

ANNUAL [NATIONAL, REGIONAL OR AREA] ALLIANCE REPORT

[DATE]

I. Alliance Background

Date Signed.

[Date]

Alliance Overview.

[Brief summary of the purpose and scope of the Alliance.]

Implementation Team Members.

[List members of the Implementation Team.]

II. Implementation Team Meetings

[List dates, locations and types of Implementation Team meetings (conference calls or in-person meetings) that have been held during the review period.]

III. Activities and Products

Evaluation Period.

[From the date of the signing, describe the length of time that this report covers.]

Alliance Activity.

[Describe the type of activity that has occurred to meet each goal of the Alliance.]

- Training and Education
- Outreach and Communication
- Promoting the National Dialogue on Safety and Health

[If applicable, also list contributors or developers who are not part of the Implementation Team.]

Alliance Products.

[Describe the type of activity that has occurred to meet each goal of the Alliance.]

- Training and Education
- Outreach and Communication
- Promoting the National Dialogue on Safety and Health

[If applicable, also list contributors or developers who are not part of the Implementation Team.]

IV. Results

A. [Discuss the impact of the Alliance activities and products during the reporting period.]

B. [Using the table below, list each activity and the number of individuals reached or trained during the reporting period.]

Type of Activity (Conference, Training, Print and Electronic Distribution, etc.)	Number of Individuals Reached or Trained
TOTAL	xxx

C. [If applicable, discuss other issues that had a bearing on the Alliance's implementation.]

V. Upcoming Milestones

[List major planned activities, products and issues that the Alliance plans to work on during the next reporting period, including plans for renewal or conclusion.]

Report Prepared by: _____

For more information, contact the Office of Outreach Services and Alliances at 202-693-2340 or go to www.osha.gov.