
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, Company Assurance Letter, and Challenge Collective Bargaining Agent(s) Sample Letter of Commitment (if you are represented). A sample letter of all is at the end of this application.
3. Submit electronically, attach the completed Challenge Participant application and a scanned copy of the commitment letters 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 letters of commitment to your Challenge Administrator. All Challenge Administrators' addresses can be found on the VOSH Challenge Web page at https://www.osha.gov/dcsp/vpp/challenge_admin.html under "Find a Challenge Administrator."

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

Challenge Administrator			
Challenge Coordinator			
1. Participant Information			
Challenge Participant Applicant			
Applicant Site Address (include street, city, state, zip)			
Applicant Site Manager Name			
Applicant Site Manager Title			
Company/Corporate Name and Address (if different from above)			
2. Participant Contact Information			
Primary Participant Contact Name			
Primary Participant Contact Title			
Primary Participant Contact Phone Number			
Primary Participant Contact Email			
Secondary Participant Contact Name			
Secondary Participant Contact Title			
Secondary Participant Contact Phone Number			
Secondary Participant Contact Email			
3. Participant Site Information			
Number of Employees		Number of Contract Employees	
NAICS		Number of Contract Employers	
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. 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			
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 Virginia Challenge Program
Baseline Injury and Illness Information**

Challenge Participant Applicant	NAICS Code

**Table 1 - Site Employee Data
(Double click table to activate and fill in yellow highlighted areas.)**

Year	Hours	Total Cases	Total Case Incident Rate (TCIR)	Days Away, Restricted, Transferred Cases	Days Away, Restricted or Transferred Rate (DART)
2016			#DIV/0!		#DIV/0!
2017			#DIV/0!		#DIV/0!
2018			#DIV/0!		#DIV/0!
<i>TOTAL</i>	<i>0</i>	<i>0</i>		<i>0</i>	
<i>Three Year Average Rates</i>			#DIV/0!		#DIV/0!
Most recently published **BLS rates					
<i>Percent above / (below) BLS rate</i>			#DIV/0!		#DIV/0!

**VOSH Virginia Challenge Program
Safety & Health Metrics**

Challenge Participant Applicant	NAICS Code

Metric	Data Information	Goal To Meet	Year Data Provided

Worker's Compensation Data (Optional)	Data Information	Year Data Provided
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** 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

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:

1. 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

- a. 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.
- c. 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

- a. 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:
 - i. 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

i. 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 VOSH VPP Challenge Coordinator, **within 60 days**, 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 VOSH VPP Challenge Coordinator, **within 60 days**, a new signed statement indicating that the new representative supports Challenge participation.

Highest Site Company Official Signature and Title

Date

Print Name and Title

**Challenge Collective Bargaining Agent(s)
Sample Letter of Commitment Example
(Please transfer to Your Letterhead)**

Date

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

Dear **Name**:

Insert Name of Collective Bargaining Agent(s) will endorse and support the participation in the VOSH Challenge Program at **Insert Name of Challenge Participant Applicant, Location**, Virginia facility.

The Challenge Program is consistent with **Insert Name of Collective Bargaining Agent(s)** commitment to improving safety for all employees at this location.

We are always committed to improving safety for the employees that we represent and we look forward to working with you to improve safety, thus creating a healthier and safe work environment for all employees.

Sincerely,

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