	s at adequate intervals to meet needs?
Provided for all new work processes, new equipm	ent, and procedures?
Provided for all new hires/job transfers before they	perform the job?
Developed, up to date, clearly understandable, o	and meet the needs of the facility and procedures?
Conducted by persons who have specific subject	matter, knowledge, or expertise?
Developed based on baseline study, hazard anal	ysis, incidents, etc.
Has the following type of training been provided to all emp	Novem
Their rights under the OSH Act?	noyees.
Challenge, VPP principles?	
	rdous conditions; signs and symptoms of workplace ork procedures?
What is required personal protective equipment (I and how to maintain it?	PPE), why it is required, its limitations, how to use it,
Specific responsibilities for each type of emergen	cy?
Emergency evacuation procedures?	
Has the following type of training been provided to all mar	nagers and supervisors:
Their specific safety and health responsibilities and	
Methods for changing workplace safety and hea	
Requirements for Challenge Stage I and VPP requ	•
Requirements for Challenge stage Fund VII Tequ	monitoring?



	ne following training been provided to safety and health staff or anyone assigned with safety and healt nsibilities:
ospo	How to conduct an assessment of workplace safety and health practices?
	Methods for changing workplace safety and health attitudes and practices and how to develop a plan to address necessary changes?
	How to conduct the required baseline safety and industrial hygiene hazard analysis?
	How to conduct hazard analyses, accident/incident investigations, routine self-inspections, trend analyses, preventive maintenance inspections?
	Hazard elimination and control methods?
	How to develop a documented system for routinely scheduled self-inspections?
	How to develop an employee hazard-reporting system?
	How to develop a plan for a written IH Program?
	How to develop emergency procedures?
	How to develop a hazard tracking system?
as th	ne following training been provided to all contactors and their employees?
	Their rights under the OSH Act?
	Challenge, VPP Requirements?
	Hazards in the workplace?
	Required personal protective equipment (PPE), why it is required, its limitations, how to use it, and how to maintain it?
	Specific responsibilities for each type of emergency?
	Emergency evacuation procedures?



Appendix C: Challenge Administrator Application and Instructions

Electronic File Name: Challenge Administrator Application and Instructions.docx

Section 1: Instructions

Section 2: Administrator Application

Section 3: Coordinator Application

Section 4: Administrator Sample Letter of Commitment

Administrator Application and Instructions



Challenge Administrator Application and Instructions

To become a Challenge Administrator please follow the steps below.

- Complete the Challenge Administrator Application. If you intend to use a Challenge Coordinator to assist you as you work with Challenge participants, please complete a Challenge Coordinator Application for each proposed Coordinator.
- 2. Write and sign a Challenge Administrator letter of commitment. A sample letter of commitment is at the end of this application.
- 3. To submit electronically, attach the completed Challenge Administrator Application (and, if applicable, any completed Challenge Coordinator Applications) and a scanned copy of the signed Challenge Administrator letter of commitment to an email and send it to the VOSH VPP Challenge Coordinator.
- 4. If you have questions about VOSH Challenge or the Challenge Administrator Application Process, please contact the Voluntary Protection Program at 540-562-3580.

VOSH Challenge Program Administrator Application					
Administrator's Organization Inf					
Name					
Organization Type					
(private company, federal agency, association, etc.)					
Site Address					
(include street, city, state, zip)					
Administrator Contact Informati	on				
Name					
Title					
Phone Number					
Fax Number					
Email Address					
Knowledge and Experience					
Experience may include involvement in other OS	e and experience in safety and management systems. HA Programs such as, VPP, SHARP or Strategic Partnerships; health policies at the facility-level. [250 words or less]				
Resources					
Please confirm the availability of resources inclu- Candidate facilities or members. [100 words or le	ding time and personnel to the Challenge Program to the				
Process/Data Collection					
	on's internal processes to quarterly/annual data for each				
following Template for quarterly/annual requirem	•				



<u>Note:</u> Although it is not required, Challenge Administrators may select Challenge Coordinators to assist them in managing their Challenge participants. If the Challenge Administrator chooses to have a Challenge Coordinator, please complete this form. If the Challenge Administrator chooses to have more than one Challenge Coordinator, please complete a separate application for each prospective Challenge Coordinator.

VOSH Challenge Program							
Coordinator Application							
Coordinator's Organization Information							
Name							
Organization Type							
Site Address (include street, city, state, zip)							
Coordinator Contact Information	n						
Name							
Title							
Phone Number							
Fax Number							
Email Address							
Knowledge and Experience							
Please describe the prospective Challenge Coor management programs. [200 words or less]	dinator's knowledge and experience in safety and health						
Training and Certifications							
· · · · · · · · · · · · · · · · · · ·	Ith training completed (i.e. OSHA Special Government prospective Challenge Coordinator has completed [150						
Evaluation Evacuion as							
Evaluation Experience	prospective Challenge Coordinator has with evaluating						
safety and health management programs. [200 w							



Challenge Administrator Application Sample Letter of Commitment

Date

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road NW Roanoke, VA 24019

Dear Name:

I am writing to inform you of [Insert Name of Company, Association, or Federal Agency's] intent to participate in the Challenge Program as a Challenge Administrator. We have reviewed the program and believe [Insert Name of Company, Association, or Federal Agency] meets the Administrator criteria you are seeking.

I can assure you that [Insert Name of Company, Association, or Federal Agency] is committed to assisting our potential candidates in progressing through the Challenge Pilot Stages towards health and safety excellence. Initially we agree to have a minimum of ten (10) Candidates in the Challenge Pilot.

Attached please find our: (if submitting at this time).

Administrator Application Coordinator(s) Application Candidate Package(s)

Should you have any questions or need additional information, please contact:

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road NW Roanoke, VA 24019

[Insert Name of Company, Association, or Federal Agency] looks forward to working together to bring the principles and benefits of VPP to more facilities throughout the country.

Sincerely,

Organization Representative Name Organization Representative Title Organization Name



Appendix D: Challenge Participant and Administrator Listing

Electronic File Name: Challenge Participant and Administrator Listing.xlsx

Tab 1: Cover Page

Tab 2: Overview and Instructions

Tab 3: Participants Listing

Tab 4: Administrator Listing

Participant and Administrator Listing



VOSH Challenge Program Participants and Administrators Listing

Included in this spreadsheet are:

- Tab 1. Cover Page
- Tab 2. Overview and Instructions
- Tab 3. Participants Listing
- Tab 4. Administrators Listing
 - Enter Participant or Administrator information on the correct tab
 Update the participant information as they complete each stage

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

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



VOSH Challenge Program Participants Listing

Participant	Street	Town	State	Zip	Site Contact Name	Site Contact Title	Site Contact Phone	Site Contact Email
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					
			Virginia					



VOSH Challenge Program Participants Listing

Administrator	Administrator' s Email	# of Employ ees	# Contract ors	SIC	NAICS	Challenge Level I Start Date	Challenge Level II Start Date	VPP Date



VOSH Challenge Program Administrators Listing

Administrator	Street	Town	State	Zip	Site Contact Name	Site Contact Title	Site Contact Phone	Site Contact Email
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA					
			VA		1			



VOSH Challenge Program Administrators Listing

# of Employees	# Contract ors	SIC	NAICS	# of Participants



Appendix E: Challenge Participant Application and Instructions

Electronic File Name: Challenge Participant Application and Instructions.docx

Section 1: Challenge Participant Application and Instructions

Section 2: Challenge Participant Application

Section 3: Baseline Injury and Illness Information

Section 4: Optional Data

Section 5: Participant Sample Letter of Commitment

VOSH Challenge Program

Participant Application and Instructions



Challenge Participant Application and Instructions

To become a Challenge Participant please follow the steps below.

- 1. Complete the Challenge Participant Application.
- 2. Write and sign a Challenge Participant Commitment Letter. A sample letter of commitment is at the end of this application.
- 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.
- 4. To submit via hard copy, send the completed Challenge Participant application and the signed Challenge Participant statement of commitment to your Challenge Administrator.
- 5. If you have questions about the Challenge Program or the Challenge Participant application process, please contact the Voluntary Protection Program at 540-562-3580.

Challenge Participant Application								
1. Participant Informa	tion							
Challenge Participant Applica	ant							
Applicant Site Address (include street, city, state, zip)								
Applicant Site Manager Name	9							
Applicant Site Manager Title								
Company/Corporate Name of address (if different from above)	and							
2. Participant Contac	t Inform	ation						
Primary Participant Contact N	lame							
Primary Participant Contact Ti	tle							
Primary Participant Contact Phone Number								
Primary Participant Contact E	mail							
Secondary Participant Contac	ct Name							
Secondary Participant Contac	ct Title							
Secondary Participant Contac Number	ct Phone							
Secondary Participant Contac	ct Email							
3. Participant Site Info	rmation							
Number of Employees		Number of Contract Employees						
SIC				N/	AICS			
4. Bargaining Unit					•			
Union Name and Local #								
Union Address (include street, city, state, zip)								
Union Representative's Name								
Union Representative's Phone Number								
Union Representative's Fax Number								
Union Representative's Email	Address							
Additional Unions?		Yes		If YES, Completed section 4a	No			
4a. Baraainina Unit								

Appendix E: Participant Application & Instructions R.05.18cm



Union Name and Local #	
Union Address (include street, city, state, zip)	
Union Representative's Name	
Union Representative's Phone Number	
Union Representative's Fax Number	
Union Representative's Email Address	
Union Name and Local #	
Union Address (include street, city, state, zip)	
Union Representative's Name	
Union Representative's Phone Number	
Union Representative's Fax Number	
Union Representative's Email Address	



VOSH Challenge Program Baseline Injury and Illness Information

Challenge Participant Applicant	OSHA 300 Log Totals for Calendar Year

G	Н	1	J	K	L	M:1	M:2	M:3	M:4	M:5	M:6

Total Hours Worked	Total # of Employees	TCIR	BLS National Average	DART	BLS National Average

To Calculate TCIR

(Columns H + I + J) x 200,000 = TCIR Total Hours Worked

To Calculate DART

(Columns H + I) x 200,000 = DART Total Hours Worked

Use the following link to find the BLS rates Most recently published BLS rate



Section 4: Optional Information

VOSH Challenge Program Optional Data

Please provide data for your most recent calendar year, where possible.

Candidate Name		
		•
		Year of
		Data
		Provided
Absenteeism Rate		
ADSCINCCISIII Nate		
	•	
Turnover Rate		
Turnover ivate		
	•	
Productivity Rate		
Froductivity Nate		
Other Data*		
Otici Data		
Other Data*		
Other Data		
	_	
Worker's Compensation Data		
Fees		
Direct Costs		
EMR		
Loss Run Data		

Challenge Participant Sample Letter of Commitment

Date

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road, NW Roanoke, VA 24019

Dear Name:

In our mission to produce high quality products and services, we, Insert Name of 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 Insert Name of Challenge Participant Applicant and Insert Name of Bargaining Unit is committed to successfully completing the Challenge Program and developing an effective safety and health management program.

We will provide the necessary data and documentation to our Challenge Administrator, Insert the Administrator Name along with the Organization Name, and keep them informed of our progress. We also will involve our employees in the VOSH Challenge Program. We are excited to be involved in voluntary efforts with all involved 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.

Sincerely,

Insert Challenge Participant Applicant Name Insert Challenge Participant Applicant Title Insert Challenge Participant Applicant

Insert Bargaining Unit Representative Name Insert Bargaining Unit Representative Title Insert Bargaining Unit Name and Local #



Challenge Company Assurance Letter (Please transfer to Your Company Letterhead)

Company Name agrees to comply with the following items as a Virginia VPP Challenge Program Participant:

Compliance

a. We will comply with the Occupational Safety and Health Act (OSHA Act) and correct, in a timely manner, all hazards discovered through self-inspections, employee notifications, accident investigations, VOSH onsite reviews, process hazard reviews, annual evaluations, or any other means.

2. Correction of Deficiencies

a. We will promptly address safety and health deficiencies related to compliance with VOSH requirement identified during our progress to complete the Challenge program.

3. Employee Support

- Our employees support the Challenge application.
- b. At sites with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must sign this VPP Challenge Assurance letter indicating that the collective bargaining agent(s) support Challenge participation.
- VOSH must receive concurrence from all such authorized agents to accept the application.
- d. At non-union sites, management's assurance of employee support will be verified by the VOSH Challenge Coordinator through documentation and communications provided by the Participant and those individuals assisting the site in its pursuit of Challenge.

4. Challenge Elements

 Management commits to implementing and maintaining the requirements of the Challenge elements and the overall Challenge program.

Orientation

a. Employees, including newly hired or transferred employees and contract employees, will receive orientation on the Challenge, including employee rights under Challenge and under the OSHA Act.

6. Non-Discrimination

a. We will protect employees given safety and health duties as part of our safety and health program from discriminatory actions resulting from their carrying out such duties, just as Section 40.1-51.2:1 of the Code of Virginia and protect employees who exercise their rights.

7. Employee Access

a. Employees will have access to the results of self-inspections, accident investigations, and other safety and health data upon request. At union represented sites, this requirement may be met through employee representative access to these results.

8. Documentation

a. We will maintain our safety and health program information and make it available for VOSH review to determine initial and continued approval to Challenge. This information will include:



- Any agreements between management and the collective bargaining agent(s) concerning safety and health.
- ii. All documentation used to support the site's Challenge effort.

9. Quarterly and Annual Submissions

 We will submit the updated OSHA Challenge Tracking Participant Spreadsheet (OCTPS) as required to the assigned program Coordinator or Administrator on a timely quarterly basis.

10. Organizational Changes

a. Whenever significant organizational or ownership changes occur, we will provide the VPP Manager, <u>within 60 days</u>, a new Statement of Commitment signed by both management and any authorized collective bargaining agents.

11. Collective Bargaining Changes

a. Whenever a change occurs in the authorized collective bargaining agent, we will provide the VPP Manager, <u>within 60 days</u>, a new signed statement indicating that the new representative supports Challenge participation.

	[6/29/2017]
Highest Site Company Official Signature and Title	Date
Print Name and Title	
	[,,,,,,,,,,,,]
Highest Union Official site representative Signature and Title	6/29/2017 Date
	Baile
Print Name and Title	

Appendix F: Administrator Quarterly and Annual Summary Report

Electronic File Name: Challenge Administrator Quarterly and Annual Summary Report.xlsx

Tab 1: Cover Page

Tab 2: Overview and Instructions

Tab 3: 1 – Administrator Annual Report

Tab 4: 2 – Summary of Rates

Tab 5 - 13: 3 – Participant Information

VOSH Challenge Program

Administrator Annual Summary Report



VOSH Challenge Program Administrator Annual Report Overview

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
 - 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.
 - The year has been entered in all applicable boxes.
 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.
 - Ensure that all fields are filled in correctly.
 - 5) Remember to submit an updated OCTPS for each participant along with this summary.
 - 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 Challenge Administrator must prepare the Administrator Annual Report each year along with the Challenge Tracking Participant Status (OCTPS) form for each participant. Both the annual report and all OCTPS forms must be submitted electronically to your VOSH VPP Challenge Coordinator no later than February 15 each year.



VOSH Challenge Program Administrator Quarterly and Annual Summary

Administrator Name

n 1. Administrator Information Update	
Administrator Contact Information Update	
Coordinator Contact Information Update	
on 4. Participant Information Updates	
5. Input from Challenge Administrators	
5. Input from Challenge Administrators les of significant achievements accomplished by your Challen	ge
	ge
les of significant achievements accomplished by your Challen	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challen	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
les of significant achievements accomplished by your Challeng	ge
	Administrator Information Update Administrator Contact Information Update Coordinator Contact Information Update on 4. Participant Information Updates



Year

VOSH Challenge Program Administrator Quarterly and Annual Summary

Section 7. Additional Comments and Suggestions Do you have any suggestions for improving the Challenge Program?					
Additional comments:					



VOSH Challenge Program Summary of Rates

Administrator

Year #VALUE!

			Injury and I	Illness Rates		
Participant	TCIR			DART		
Name	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!
[main: smolpain maine mere]		0.0	251170:	# B1170:	0.0	201170.
[Insert Participant Name Here]	#DIV/0!	0.0	#DIV/0!	#DIV/0!	0.0	#DIV/0!



VOSH Challenge Program Participant 1 Information

Participant						1	OSHA 3	00 Log 1	otals for		
	[Insert	Participo	int Name	e Here]		Year CY 2014					
G	Н	1	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

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.



VOSH Challenge Program Participant 2 Information

Participant
[Insert Participant Name Here]

OSHA 300 Log T	otals for
Year	CY 2014

G	Н		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 Em	plovees	

Measure	Current Year	Baseline	Change
TCIR	#DIV/0!	0.0	#DIV/0!
DART	#DIV/0!	0.0	#DIV/0!

escribe any significant achievements/milestones acco	omplished by yo	our participants o	during the past y



VOSH Challenge Program Participant 3 Information

Participant
[Insert Participant Name Here]

OSHA 300 Log T	otals for
Year	CY 2014

G	Н	_	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 Employ	

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.				



VOSH Challenge Program Participant 4 Information

Participant	
[Insert Participant Name Here]	

OSHA 300 Log T	otals for
Year	CY 2014

G	Н		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 Emp	olovees	

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.				



VOSH Challenge Program Participant 5 Information

Pa	rticipant
[Insert Partici	pant Name Here]

OSHA 300 Log T	otals for
Year	CY 2014

	G	Н		J	K	L	M:1	M:2	M:3	M:4	M:5	M:6
Γ	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 Employees	Total	Employees	
-----------------	-------	------------------	--

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.



VOSH Challenge Program Participant 6 Information

Participant
[Insert Participant Name Here]

OSHA 300 Log To	otals for
Year	CY 2014

G	Н		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

Takal Paradament	
Total Employees	

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.



VOSH Challenge Program Participant 7 Information

Participant	
[Insert Participant Name Here]	

OSHA 300 Log T	otals for
Year	CY 2014

G											
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 Employees

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.



Appendix G: Administrator Verification Form

Electronic File Name: Challenge Administrator Verification Form.xlsx

Tab 1: Cover Page

Tab 2: Overview

Tab 3: Summary Page

Tab 4: Stage I

Tab 5: Stage II

Tab 6: Stage III

VOSH Challenge Program

Administrator Verification Form



VOSH Challenge Program Administrator Verification Form Overview

This form is to be completed by Administors

Include	d in this spreadsheet are:
Tab 1.	Cover Page
Tab 2.	Overview
Tab 3.	1 - Summary Page - No information is to be put in this tab
Tab 4.	Stage I Check
Tab 5.	Stage II Check
Talb 6.	Stage III Check
То ассе	ess these worksheets, please click on the tabs at the bottom of this form.
l	space provided below, please describe the methods you have used to verify the actions and outcomes of the Challenge Pilot sites for which you are the Administrator. For example, methods might include: iew of draft/final documents, 2) Monthly or quarterly conference calls, 3) Site visits, 4) Email correspondence
l	
l	
l	
l	
l	
l	



Participant Name	Administrator Name	Report Period
		Time Period
		Year

Stage I											
Administrator Summary		_	dership and wolvement	Worksite	e Analysis		revention Control	Safety and Train		Documentation	
	Status	#	%	#	%	#	%	#	%	#	%
Stage I Outcome Completion	No Action Taken	17	100%	10	100%	11	100%	7	100%	16	100%
	In Progress	0	αħ6	0	0%	0	0%	0	0%	0	0%
Status	Completed	0	o%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	17	100%	10	100%	11	100%	7	100%	16	100%

Stage I Status Summary	No Action Taken/In Progress

		Stage II									
Administrator Summary		_	ership and volvement	Worksite	: Analysis		revention Control	Safety and Train		Documentation	
	Status	#	%	#	%	#	%	#	%	#	%
Steen II Outcome Completion	No Action Taken	17	100%	15	100%	16	100%	2	100%	12	100%
Stage II Outcome Completion Status	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Status	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	17	100%	15	100%	16	100%	2	100%	12	100%

Stage III											
Administrator Summary		_	ership and volvement	Worksite Analysis		Hazard Prevention and Control		Safety and Health Training		Documentation	
	Status	#	%	#	%	#	%	#	%	#	%
Stage III Outcome Completion	No Action Taken	17	100%	7	100%	3	100%	3	100%	5	100%
Status	In Progress	0	0%	0	0%	0	0%	0	0%	0	0%
Status	Completed	0	0%	0	0%	0	0%	0	0%	0	0%
	Total Outcomes	17	100%	7	100%	3	100%	3	100%	5	100%

Stage III Status Summary	No Action Taken/In Progress



Participant Name		Coordinator Name	Report Period			
Γ	[Enter Participant Name]	[Enter Coordinator Name]	Time Period	[Enter Time Period]		
ı	[Enter Participant Name]	[Enter Coordinator Name]	Year	[Enter Year]		

Sta	ge I — 1. Management Leadership and Employee Involvement		
1.	Management Commitment Outcomes Achieved		Status
1	Top management, in conjunction with the employees, have developed, issued, communicated an acceptable Safety and Health Mission Statement.	and	No Action Taken
2	Top management has developed, issued, and communicated an acceptable Street Policy Statement	No Action Taken	
3	Top management demonstrates visible safety and health leadership	No Action Taken	
4	Management has committed adequate resources and has begun integrating safety and health into other aspects of planning		No Action Taken
5	Management has developed and communicated annual safety and health goals and objectives that are clear, attainable, measurable, and significant		No Action Taken
6	Management has clarified lines of communication and encourages all workers management on safety and health issues	to contact top	No Action Taken
7	Management has clearly identified every employee's and contract worker's responsibility for safety and health		No Action Taken
8	Site has an acceptable safety and health Accountability Plan that includes:		No Action Taken
9	Safety and health responsibilities and accountability are included in the job descriptions and performance plans of, at a minimum, managers, mid-level supervisors, and designated Safety and Health Staff		No Action Taken
10	b. Authority provided to persons responsible for achieving safety and health g	oals	No Action Taken
2. E	2. Employee Involvement - Outcomes Achieved		
1	Site has conducted a baseline employee safety and health perception survey		No Action Taken
2	Site has reviewed the results of the employee safety and health perception sur begun to make changes in response to the findings	vey and had	No Action Taken
3	Site has informed all workers of their rights under the OSH Act, of the site's participation in Challenge, and of the fundamental principles of VPP		No Action Taken
4	Site has established a few key teams that represent different sectors of the site's staff. Teams have established goals and missions that will effectively contribute to safety and health, such as addressing a particular trend, spreading the word about Challenge, acting as one avenue to accept employee reports of hazards, etc.		No Action Taken

1



3. Contract Worker Coverage - Outcomes Achieved		
Site has developed a plan for providing contractors high-quality safety and health protection equial to that received by employees	No Action Taken	
2 Site has required all contractors and contract workers to adhere to the site's safety and her rules	No Action Taken	
The site has a system of contractor oversight to ensure that contractors have systems and processes for ensuring the timely identification, correction, and tracking of uncontrolled hazards in contractors' work areas	i No Action Taken	
Stage I 2. Worksite Analysis		
Baseline Safety and Industrial Hygiene Hazard Analysis - Outcomes Achieved		
Site has conducted an acceptable Baseline Safety and Health Industrial Hygiene Hazard Analysis	No Action Taken	
Site has conducted a repeat baseline study if justified by significant change (i.e., changes in processes, equipment, and hazard controls, etc.)	in No Action Taken	
Repeat baseline survey only if warranted by significant changes (i.e., changes in processe equipment, hazard controls, etc.)	No Action Taken	
2. Hazard Analysis of Routine Jobs, Tasks, and Processes - Outcomes Achieved		
1 No Outcomes Required	N/A	
3. Pre-Use Analysis - Outcomes Achieved		
1 No Outcomes Required	N/A	
4. industrial Hygiene (IH) Program - Outcomes Achieved		
Site has conducted a baseline study based on this IP Program plan, including a chemical inventory	No Action Taken	
5. Routine Self-Inspections - Outcomes Achieved		
1 No Outcomes Required	N/A	
6. Hazard Reporting System for Employees - Outcomes Achieved		
1 No Outcomes Required	N/A	
7. Accident Investigations - Outcomes Achieved		
1 Site has developed a documented system and procedures for investigations of accidents	No Action Taken	
2 If applicable, site had conducted acceptable investigations of accidents	No Action Taken	



8. Trend Analysis - Outcomes Achieved			
Site had conducted a trend analysis of injury and illnesss history at the site for previous three complete calendar years	No Action Taken		
Site has, at a minimum, begun developing a plan for conducting additional trend analyses of other safety and health related information	No Action Taken		
Stage I 3. Hazard Prevention and Control			
1. Certified Professional Resources - Outcomes Achieved			
No Outcomes Required (unless outside resources are used to conduct baseline hazard analysis)	N/A		
2. Hazard Elimination and Control Methods - Outcomes Achieved			
Site has begun identifying and selecting the most appropriate hazard elimination and control methods for the most serious known hazards at the site that were identified in this stage through the baseline hazard analysis, accident investigations, and/or trend analysis	No Action Taken		
2 Hazard controls follow the hierarchy of controls	No Action Taken		
Top priority hazards are controlled before progressing to Stage II (For hazards requiring long- term abatement projects, such as new ventilation systems, interim protection is acceptable)	No Action Taken		
3. Hazard Control Programs - Outcomes Achieved			
Site has met all minimum requirements regarding the establishment of hazard control programs required by OSHA standards	No Action Taken		
4. Occupational Health Care Program - Outcomes Achieved			
Site has conducted thorough review of OSHA 200/300 logs, insurance claims, and accident investigations and ensures that all records are in order	No Action Taken		
Site employees have access to health services, as needed, based on results of the baseline safety and health analysis including physician and emergency medical care (See also Emergency Preparedness Response)	No Action Taken		
5. Preventative Maintenance of Equipment -Outcomes Achieved			
The site has an inventory of equipment that requires preventive maintenance	No Action Taken		
6. Tracking of Hazard Correction - Outcomes Achieved			
Site had developed and established a hazard tracking system	No Action Taken		
7. Emergency Preparedness and Response - Outcomes Achieved			
Site has provided emerency physician and medical care	No Action Taken		
Site has established and communicated written emergency procedures	No Action Taken		



3 Site has trained employees and provided first aid and CPR for each shift or an equally as effective alternative	No Action Taken	
Stage I4. Safety and Health Training		
1. Safety and Health Training - Outcomes Achieved		
1 Training provided complies with specified guidelines	No Action Taken	
Managers, supervisors, non-supervisory employees, and contractors are:	No Action Taken	
a. Aware of their rights under the OSH Act, what Challenge is all about, and fundamental VPP Principles	No Action Taken	
 b. Familiar with the hazards onsite; how to recognize hazardous conditions; signs and 4 symptoms of workplace-related illnesses; protective measures; safe work procedures; and the function, use, and maintenance of specific PPE they are required to wear 	No Action Taken	
c. Familiar with emergency evacuation procedures and their specifc responsibilities for each type of emergency	No Action Taken	
Managers and supervisors have specific knowledge of their safety and health roles and 6 responsibilities and how they can carry these out, including knowledge of chane strategies they can use to help improve the safety and health culture in the total site	No Action Taken	
7 Designated staff who have assigned safety and health responsibilites have the knowledge and skills they need to perform the tasks assigned to them	No Action Taken	
· · · · · · · · · · · · · · · · · · ·		
Stage I Documentation		
Stage I Documentation	No Action Taken	
Stage I Documentation 1. Required Documentation	No Action Taken No Action Taken	
Stage I — Documentation 1. Required Documentation 1. Vision and policy statements		
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan	No Action Taken	
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health	No Action Taken No Action Taken	
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs	No Action Taken No Action Taken No Action Taken	
Stage I - Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs 5. Insurance claim forms	No Action Taken No Action Taken No Action Taken No Action Taken	
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs 5. Insurance claim forms 6. Accident reports	No Action Taken	
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs 5. Insurance claim forms 6. Accident reports 7. Baseline hazard analysis results, including IH reports	No Action Taken	
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs 5. Insurance claim forms 6. Accident reports 7. Baseline hazard analysis results, including IH reports 8. Written hazard control programs	No Action Taken	
Stage I Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs 5. Insurance claim forms 6. Accident reports 7. Baseline hazard analysis results, including IH reports 8. Written hazard control programs 9. Accident investigation forms and reports	No Action Taken	
Stage I - Documentation 1. Required Documentation 1. Vision and policy statements 2. Accountability plan 3. Budget documents showing allocated resources for Safety and Health 4. OSHA 200/300 logs 5. Insurance claim forms 6. Accident reports 7. Baseline hazard analysis results, including IH reports 8. Written hazard control programs 9. Accident investigation forms and reports 10. Written contractor policies for this stage 11. Results of baseline assessment of workplace safety and health practices and plan for	No Action Taken	



14 Hazard correction tracking system	No Action Taken
15 PM Inventory	No Action Taken
16 Written Emergency Procedures	No Action Taken



	Participant Name	Coordinator Name	Report Period	
Г	(Enter Participant Name)	[Enter Coordinator Name]	Time Period	[Enter Time Period]
	[Enter Participant Name]	[Enter Coordinator Name]	Year	[Enter Year]
Sta	ge II – 1. Management Leadership an	d Employee Involvement		
1. Management Commitment Outcomes Achieved				Status
In addition to top management, managers and supervisors are also demostrating visible safety and health leadership			No Action Taken	
2	2 Management has committed adequate resources to meet the safety and health outcomes required for Stage II			No Action Taken
3	Management continues to improve an existing planning processes	d strengthen then integration of safety a	nd health into	No Action Taken
4		employees, continues to develop and co pjectives that are clear, attainable, measu		No Action Taken
5	Employees are communicating with m	nanagement more openly on safety and h	nealth issues	No Action Taken
6	Managers, supervisors, and non-superesponsibilites and accountability for s	ervisory employees can clearly describe t safety and health at the site	heir	No Action Taken
7	Persons identified as being accountable for meeting safety and health goals believe they have adequate authority and support to do their job. Other workers recognize these persons' authority and are beginning to support them			No Action Taken
8	their safety and health performace; re	earety and nearth staff are monitored and ceive feedback, prepare corrective action tion for good performance; and bear cons	n plans as	No Action Taken
9	Safety and health responsibilites and	accountability are included in the job des level supervisors, and designated safety		No Action Taken
10		an for non-supervisory employees and co ences for meeting or failing to meet safet		No Action Taken
2. Employee Involvement - Outcomes Achieved				
1	of employee involvement, attitudes, a	nprovement in its safety and health practi nd hazard-reporting; their compliance wit fety and health roles and responsibilities	th rules and	No Action Taken
2	Increased activity on and/or additional employee participations	safety and health teams are formed with	n greater	No Action Taken
3		iting in safety and health activities at the figure (i.e., in performing hazard analyses, ac ections)		No Action Taken



Site has incorporated into its orientation training for new employees all the information that is 4 required to be shared with employees (i.e., rights under the occupational Safety and Health Act, the sites participation in challenge, and the fundamental principles of VPP

No Action Taken



3. Contract Worker Coverage - Outcomes Achieved		
Site routinely uses safety and health factors, such as injury and illness rates, in selecting and overseeing contractors	No Action Taken	
Site can demostrate a significant improvement in its system for the timely identification, correction and tracking of uncontrolled hazards in contractors' work areas	No Action Taken	
3 Site has an established process to monitor contractor compliance and to remove contractors for safety or health violations	No Action Taken	
Stage II 2. Worksite Analysis		
1. Baseline Safety and Industrial Hygiene Hazard Analysis - Outcomes Achieved		
1 No Outcomes Required	N/A	
2. Hazard Analysis of Routine Jobs, Tasks, and Processes - Outcomes Achieved		
Site has conducted acceptable hazard analyses of routine jobs, tasks, and processes	No Action Taken	
3. Hazard Analysis of Significant Changes - Outcomes Achieved		
1 No Outcomes Required	N/A	
4. Pre-Use Analysis - Outcomes Achieved		
1 No Outcomes Required	N/A	
5. industrial Hygiene (IH) Program - Outcomes Achieved		
1 Site has developed a written IH Program	No Action Taken	
2 Site has begun implementing controls for hazards identifed in the initial baseline study	No Action Taken	
3 Site has established and implemented sampling frequencies	No Action Taken	
4 Site has conducted the necessary IH surveys	No Action Taken	
6. Routine Self-Inspections - Outcomes Achieved		
Site has developed a documented routine self-inspection system	No Action Taken	
Acceptable routine self-inspections have been conducted, at a minimum, by designated safety and health staff	No Action Taken	
The entire worksite, including contractor work areas, has been inspected at least twice a year	No Action Taken	
7. Hazard Reporting System for Employees - Outcomes Achieved		
Site has developed and begun implementing a documented hazard reporting system	No Action Taken	
8. Accident Investigations - Outcomes Achieved		
Site has expanded system and process developed in Stage I for accident investigation to include near-misses	No Action Taken	



2 If applicable, site has conducted acceptable investigations of accidents and near-misses

No Action Taken



9. Trend Analysis - Outcomes Achieved	
Site has conducted another acceptable trend analysis of injury and illness history at the site if a year has gone by since the initial analysis	No Action Taken
2 Site had conducted an acceptable trend analysis of the other safety and health information (in addition to injury and illness history)	No Action Taken
Stage II – 3. Hazard Prevention and Control	
1. Certified Professional Resources - Outcomes Achieved	
Site has identified certified safety and health professionals and other licensed health care 1 professionals whom employees and contract workers can access for onsite or offsite services	No Action Taken
2. Hazard Elimination and Control Methods - Outcomes Achieved	
Site has begun identifying and selecting the most appropriate hazard elimination and control methods for hazards identified in this Stage through all previous methods, and now also through, hazard analysis of routine jobs, self-inspections, near-miss investigations, and employee reports of hazards	No Action Taken
2 hazard controls follow the hierarchy of controls. (Engineering, administrative, work practice, PPE)	No Action Taken
Top priority nazards are controlled before progressing to Stage III (For nazards requiring long-term abatement projects, such as new ventilation systems, interim protection is acceptable).	No Action Taken
3. Hazard Control Programs - Outcomes Achieved	
Site has met all minimum requirements regarding the establishment of hazard control programs required by OSHA standards	No Action Taken
2 Site continues to train all workers on these programs, as needed	No Action Taken
4. Tracking of Hazard Correction - Outcomes Achieved	
1 Site continues to implement and improve the hazard tracking system	No Action Taken
5. Preventative Maintenance of Equipment -Outcomes Achieved	
1 The site has established and is following an acceptable preventive maintenance schedule	No Action Taken
6. Occupational Health Care Program - Outcomes Achieved	
Site continues to provide access to licensed health care professionals	No Action Taken
2 Site continues to provide access to health services, as needed, based on the results of the baseline safety and health analysis	No Action Taken
3 Site continues to provide access to physician care and emergency medical care for all shifts within a resonable time and distance. (See also Emergency Preparedness and Response)	No Action Taken



VOSH Challenge Program Administrator Verification Form Stage II

	Emanage Demandage and Demanda Outcomes Achieved		
/.	7. Emergency Preparedness and Response - Outcomes Achieved		
1	Site continues to communicate the writeen procedures for responding to all types of emergencies that meet VPP requirements and has begun improving the emergency procedures established in Stage I	No Action Taken	
2	Site has conducted at least one evacuation drill and has assessed how well the procedures worked	No Action Taken	
3	Site continues to provide Emergency Medical Services	No Action Taken	
4	Site has made available to each shift a sufficient number of employees trained in first aid and CPR, or an alternative at least as effective	No Action Taken	
5	Site has established Emergency Response Team	No Action Taken	
Sta	ge II4. Safety and Health Training		
1.	Safety and Health Training - Outcomes Achieved		
1	Training provided complies with guidelines established in Stage I	No Action Taken	
2	Managers, supervisors, non-supervisory employees, and contract workers are aware of their safety and health related rights and have the knowledge and skills they need to perform their safety and health roles and responsibilities	No Action Taken	
Sta	ge II — Documentation		
1.5			
	Required Documentation		
-	All documentation required in Stage I	No Action Taken	
-	All documentation required in Stage I	No Action Taken No Action Taken	
1	All documentation required in Stage I		
1	All documentation required in Stage I Job Hazard Analysis forms and records	No Action Taken	
1 2 3 4	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records	No Action Taken No Action Taken	
1 2 3 4	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records Employee Hazard reporting forms	No Action Taken No Action Taken No Action Taken	
1 2 3 4 5	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records Employee Hazard reporting forms Minutes, charters, mission statements of safety and health teams	No Action Taken No Action Taken No Action Taken No Action Taken	
1 2 3 4 5 6	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records Employee Hazard reporting forms Minutes, charters, mission statements of safety and health teams Contractor Program - Updated to include additional policies established in this stage	No Action Taken No Action Taken No Action Taken No Action Taken No Action Taken	
1 2 3 4 5 6	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records Employee Hazard reporting forms Minutes, charters, mission statements of safety and health teams Contractor Program - Updated to include additional policies established in this stage Trend analysis results	No Action Taken	
1 2 3 4 5 6 7 8	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records Employee Hazard reporting forms Minutes, charters, mission statements of safety and health teams Contractor Program - Updated to include additional policies established in this stage Trend analysis results Written IH Program - And any sampling results since the baseline Documentation showing implementation of hazard controls and their effectiveness (i.e.,	No Action Taken	
1 2 3 4 5 6 7 8	All documentation required in Stage I Job Hazard Analysis forms and records Routine self-inspection forms and records Employee Hazard reporting forms Minutes, charters, mission statements of safety and health teams Contractor Program - Updated to include additional policies established in this stage Trend analysis results Written IH Program - And any sampling results since the baseline Documentation showing implementation of hazard controls and their effectiveness (i.e., ventilation studies, PPE purchases, machine guarding purchases)	No Action Taken	



VOSH Challenge Program Administrator Verification Form Stage III

Participant Name	Coordinator Name	Report Period	
(Enter Participant Name)	[Enter Coordinator Name]	Time Period	Enter Time Period]
[Enter Participant Name]		Year	[Enter Year]

Stage III 1. Management Leadership and Employee Involvement		
1. Management Commitment Outcomes Achieved	Status	
All employees and contract workers are aware of management's and employees' safety and health vision for the site	No Action Taken	
2 Management overall demostrates at least minimally effective, visible leadership with respect to the site's safety and health program	No Action Taken	
3 Top management accepts ultimate responsibility for safety and health in the organization even safety and health functions are delegated to others	if No Action Taken	
I he individuals assigned responsibility for safety and health have the authority to ensure that 4 hazards are corrected or necessary changes to the safety and health management system are made	No Action Taken	
5 Management has set aside and promotes the use of adequate and dedicated resources for safety and health	No Action Taken	
The written safety and health management system is at least minimally effective in addressing the scope and complexity of th hazards at the site	No Action Taken	
Safety and health responsibilities and accountability are included in the job descriptions and performance plans of non-supervisory employees and contract workers, in addition to those of managers, mid-level supervisors, and designated safety and health staff	No Action Taken	
8 Site has an acceptable plan for conducting an annual evaluation of the total site's safety and health management system	No Action Taken	
2. Employee Involvement - Outcomes Achieved		
1 Employees support the site's participation in the Challenge process	No Action Taken	
2 Employees feel free to participate in the safety and health management system without fear of discrimination or reprisal	No Action Taken	
3 Employees have access to results of self-inspections, accident investigations, personal medical records, and personal sampling data upon request	No Action Taken	
4 Employees are involved in the safety and health management system in at least three meaningful, constructive ways in addition to the exercise of their rights to report a hazard	No Action Taken	

1



VOSH Challenge Program Administrator Verification Form Stage III

3. Contract Worker Coverage - Outcomes Achieved		
Site can demostrate a significant rise in the quality of safety and health protection given to contract workers, as reported in employee interviews	No Action Taken	
Site can demostrate a significant rise in the level of compliance by contract workers with the 2 site's safety and health rules (e.g., less hazards in contractor work areas, fewer disciplinary actions, fewer penalties)	No Action Taken	
3 Contractors supoort the site's participation in the Challenge process	No Action Taken	
The site's contractor program covers the prompt correction and control of hazards in the event that the contractor fails to correct or control such hazards	No Action Taken	
The contract oversight is minimally effective considering the nature of the site including: equal safety and health protection provided to contractors, rise in the level of compliance by contract 5 workers with the site's safety and health rules, safety and health performance included in the bidding process, monitoring and correction of hazards in contractor's work area, and enforcement of penalties, including removal for safety and health violations	No Action Taken	
Stage III 2. Worksite Analysis		
1. Worksite Analysis - Outcomes Achieved		
Site has conducted another baseline survey, if applicable	No Action Taken	
Site has at least a minimally effective hazard analysis system in place for routine operations, non-routine operations, and significant changes	No Action Taken	
3 Site has at least a minimally effective system for performing safety and health inspections -(i.e., identifies hazards associated with normal operations)	No Action Taken	
4 Site has at least a minimally effective system for conducting accident/incident investigations, including near-misses	No Action Taken	
5 Site has at least a minimally effective means for employees to report hazards and have these hazards addressed	No Action Taken	
6 The site has at least a minimally effective means for identifying and assessing trends	No Action Taken	
Site has been at least minimally effective at identifying and documnting the common safety and health hazards associated with the site (i.e., those found in OSHA regulations, building standards, etc. and for which existing controls are well known)	No Action Taken	
Stage III 3. Hazard Prevention and Control		
Hazard Prevention and Control - Outcomes Achieved		
1 Site has at least minimally effective controls to prevent exposing employees to hazards	No Action Taken	
2 Site has at least a minimally effective tracking system that results in hazards being controlled	No Action Taken	
3 Site has at least minimally effective written procedures for emergencies	No Action Taken	



VOSH Challenge Program Administrator Verification Form Stage III

Stage III4. Safety and Health Training 1. Safety and Health Training - Outcomes Achieved		
2 Site provides at least minimally effective training to educate employees regarding the known hazards of the site and their controls	No Action Taken	
3 Site continues to provide at least minimally effective training that meets its specific safety and health needs in this stage	No Action Taken	
Stage III Documentation		
1. Required Documentation		
1 All documentation from Stages I and II completed and updated	No Action Taken	
Hazard analysis form showing analysis of non-routine tasks, or significant changes	No Action Taken	
3 Pre-use analysis forms and results	No Action Taken	
4 Annual self-evaluation of the site's safety and health management system	No Action Taken	
5 Follow-up cultural survey and results	No Action Taken	



Appendix H: Sample Letters

Electronic File Name: Sample Letters.docx

Section 1: Administrator Sample Letter of Commitment

Section 2: Participant Sample Letter of Commitment

Section 3: Administrator Sample Acceptance Letter

Section 4: Participant Sample Acknowledgement Letter

Section 5: Stage I Completion Acknowledgement Letter

Section 6: Stage II Completion Acknowledgement Letter

Section 7: Stage III Completion Acknowledgement Letter

Section 8: Challenge Company Assurance Letter

VOSH Challenge Program Sample Letters



Challenge Administrator Sample Letter of Commitment

Date

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road NW Roanoke, VA 24019

Dear Name:

I am writing to inform you of [Insert Name of Company] intent to participate in the Challenge Program as a Challenge Administrator. We have reviewed the program and believe [Insert Name of Company] meets the Administrator criteria you are seeking.

I can assure you that [Insert Name of Company] is committed to assisting our potential candidates in progressing through the Challenge Pilot Stages towards health and safety excellence. Initially we agree to have a minimum of ten (10) Candidates in the Challenge Pilot.

Attached please find our: (if submitting at this time).

Administrator Application Coordinator(s) Application Candidate Package(s)

Should you have any questions or need additional information, please contact:

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road NW Roanoke, VA 24019

[Insert Name of Company] looks forward to working together to bring the principles and benefits of VPP to more facilities throughout the country.

Sincerely,

Organization Representative Name Organization Representative Title Organization Name



Challenge Participant Sample Letter of Commitment

Date

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road, NW Roanoke, VA 24019

Dear Name:

In our mission to produce high quality products and services, we, Insert Name of 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 Insert Name of Challenge Participant Applicant and Insert Name of Bargaining Unit is committed to successfully completing the Challenge Program and developing an effective safety and health management program.

We will provide the necessary data and documentation to our Challenge Administrator, Insert the Administrator Name along with the Organization Name, and keep them informed of our progress. We also will involve our employees in the VOSH Challenge Program. We are excited to be involved in voluntary efforts with all involved 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.

Sincerely,

Insert Challenge Participant Applicant Name Insert Challenge Participant Applicant Title Insert Challenge Participant Applicant

Insert Bargaining Unit Representative Name Insert Bargaining Unit Representative Title Insert Bargaining Unit Name and Local #



Challenge Administrator Sample Acceptance Letter

Date

Administrator Contact Company Street City, State Zip

Dear Name:

VOSH has received and reviewed your application package for participation as an Administrator in the VOSH Challenge Program. I am pleased to accept your application and welcome you into the program. It is obvious that your organization, [Insert Company Name], is committed to worker safety and health, and I am confident that you possess the skills and willingness needed to assist participating candidates as they progress through the three Challenge Stages.

The next step is for you to provide additional information about your candidates. This includes their general information, baseline information, and statements of commitment as outlined in the Candidate Package. Please submit this information to:

VOSH VPP Challenge Coordinator Virginia Occupational Safety and Health Voluntary Protection Program 3013 Peters Creek Road, NW Roanoke, VA 24019

The VOSH VPP Office will review this information. All accepted candidates will receive letters acknowledging their participation in Challenge.

Thank you for taking on this important responsibility. By partnering with VOSH and by participating in the VOSH Challenge Program, you are helping to ensure a safe and healthy workplace for all Virginia workers.

Sincerely,

Name



Challenge Participant Sample Acknowledgement Letter

Date

Participant Contact Name Company Street City, State, Zip

Dear Name:

Welcome to the VOSH Challenge Program. We have reviewed the information that your Challenge Administrator, [Insert Administrator Name], submitted to VOSH, and we are pleased to accept you into the ranks of Challenge participants.

In our many years of working cooperatively with companies/agencies such as yours, we at VOSH have learned the value of a systems approach to managing worker safety and health. An effective safety and health management system can save lives, reduce injuries and illnesses, and promote cooperation and communication in the workplace. Effective employee protection can increase profits by reducing the costs associated with occupational injuries and illnesses.

Developing and implementing an effective system is indeed a challenge, but you need not tackle it all at once. By following Challenge's three Stages, you can expect to see positive change almost immediately. By staying the course, you and your employees can look forward to the many benefits enjoyed by businesses, both large and small, that operate successful safety and health management systems.

As you move through the Challenge Stages, your Administrator will keep VOSH informed of your progress. During this period, your facility remains subject to VOSH programmed inspections and to investigation following any employee complaints, fatalities, or catastrophes. I urge you to set your sights on applying to the Voluntary Protection Programs (VPP) after completing the Challenge Stages. Worksites approved to VPP STAR and Merit enjoy a range of benefits, including removal from VOSH programmed inspection lists.

The challenge of achieving excellence in worker safety and health is great, the rewards substantial. You are on your way. I wish you and your employees much success.

Sincerely,

Name Title



Stage I Completion Acknowledgement Letter

Date

Participant Contact Name Company Street Address City, State, Zip

Dear [Contact Name]:

VOSH has received confirmation from [identify Administrator], your Challenge Administrator, that your site has successfully completed Stage I of the VOSH Challenge Program.

On behalf of the Agency, let me congratulate your site's accomplishment. It is gratifying to learn about your commitment to improving worker safety and health at your site and your employees growing involvement in the process.

I look forward to your facility proceeding successfully through Stages II and III. It is my hope, and the Agency's, that you will apply to the Voluntary Protection Programs (VPP) at the Merit or STAR level upon completion of the VOSH Challenge Program.

We at VOSH look forward to hearing from your Administrator about your continuing achievement. As you work through the next Stages, please continue to be aware that your facility remains subject to programmed inspections and investigation of any employee complaints, fatalities, or catastrophes.

You are one Stage closer to achieving excellence in worker safety and health. Keep up the good work!

Sincerely,

Name VPP Manager



Stage II Completion Acknowledgement Letter

Date

Participant Contact Name Company Street Address City, State, Zip

Dear [Contact Name]:

I was delighted to learn from your Challenge Administrator, [identify Administrator], that your site has successfully completed Stage II of the VOSH Challenge Program. I am very aware of the effort required to complete this Stage. On behalf of the Virginia Occupational Safety and Health (VOSH), I extend congratulations to you and to all the employees who have made this achievement possible.

I am particularly impressed by your success in [highlight a specific accomplishment from the latest progress report]. I hope you have come to appreciate that by taking the many small, incremental steps built into Challenge, you are gradually creating a broad system that will more effectively protect your employees. You are creating a better, more productive, and profitable business.

As you proceed through Stage III, you and your employees can be proud of the steps being taken to achieve excellence in worker safety and health. Your actions are helping to ensure that you all will return home healthy and safe at the end of each workday. VOSH's responsibility toward you and your employees continues, so let me remind you that your facility remains subject to programmed inspections and investigation of any employee complaints, fatalities, or catastrophes.

Your Challenge Administrator will keep VOSH informed of your progress. I look forward to hearing that you have successfully completed Stage III, and I urge you to give serious thought to continuing your partnership with VOSH. By applying and qualifying for Voluntary Protection Programs (VPP) STAR participation, you will confirm your facility as a model of safety and health excellence in your industry and your community, and you will enjoy the prestige, respect, and other benefits accorded VPP companies.

My best wishes for your continued success as you proceed toward completion of the VOSH Challenge Program.

Sincerely,



Name Assistant Commissioner

Stage III Completion Acknowledgement Letter

Date

Participant Contact Name Company Street Address City, State, Zip

Dear [Contact Name]:

[Administrator name], your Challenge Administrator, has informed me of your successful completion of Stage III of the VOSH Challenge Program. You are one of the first companies in the nation to reach this milestone achievement. Please accept my sincerest congratulations.

I was especially interested and gratified to read about your experience [highlight a specific accomplishment identified in the latest progress report].

Having successfully completed all three Stages of the VOSH Challenge Program, your facility now should be completing its application to the Voluntary Protection Programs' (VPP) STAR. Until that time, you remain subject to programmed inspections. As you know, all worksites under VOSH jurisdiction are subject to investigation of any employee complaints, fatalities, or catastrophes.

I urge you to continue your cooperative relationship with VOSH. Upon receiving your VPP application, we will evaluate your safety and health management system and performance. If we determine that your worksite meets the requirements of VPP STAR, it will be my pleasure to welcome you to VPP's prestigious ranks.

Thank you for participating in VOSH's exciting new effort to protect Virginia's workers. The most effective workplace protection grows from voluntary and cooperative efforts such as yours. Let us continue working together to help ensure the safety and health of Virginia's workers, the backbone of our state and its most valuable resource.

Sincerely,

Name Commissioner



Challenge Company Assurance Letter (Please transfer to Your Company Letterhead)

Company Name agrees to comply with the following items as a Virginia VPP Challenge Program Participant:

Compliance

a. We will comply with the Occupational Safety and Health Act (OSHA Act) and correct, in a timely manner, all hazards discovered through self-inspections, employee notifications, accident investigations, VOSH onsite reviews, process hazard reviews, annual evaluations, or any other means.

2. Correction of Deficiencies

a. We will promptly address safety and health deficiencies related to compliance with VOSH requirement identified during our progress to complete the Challenge program.

3. Employee Support

- Our employees support the Challenge application.
- b. At sites with employees organized into one or more collective bargaining units, the authorized representative for each collective bargaining unit must sign this VPP Challenge Assurance letter indicating that the collective bargaining agent(s) support Challenge participation.
- VOSH must receive concurrence from all such authorized agents to accept the application.
- d. At non-union sites, management's assurance of employee support will be verified by the VOSH Challenge Coordinator through documentation and communications provided by the Participant and those individuals assisting the site in its pursuit of Challenge.

4. Challenge Elements

 Management commits to implementing and maintaining the requirements of the Challenge elements and the overall Challenge program.

5. Orientation

a. Employees, including newly hired or transferred employees and contract employees, will receive orientation on the Challenge, including employee rights under Challenge and under the OSHA Act.

6. Non-Discrimination

a. We will protect employees given safety and health duties as part of our safety and health program from discriminatory actions resulting from their carrying out such duties, just as Section 40.1-51.2:1 of the Code of Virginia and protect employees who exercise their rights.

7. Employee Access

a. Employees will have access to the results of self-inspections, accident investigations, and other safety and health data upon request. At union represented sites, this requirement may be met through employee representative access to these results.

8. Documentation



- a. We will maintain our safety and health program information and make it available for VOSH review to determine initial and continued approval to Challenge. This information will include:
 - Any agreements between management and the collective bargaining agent(s) concerning safety and health.
 - ii. All documentation used to support the site's Challenge effort.

9. Quarterly and Annual Submissions

 We will submit the updated OSHA Challenge Tracking Participant Spreadsheet (OCTPS) as required to the assigned program Coordinator or Administrator on a timely quarterly basis.

10. Organizational Changes

a. Whenever significant organizational or ownership changes occur, we will provide the VPP Manager, <u>within 60 days</u>, a new Statement of Commitment signed by both management and any authorized collective bargaining agents.

11. Collective Bargaining Changes

a. Whenever a change occurs in the authorized collective bargaining agent, we will provide the VPP Manager, <u>within 60 days</u>, a new signed statement indicating that the new representative supports Challenge participation.

<u> </u>	6/29/2017
Highest Site Company Official Signature and Title	Date
Print Name and Title	
	[6/29/2017]
Highest Union Official site representative Signature and Title	Date
Print Name and Title	

