

# Challenge Pilot

## Administrator Application Package Instructions

### Included in this spreadsheet are:

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- Tab 2. Administrator Statement of Commitment
- Tab 3. Administrator Information Form
- Tab 4A. Coordinator Information Form - Coordinator 1
- Tab 4B. Coordinator Information Form - Coordinator 2
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- Tab 4I. Coordinator Information Form - Coordinator 9
- Tab 4J. Coordinator Information Form - Coordinator 10

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

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### **Please complete and return the Statement of Commitment, Administrator Information Form, and Coordinator Information Forms (one per Coordinator) to:**

OSHA Challenge Program Coordinator  
Directorate of Cooperative and State Programs  
Occupational Safety and Health Administration, Room N3700  
U.S. Department of Labor  
200 Constitution Ave., NW  
Washington, DC 20210

You may submit this package electronically to Jim Boom via e-mail boom.lloyd@dol.gov

You will also need to submit candidate packages (see Candidate Application Package Spreadsheet), for all organizations that will be participating with you.

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Once your Administrator's Package is received, it will be reviewed by OSHA. You will be contacted if any missing information needs to be provided. Confirmation of your acceptance as an Challenge Pilot Administrator will be provided by mail. Please allow a 45-day window for OSHA to complete the review process.



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**Eligibility:**

**Role of Challenge  
Pilot Administrators:**

**Role of Challenge  
Pilot Coordinator:**

**Challenge Pilot  
Administrator  
Criteria:**

**Challenge Pilot  
Individual  
Coordinator Criteria:**



## Challenge Pilot Administrator Criteria

The role of a Challenge Pilot Administrator is available to any private corporation, federal agency or non-profit association that meets the eligibility criteria outlined below and meets OSHA's selection process. Eligibility does not extend to private safety and health consultants or for-profit associations at this time.

Challenge Pilot Administrator refers to the organization as a whole, such as a federal agency, corporation, or an association. Administrators can administer the program to either their own worksites or members of other companies.

Coordinators are appointed by the Administrator to manage the program implementation for the Challenge Pilot Candidates.

An Administrator must possess the following characteristics in order to be considered:

**Knowledge and Experience:** Demonstrated knowledge and experience in safety and health management systems. Experience may include involvement in other OSHA Cooperative Programs such as, VPP or Strategic Partnerships; and/or experience administering corporate-wide safety and health policies at the facility-level.

**Resources:** Administrators must confirm the availability of resources including time, personnel and expertise to administer OSHA Challenge to its Candidate facilities or members.

**Commitment:** Administrators must be committed to the Challenge Pilot and sponsor a minimum of ten (10) Challenge Pilot Candidates.

Criteria for individual coordinators include:

**Knowledge and Experience:** Knowledgeable safety and health professionals with experience in implementing and evaluating safety and health management systems.

**Training:** Ideally, Challenge Pilot Coordinators will have completed the OSHA Special Government Employees (SGE) training or equivalent (i.e., corporate safety and health audit training).

**Evaluation Experience:** Ideally, Challenge Pilot Coordinators should have performed site safety and health management system reviews or VPP type onsite evaluations.

## Challenge Pilot Administrator Statement of Commitment

### Sample Letter Only

Cathy Oliver, Director  
Office of Partnerships and Recognition  
Directorate of Cooperative and State Programs  
U.S. Department of Labor, OSHA  
200 Constitution Avenue, North West  
Room N3700  
Washington, DC 20210  
Attention: Cathy C. Oliver

Dear Ms. Oliver:

I am writing to inform you of **[insert name of company, association, or federal agency's]** in participate in the Challenge Pilot Program as a Challenge Pilot Administrator. We have reviewed the program and believe **[insert name of company, association, or federal agency's]** meets the criteria you are seeking.

I can assure you that **[insert name of company, association, or federal agency]** is committed to our potential candidates in progressing through the Challenge Pilot stages towards health and 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).

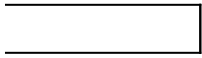
Administrator Information Sheet  
Coordinator Information Sheet  
Candidate Package(s)

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

Name  
Title  
Address  
Phone  
E-mail

**[Insert name of company, association, or federal agency]** looks forward to working together to share the principles and benefits of VPP to more facilities throughout the country.

Sincerely,



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## Challenge Pilot Administrator Information Form

### Section 1. Administrator Information

Name	
Site Address	
Type of Administrator	Private Company

### Section 2. Administrator Contact Information

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

### Section 3. Knowledge and Experience

*Please describe your organization's knowledge and experience in safety and health management systems. Experience may include involvement in other OSHA Cooperative Programs such as, VPP or Strategic Partnerships; and/or experience in administering corporate-wide safety and health policies at the facility-level. [250 words or less]*

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### Section 4. Resources

*Please confirm the availability of resources including time and personnel to administer the Challenge Pilot to the Candidate facilities or members. [100 words or less]*

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### Section 5. Process

*Please provide a description of your organization's internal processes to collect baseline and quarterly/annual data for each Challenge Pilot Candidate and ensure its accuracy. (See Candidate's Package for baseline data requirements and the following Evaluation Report Template for quarterly/annual requirements) [250 words or less]*

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

**Section**

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words or less]*

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**Challenge Pilot  
Coordinator Information Form**  
(Complete forms for each Coordinator)

**Section 1. Coordinator Information**


**Section 2. Knowledge and Experience**  
*Describe your experience in safety and health program management. [200 words or less]*

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**Section 3. Training**  
*Describe health training you have completed. [150 words or less]*

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**Section 4. Evaluation Experience**  
*Describe your experience in evaluating safety and health management systems. [200 words or less]*

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<h2 style="margin: 0;">Challenge Pilot Coordinator Information Form</h2> <p style="margin: 0;">(Please complete forms for each Coordinator)</p>
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Section 1. Coordinator Information	
Company Name	
Coordinator Contact Name	
Coordinator Contact Title	
Coordinator Contact Phone Number	
Coordinator Contact Fax Number	
Coordinator Contact E-mail Address	
Administrator Name	

Section 2. Knowledge and Experience
<i>Please describe your knowledge and experience in safety and health program management. [200 words or less]</i>

Section 3. Training
<i>Please describe any relevant safety and health training you have completed. [150 words or less]</i>

Section 4. Evaluation Experience
<i>Please describe all relevant experience you have in evaluating safety and health management systems. [200 words or less]</i>

<b>Challenge Pilot Coordinator Information Form</b> (Please complete forms for each Coordinator)
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<b>Section 1. Coordinator Information</b>
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Company Name	
Coordinator Contact Name	
Coordinator Contact Title	
Coordinator Contact Phone Number	
Coordinator Contact Fax Number	
Coordinator Contact E-mail Address	
Administrator Name	

<b>Section 2. Knowledge and Experience</b>
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*Please describe your knowledge and experience in safety and health program management. [200 words or less]*

<b>Section 3. Training</b>
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*Please describe any relevant safety and health training you have completed. [150 words or less]*

<b>Section 4. Evaluation Experience</b>
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*Please describe all relevant experience you have in evaluating safety and health management systems. [200 words or less]*

**Challenge Pilot  
Coordinator Information Form**  
(Please complete forms for each Coordinator)

**Section 1. Coordinator Information**

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

**Section 2. Knowledge and Experience**

*Please describe your knowledge and experience in safety and health program management. [200 words or less]*

**Section 3. Training**

*Please describe any relevant safety and health training you have completed. [150 words or less]*

**Section 4. Evaluation Experience**

*Please describe all relevant experience you have in evaluating safety and health management systems. [200 words or less]*

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**Section**

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

Administrator Name

**Section**

*Please describe your knowledge and experience [500 words or less]*

**Section**

*Please describe any relevant safety and health experience [500 words or less]*

**Section**

*Please describe all relevant experience you have had in the past 5 years [500 words or less]*

**Challenge Pilot  
Coordinator Information Form**  
(Complete forms for each Coordinator)

**Section 1. Coordinator Information**


**Section 2. Knowledge and Experience**  
*Describe your experience in safety and health program management. [200 words or less]*


**Section 3. Training**  
*List health training you have completed. [150 words or less]*


**Section 4. Evaluation Experience**  
*Describe your experience in evaluating safety and health management systems. [200 words or less]*


<h2 style="margin: 0;">Challenge Pilot Coordinator Information Form</h2> <p style="margin: 0;">(Please complete forms for each Coordinator)</p>
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Section 1. Coordinator Information	
Company Name	
Coordinator Contact Name	
Coordinator Contact Title	
Coordinator Contact Phone Number	
Coordinator Contact Fax Number	
Coordinator Contact E-mail Address	
Administrator Name	

Section 2. Knowledge and Experience
<i>Please describe your knowledge and experience in safety and health program management. [200 words or less]</i>

Section 3. Training
<i>Please describe any relevant safety and health training you have completed. [150 words or less]</i>

Section 4. Evaluation Experience
<i>Please describe all relevant experience you have in evaluating safety and health management systems. [200 words or less]</i>

**Coord**  
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**Section**

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

Administrator Name

**Section**

*Please describe your knowledge and experience [500 words or less]*

**Section**

*Please describe any relevant safety and health experience [500 words or less]*

**Section**

*Please describe all relevant experience you have in the field [500 words or less]*

**Challenge Pilot  
Coordinator Information Form**  
(Complete forms for each Coordinator)

**Section 1. Coordinator Information**


**Section 2. Knowledge and Experience**  
*Describe your experience in safety and health program management. [200 words or less]*


**Section 3. Training**  
*Describe health training you have completed. [150 words or less]*


**Section 4. Evaluation Experience**  
*Describe your experience in evaluating safety and health management systems. [200 words or less]*


**Coordinator Information**  
(Please complete this section)

**Section 1: Contact Information**

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

Administrator Name

**Section 2: Knowledge and Experience**

Please describe your knowledge and experience in the role of a Coordinator [500 words or less]

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**Section 3: Safety and Health**

Please describe any relevant safety and health information [500 words or less]

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**Section 4: Experience**

Please describe all relevant experience you have in the role of a Coordinator [500 words or less]

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**Challenge Pilot  
Coordinator Information Form**  
(Complete forms for each Coordinator)

**Section 1. Coordinator Information**


**Section 2. Knowledge and Experience**  
*Describe your experience in safety and health program management. [200 words or less]*


**Section 3. Training**  
*Describe health training you have completed. [150 words or less]*


**Section 4. Evaluation Experience**  
*Describe your experience in evaluating safety and health management systems. [200 words or less]*


# Challenge Pilot Coordinator Information Form

(Please complete forms for each Coordinator)

## Section 1. Coordinator Information

Company Name	
Coordinator Contact Name	
Coordinator Contact Title	
Coordinator Contact Phone Number	
Coordinator Contact Fax Number	
Coordinator Contact E-mail Address	
<b>Administrator Name</b>	
Administrator Name	

## Section 2. Knowledge and Experience

*Please describe your knowledge and experience in safety and health program management. [200 words or less]*

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## Section 3. Training

*Please describe any relevant safety and health training you have completed. [150 words or less]*

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## Section 4. Evaluation Experience

*Please describe all relevant experience you have in evaluating safety and health management systems. [200 words or less]*

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**Coord**  
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Company Name
Coordinator Contact Name
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Coordinator Contact Phone Number
Coordinator Contact Fax Number
Coordinator Contact E-mail Address
Administrator Name

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**Challenge Pilot  
Coordinator Information Form**  
(Complete forms for each Coordinator)

**Section 1. Coordinator Information**


**Section 2. Knowledge and Experience**  
*Describe your experience in safety and health program management. [200 words or less]*


**Section 3. Training**  
*Describe health training you have completed. [150 words or less]*


**Section 4. Evaluation Experience**  
*Describe your experience in evaluating safety and health management systems. [200 words or less]*
