

CY 2017 ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT TO THE SECRETARY OF LABOR

Agency Name	Type agency name here.
Address	Type address here.
Number of federal civilian employees covered by this report	Enter number of employees.

DASHO	OSH Manager
Type DASHO name and title here.	Type OSH manager name and title here.
Type DASHO phone number here.	Type OSH manager phone number here.
Type DASHO email here.	Type OSH manager email here.

Please use [Appendix A](#) to add additional OSH Personnel.

Please rate your agency’s OSH performance using the 20 attributes below. For each attribute, select one of the following responses:

- The attribute does not exist.
- The attribute needs major improvements.
- The attribute needs minor improvements.
- The attribute is highly effective.
- The attribute is not applicable.

In addition, please answer the follow-up questions provided with each attribute (unless the attribute is not applicable).

I. HAZARD ANTICIPATION & DETECTION

1. A comprehensive, baseline hazard survey has been conducted within the past five (5) years.	Choose an item.
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- Who conducted the most recent hazard survey(s)? Please select all that apply.
 - Qualified agency personnel
 - Private consultant
 - Other [Please describe.](#)
- Was each identified hazard corrected immediately, or scheduled for correction in your agency’s action plan for safety and health? Yes No
- Was the survey written? Yes No

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- Who has access to these surveys?
 - Employees
 - Contractors
 - Employee representatives
 - Other [Please describe.](#)
- Please provide examples to support your answers.
[Click here to enter text.](#)

2. Effective safety and health self-inspections are performed regularly.

[Choose an item.](#)

- How often are self-inspections conducted?
 - Weekly
 - Monthly
 - Quarterly
 - Other [Please describe.](#)
- Were all workplaces inspected in CY 2017? Yes No
- Who conducts these inspections? Please select all that apply.
 - Supervisors and employees trained in recognizing hazards
 - Safety and health staff
 - Other [Please describe.](#)
- Do supervisors and employees from one area inspect other areas? Yes No
- Are these inspections sampled over a period of time to see if patterns of recurring hazards or noncompliance exist? Yes No
- Are checklists used when conducting these inspections? Yes No
- Please provide examples to support your answers.
[Provide examples.](#)

3. Effective surveillance of established hazard controls is conducted.

[Choose an item.](#)

- Please describe examples of key safety and health controls associated with different work areas, operations, or job duties (this can include engineering controls, personal protective equipment, safety rules, etc.) and explain how your agency monitors such controls and what steps it takes when it detects problems. **Please specifically include controls that address Executive Orders 13043 (addressing seatbelt use) and 13513 (banning texting while driving).**

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Name of control	How is this control monitored?	What steps occur when problems are detected?

- Please describe your agency’s Motor Vehicle Safety (MVS) program.
[Click here to enter text.](#)
- Provide the number of Motor Vehicle Accidents (MVAs) involving federal civilian employees, and detail the outcome of any resulting investigations.
[Click here to enter text.](#)
- Federal agencies that do not have a dedicated fleet of vehicles, but with employees who may operate motor vehicles in some capacity – whether officially or unofficially – must educate all employees on aspects of MVS. Please describe your agency’s efforts to train employees, including temporary duty employees, on MVS.
[Click here to enter text.](#)

4. An effective hazard reporting system exists.	Choose an item.
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- How can employees report hazards? Please select all that apply.
 - Electronic reporting system
 - Inform manager verbally or by email
 - Inform safety personnel verbally or by email
 - Other [Please describe.](#)
- How does your agency encourage employees to report hazards? [Click here to enter text.](#)
- Does your agency have a written anti-retaliation policy for employees who report unsafe or unhealthy working conditions? Yes No
- How can employees report retaliation? [Click here to enter text.](#)
- Were any cases of retaliation reported in CY 2017? Yes No
- If alleged retaliation was reported, how many cases were investigated?
[Click here to enter text.](#)
- Please provide examples to support your answers.
[Provide examples.](#)

<p>5. Accidents are investigated for root causes.</p>	<p>Choose an item.</p>
<ul style="list-style-type: none"> • Does your agency investigate near misses? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does your agency investigate property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does your agency have standardized procedures for conducting root cause investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No • Who is responsible for implementing changes based on the findings from investigations? Click here to enter text. • Please provide an overall assessment of your agency’s approach to root cause analysis. Click here to enter text. • Please describe what your agency is doing to prevent slips, trips, and falls; and exertion-related injuries. Click here to enter text. • Please summarize your agency’s illness and injury experience, including the most frequently reported work-related illnesses and injuries for the reporting period. Also describe the actions your agency has taken to prevent future occurrences. Click here to enter text. • Please summarize your agency’s experience with fatalities, hospitalizations, and other reportable events, pursuant to the revised requirements of 29 CFR 1904.39 that occurred during the reporting period — providing the total number of fatalities, hospitalizations, and other reportable events. For each such event, please complete an Event Summary Report in Appendix B. Click here to enter text. 	
<p>II. <u>HAZARD PREVENTION & CONTROL</u></p>	
<p>6. Feasible engineering controls are in place.</p>	<p>Choose an item.</p>
<ul style="list-style-type: none"> • How does your agency ensure employees are aware of, and use, the engineering controls? Click here to enter text. 	
<p>7. Effective safety and health rules and work practices are in place.</p>	<p>Choose an item.</p>

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- How does your agency communicate these rules and practices? Please select all that apply.
 - Written manuals or memorandums
 - Verbal instruction or direction
 - Agency websites and/or posters
 - Other [Please describe.](#)
- Please provide examples to support your response.
[Provide examples.](#)

8. Applicable OSHA-mandated programs are effectively in place.

[Choose an item.](#)

- How does your agency communicate these programs? Please select all that apply.
 - Written manuals or memorandums
 - Verbally
 - Agency websites and/or posters
 - Other [Please describe.](#)
- Are employees involved in program reviews? Yes No
- Are the programs evaluated and updated annually? Yes No
- Please provide examples of the programs that are in place.
[Provide examples.](#)
- Please indicate your agency's compliance with 29 CFR 1960.34. Specifically, please describe how your agency ensures that the products and services it procures comply with the product safety requirements of the standard, including the use of Safety Data Sheets (SDSs) [previously Material Safety Data Sheets (MSDSs)]. Please provide examples.
[Click here to enter text.](#)

E.O. 12196 requires agencies to provide employees places and conditions of employment that are free from recognized hazards, regardless of geographical location.

- Please indicate how many of your agency's federal employees were stationed overseas, either temporarily or permanently, during the reporting period.
[Click here to enter text.](#)
- How does your agency ensure that its overseas employees are made aware of applicable OSHA-mandated programs?
[Click here to enter text.](#)
- Please indicate how your agency provides safe and healthful workplaces for its overseas federal employees.
[Click here to enter text.](#)

9. An effective procedure for tracking hazard correction is in place.

[Choose an item.](#)

- Does your agency allow any employee to initiate a work order involving safety and health issues? Yes No
- Does your agency's safety and health committee initiate and track hazard correction? Yes No If you answered no, who tracks the corrections? [Please describe.](#)
- Is progress reported in committee minutes? Yes No
- In CY 2017, did your agency adhere to established correction dates? Yes No
- Does your agency have a system in place to verify the effectiveness of controls after they are installed or implemented? Yes No
- Please provide examples to support your answers.
[Provide examples.](#)

III. PLANNING & EVALUATION

10. Hazard incidence data are effectively analyzed.

[Choose an item.](#)

- Please identify the information included in your agency's incidence data. Please select all that apply.
 - The number and type of near misses
 - Incidents that did not cause personal injury
 - The number and types of uncontrolled hazards identified (e.g. missing machine guards, chemical releases)
 - Failure to use PPE
 - Number of OSHA non-compliances
 - Number of workers without required training
 - Other [Please describe.](#)
- Does your agency's analysis include the following? Please select all that apply.
 - Identifying injury and illness types
 - Detecting trends and patterns
 - Determining distributions
 - Assisting in hazard detection
 - Setting priorities for hazard correction
 - Other [Please describe.](#)

- Do all employees have access to the data analysis results? Yes No
- Please provide examples to support your answers.
[Provide examples.](#)

11. An action plan designed to accomplish the agency’s safety and health objectives is in place.

[Choose an item.](#)

- Please identify what is included in your agency’s action plans. Please select all that apply.
 - Specific items are described
 - Action items are measurable
 - Action items are achievable
 - Action items are result-oriented
 - Each action item has a completion time-frame of a year or less
 - Responsibility for action items is assigned to a specific agency official/employee
 - Other [Please describe.](#)
- Please indicate whether your agency engages in any particularly hazardous activities (beyond normal day-to-day activities) that have an additional impact on federal employee safety and health. Please provide examples.
[Click here to enter text.](#)
- **DHHS-NIOSH Only.** Please provide a summary of the technical assistance that NIOSH provided during the reporting period to federal agencies per §1960.35. Specifically, address NIOSH’s Hazard Evaluation Program and its involvement in federal agencies’ OSH program management.
[Click here to enter text.](#)
- **GSA Only.** Please provide information on how GSA’s business units comply with the facility, products, and services, and other safety and health requirements of §1960.34. Specifically, address improvements/changes in how GSA ensures that:
 - 1) federal facilities are designed, operated, and maintained in accordance with safety and health requirements and best practices; and,
 - 2) products and services offered to federal agencies comply with product safety requirements, how safety recalls are implemented, and how federal purchasers are made aware of the safe use of such products, including GSA’s system for providing Safety Data Sheets (SDSs) [previously Material Safety Data Sheets (MSDSs)]. Please discuss any product recalls that occurred in CY 2017, and describe the outcome.
[Click here to enter text.](#)

12. A review of the overall safety and health management system is conducted at least annually.

[Choose an item.](#)

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- Please indicate what is included in your agency’s review/audit. Please select all that apply.
 - Leading indicators (If checked, please select all that apply.)
 - Review of OSH training records
 - Tracking of management participation in walk-throughs/inspections
 - Review of existing budget for OSH items/actions
 - Other [Please describe.](#)
 - Lagging indicators (If checked, please select all that apply.)
 - Review of OSHA-recordable injuries
 - Review of injury frequency and severity
 - Review of workers’ compensation costs
 - Other [Please describe.](#)
 - Review is written
 - Review identifies accomplishments, failures, and root cause(s) for failures
 - Management is involved in review or aware of the audit results
 - Other [Please describe.](#)
- Did your agency conduct internal safety and health inspections of its OSH program management system? Please provide details.
[Click here to enter text.](#)
- Was your agency inspected by an external safety and health authority, such as OSHA? Please provide details.
[Click here to enter text.](#)
- Of the inspections conducted, by an internal or external authority, how many were announced and how many were unannounced?
[Click here to enter text.](#)
- Did the inspecting authority issue a *Notice of Unsafe or Unhealthy Working Conditions* (Notice) or the equivalent? If yes, please describe: 1) the hazard identified in the Notice; and, 2) how abatement was tracked to closure.
[Click here to enter text.](#)
- Agencies have the right to appeal a Notice from OSHA. If your agency appealed an OSHA Notice during this period, please describe the interim actions your agency implemented to protect the safety and health of its employees until the appeal was resolved.
[Click here to enter text.](#)

IV. ADMINISTRATION & SUPERVISION

13. Safety and health program tasks are specifically assigned to a person or position for performance or coordination.	Choose an item.
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- Please indicate whether your agency assigns specific staff members to conduct the following OSH activities. Please select all that apply.
 - Baseline hazard survey
 - OSH self-inspections
 - Surveillance of hazard controls
 - Hazard reporting
 - Tracking hazard corrections
 - Change analysis
 - Accident investigations
 - Job hazard analysis
 - Near miss investigations
 - Preventive maintenance
 - Other [Please describe.](#)
- Approximately how many full-time safety and health staff did your agency employ in 2017?
[Click here to enter text.](#)
- Approximately how many collateral duty safety and health staff did your agency employ in 2017?
[Click here to enter text.](#)

14. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.

[Choose an item.](#)

- Please indicate the training your agency provides to staff with assigned safety and health responsibilities. Please select all that apply.
 - Agency-provided online training
 - Agency-provided classroom training
 - OSHA FEDWEEK
 - OSHA online collateral duty course
 - OSHA Education Center training
 - OSHA Training Institute classroom courses
 - Other [Please describe.](#)
- Please indicate the number of employees who received training in each category checked above.
[Click here to enter text.](#)
- Please list the training and professional development opportunities your agency provides to OSH personnel.
[Click here to enter text.](#)
- Please explain how OSH personnel are informed of an accident and/or existing hazards.
[Click here to enter text.](#)

15. Individuals with assigned safety and health responsibilities have the authority to perform their duties.	Choose an item.
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- Please indicate the authority allocated to OSH personnel. Please select all that apply.
 - The responsible person can make and implement operational decisions relative to the assigned task, including work stoppage if necessary.
 - The responsible person identifies task-related resource needs and obtains, or specifies, and requisitions, those resources. (If checked, please select all that apply.) Resource needs include:
 - Supplies, such as PPE
 - Equipment
 - Training
 - Repairs
 - Maintenance
 - Housekeeping
 - Other [Please describe.](#)
 - The responsible person is able to make and enforce task-related assignments to others.
 - Other [Please describe.](#)

- Please describe how your agency organizes its OSH mission, including:
 - Where in the organization the OSH function is located;
 - Whether the OSH function has the necessary resources, including:
 - the authority to act, and abate/control hazards;
 - organization-wide OSH policies and procedures;
 - assigned OSH personnel; and,
 - a dedicated budget to effectively carry out its mission;
 - How your agency handles/reacts to employee-identified OSH issues; and
 - How/where employee OSH requests are handled financially?

[Click here to enter text.](#)

16. Organizational policies promote the performance of safety and health responsibilities.	Choose an item.
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- Please indicate whether any of these policies or programs exist at your agency. Please select all that apply.
 - An incentive program for reporting hazards
 - Employee surveys that include questions about reporting hazards
 - A clear non-retaliation policy (Please select all that apply.)
 - Policy is provided at new employee orientation
 - Policy is posted on agency’s internal website
 - Other [Please describe.](#)

- Please describe your agency’s process for ensuring that no employee is subject to restraint, interference, coercion, discrimination or reprisal for filing a report of an *unsafe or unhealthy working condition*. Include any investigations that your agency conducted during the reporting

period regarding employee allegations of reprisal. Also include the findings of the investigation(s) and a discussion of how those findings impacted your agency’s program.
[Click here to enter text.](#)

V. SAFETY & HEALTH TRAINING

Agencies must assess their OSH training programs, through review by competent OSH personnel, to verify that the training meets the requirements of the Act, 29 CFR Part 1960, E.O. 12196, and OSHA’s *Occupational Safety and Health Training Guidelines for Federal Agencies* (available at: http://www.osha.gov/dep/facosh/osha_training_guidelines2014.pdf). To address specific questions regarding your agency’s OSH training program, please complete [Appendix C](#).

17. New employee orientation includes applicable safety and health information.

[Choose an item.](#)

- Please indicate whether the items listed are covered in new employee orientation. Please select all that apply.
 - Agency’s safety and health policy
 - Agency’s general safety and health rules
 - Agency’s major hazards and protections
 - Agency’s emergency procedures
 - Other [Please describe.](#)

18. Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.

[Choose an item.](#)

- Please indicate whether supervisory training includes the following. Please select all that apply.
 - Review of 29 CFR Part 1960
 - Review of Executive Order 12196
 - The agency’s non-retaliation policy
 - Emergency procedures
 - Other [Please describe.](#)
- Please provide examples of the training provided to supervisors for each checked category.
[Click here to enter text.](#)

VI. MANAGEMENT LEADERSHIP

19. Managers allocate the resources needed to properly support the agency’s safety and health program.

[Choose an item.](#)

- Please indicate whether the resources include the following. Please select all that apply.
 - My agency encourages OSH personnel to participate in Field Federal Safety and Health Councils (FFSHCs).
 - My agency encourages staff to participate in the agency’s safety committee(s).
 - My agency provides stipends for offsite safety/health training and meetings.

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- My agency provides necessary PPE to employees.
- An OSH budget exists and is easily identified.
- Other [Please describe](#).

- Executive Order 12196 and 29 CFR Part 1960, Subpart K, require the Secretary of Labor to facilitate the exchange of OSH-related ideas and information throughout the Government via FFSHCs. Please list the names of the FFSHCs in which your agency actively participated during the reporting period. Describe managers' and employees' involvement in these councils. Also, describe how your agency encouraged involvement in FFSHCs, and how it provided support to local councils. For each council that your agency supported, please provide the number of officially appointed management employees and labor employees.
[Click here to enter text](#).
- Please indicate whether your agency has a Certified Safety and Health Committee (CSHC). If your agency has a CSHC, please indicate its accomplishments for CY 2017. Please use [Appendix D](#) to provide additional details about your agency's CSHC.
[Click here to enter text](#).
- If your agency has a CSHC, please summarize the overall CSHC report. Please note that failure to submit a CSHC report may result in the Secretary rescinding your agency's CSHC approval.
[Click here to enter text](#).
- Please describe your agency's involvement with other OSH committees and councils, both internal and external. Please provide the name(s) of these organizations and discuss whether your agency supports OSH-related certification through organizations that provide such.
[Click here to enter text](#).
- The General Services Administration (GSA) and the Department of Health and Human Services' (DHHS) – National Institute for Occupational Safety and Health (NIOSH) play special roles as described in 29 CFR Part 1960. For those agencies, please provide the required information in [Appendix E](#).
[Click here to enter text](#).

VII. EMPLOYEE PARTICIPATION

20. There is an effective process to involve employees in safety and health issues.

[Choose an item.](#)

- Please indicate how your agency solicits OSH-related employee input. Please select all that apply.
 - Post notices
 - Email employees
 - OSH meetings with employee input
 - Labor/management OSH meetings
 - Stop-work authority is given to employees

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- Suggestion box
- Other [Please describe.](#)

- Please provide examples to support each checked category.
[Provide examples.](#)

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APPENDIX A – ADDITIONAL OSH PERSONNEL

Department/Subagency	Type Department/Subagency here.
OSH Manager	
Name	Phone number
Title	Email address
Other Contact	
Name	Phone number
Title	Email address
Department/Subagency	Type Department/Subagency here.
OSH Manager	
Name	Phone number
Title	Email address
Other Contact	
Name	Phone number
Title	Email address
Department/Subagency	Type Department/Subagency here.
OSH Manager	
Name	Phone number
Title	Email address
Other Contact	
Name	Phone number
Title	Email address
Department/Subagency	Type Department/Subagency here.
OSH Manager	
Name	Phone number
Title	Email address
Other Contact	
Name	Phone number
Title	Email address
Department/Subagency	Type Department/Subagency here.
OSH Manager	
Name	Phone number
Title	Email address
Other Contact	
Name	Phone number
Title	Email address

Please duplicate as needed.

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APPENDIX B – FATALITY, HOSPITALIZATION, AMPUTATION, LOSS OF AN EYE REPORT

Report each event separately. Summarize the event(s) in the narrative of the overall report.

Total number of fatalities: [Total Number of Fatalities](#)

Total number of hospitalizations: [Total Number of Hospitalizations](#)

(PLEASE DUPLICATE AS NEEDED)

Fatality, Hospitalization, or Other Reportable Event

Fatality Hospitalization Amputation Loss of an Eye

Was it work related? Yes No

Number of employees injured: [Number injured](#)

Date of the Incident: [Date](#)

Number of Employee Fatalities: [Number of Fatalities](#)

Time of the Incident: [Time](#)

Description of Workplace Operations: [Operations Description](#)

Description of the Incident: [Incident Description](#)

Analysis of Workplace Cause: [Cause Analysis](#)

Were corrective actions taken? Yes No

If yes, please describe the actions taken: [Description of Actions](#)

Were programmatic changes made? Yes No

If yes, please describe the changes made: [Description of Changes](#)

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APPENDIX C – TRAINING REQUIREMENTS

The Secretary requests that each agency provide specific details on how it fulfills the training requirements of the Act, 29 CFR Part 1960, E.O. 12196, and OSHA’s *Occupational Safety and Health Training Guidelines for Federal Agencies* (available at: http://www.osha.gov/dep/facosh/osha_training_guidelines2014.pdf).

PLEASE ADDRESS ALL ITEMS AS COMPLETELY AS POSSIBLE.

How many federal civilian employees were working overseas, either temporarily or permanently, during CY 2017? [Click here to enter text.](#)

How did your agency ensure that employees working overseas received the necessary safety and health training? [Click here to enter text.](#)

How did your agency verify that its OSH training fulfills the requirements of the Act, 29 CFR Part 1960, and E.O. 12196? [Click here to enter text.](#)

What method(s) did your agency use to deliver training and assess competency?
[Click here to enter text.](#)

What method(s) did your agency use to evaluate the effectiveness of its OSH training?
[Click here to enter text.](#)

Did your agency adequately fund its OSH training program in CY 2017?
 Yes No

Please list the name of each OSH training course conducted in CY 2017. In addition, provide the course date(s), and select the employee group(s) that received the training. (Please select all groups that apply for a listed course.) **Please duplicate as needed.**

Course Name	Training Date(s)	Non-Managers	Managers	OSH Professionals	Union Members
Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2017 ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT TO THE SECRETARY OF LABOR
APPENDIX D – CERTIFIED SAFETY & HEALTH COMMITTEE (CSHC) REPORT

Complete this Appendix only if your agency has a “Certified Safety & Health Committee” as described in 29 CFR Part 1960, Subpart F, and approved by the Secretary of Labor. Please address all items as completely as possible.

Agency Name: [Click here to enter text.](#)

Does your agency have an Occupational Safety and Health Committee (OSHC) at the National level?

Yes No

IF “NO,” PLEASE DO NOT COMPLETE THIS FORM.

GENERAL INFORMATION

Are any of your agency’s employees covered under a collective bargaining agreement?

Yes No

Name(s) of the signatory Union(s) that cover any or all of your agency’s employees under a collective bargaining agreement: [Click here to enter text.](#)

Name and Title of the National OSHC Chairperson: [Click here to enter text.](#)

When did your agency initiate its National OSHC? [Click here to enter text.](#)

COMMITTEE ORGANIZATION

In the past six years, how many individuals have held the Chairperson position? [Click here to enter text.](#)

In the past six years:

How many Managers have held the Chairperson position?
[Click here to enter text.](#)

How many Non-Managers have held the Chairperson position?
[Click here to enter text.](#)

Please provide the names of your agency’s current National OSHC members, the organizational subdivision (agency, bureau, etc.) the member represents (if applicable), along with his or her managerial status and title. For non-managers, please list the Union the member represents, if any.

Please duplicate as needed.

Member Name	Organization Subdivision	Manager	Title	Non-Manager	Union Represented
Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.

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APPENDIX D – CERTIFIED SAFETY & HEALTH COMMITTEE (CSHC) REPORT

Does the National OSHC have equal numbers of management and non-management members as described in 29 CFR 1960.37(b)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do the OSHC’s non-management members represent both bargaining unit (if some employees are covered by a collective bargaining agreement) and non-bargaining unit employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe how your agency appoints or selects National OSHC members (both Managers and Non-Managers): Click here to enter text.
What is the term of service for National OSHC members? Click here to enter text.
Do National OSHC members’ terms overlap? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the procedure for selecting the National OSHC’s Chairperson: Click here to enter text.
What is the Chairperson’s term of service? Click here to enter text.
Describe the procedure for providing advance notice of National OSHC meetings: Click here to enter text.
Provide the procedure for maintaining and distributing copies of meeting minutes to National OSHC members and other employees: Click here to enter text.

AGENCY RESPONSIBILITIES TO COMMITTEE

Describe the information, data, and materials your agency provides to the National OSHC, per 29 CFR 1960.39(a): [Click here to enter text.](#)

AGENCY-WIDE COMMITTEE STRUCTURE

Does your agency have OSHCs at the Regional level? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have OSHCs at the Local (below Regional) level? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the organizational structure (National and subordinate) of your agency’s network of OSHCs: Click here to enter text.
Describe how the National OSHC monitors and assists in the development and operation of your agency’s regional or other subordinate OSHCs: Click here to enter text.
Are all of your agency’s facilities, workplaces, or establishments covered by an OSHC? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” explain why, and which, establishments are not covered: Click here to enter text.

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TRAINING
Have all OSHC members received the training required under 29 CFR 1960.58? <input type="checkbox"/> Yes <input type="checkbox"/> No
How does your agency ensure that newly appointed OSHC members receive the required training (per Subpart H) within six months of their appointments? Click here to enter text
Does your agency provide regular refresher training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” how often does your agency provide the refresher training? Click here to enter text
Explain how your agency provides training to OSHC members when it updates OSH-related information, policies, procedures, etc.: Click here to enter text

COMMITTEE DUTIES
Describe how the National OSHC monitors your agency’s overall OSH performance: Click here to enter text
How does the National OSHC use the information it gathers from monitoring the OSH performance to recommend policy: Click here to enter text
Does the National OSHC help to develop, operate, and monitor the subordinate (field, regional, local, Etc.) OSHCs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other If “Other,” please explain: Click here to enter text
Does the National OSHC provide monitoring of and input on the resources your agency allocates to its OSH program? <input type="checkbox"/> Yes <input type="checkbox"/> No

2017 ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT TO THE SECRETARY OF LABOR
APPENDIX E – GSA/NIOSH SPECIAL REPORTING REQUIREMENTS

GSA Only. Please provide information on how GSA’s business units comply with the facility, products, services, and other safety and health requirements of §1960.34. Specifically, please address GSA’s **current** efforts, during the reporting period, to ensure that:

- 1) federal facilities are designed, operated, and maintained in accordance with safety and health requirements and best practices, and
- 2) the products and services offered to federal agencies comply with product safety requirements, including providing Safety Data Sheets (previously MSDSs). Also include any CY 2017 safety recalls, the product(s), and number of federal agencies involved in the recalls.

[Click here to enter text](#)

DHHS-NIOSH Only. Please provide a summary of the technical assistance that NIOSH provided to federal agencies per §1960.35. Specifically, address NIOSH’s Health Hazard Evaluation Program and its involvement in federal agency OSH program management.

[Click here to enter text](#)