PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

Authority: The information collected is an application to sign up interested parties into the Voluntary Protection Program that is authorized by the following authority: Section 2(b)(1) of the Occupational Safety and Health Act of 1970 (OSH Act or Act) (29 U.S.C. 651).

Purpose: The primary purpose of collecting this information is to register interested parties in comprehensive safety and health management programs and to allow OSHA to contact participants with pertinent information about the programs. Also, the collection of this information is necessary to gauge the effectiveness of the programs, identify the needed improvements, and ensure that resources are being effectively used appropriately while maximizing the practical utility and public benefit of the information in accordance with 44 USC 3507.

Routine Use(s): The Department of Labor routinely uses the information, as follows None, except for the DOL universal routine uses found here: www.dol.gov/general/privacy/sorn#universal.

Consequence of Failure to Provide Information: Completion of this form is voluntary. Failure to provide the information may result in delays activating an employer's registration profile and implementing tools to participate in the safety and health programs. When this information is missing, the system cannot automatically establish the participant's account and who is engaging in the safety champions program. Completing the form ensures timely account setup, accurate tracking of interested parties, and uninterrupted access to resources.

Additional information regarding the system of records associated with this can be found in the SORN for DOL/OSHA-6, available at https://www.dol.gov/privacy.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act, an agency may not conduct or sponsor, and no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this voluntary collection of information is estimated to be 10 minutes per response, including the time for gathering required information and completing and reviewing the collection of information. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OSHAPRA@dol.gov.

Approval #1218-0239; Expires: 10-31-2029

SGE Eligibility Information Sheet

U.S. Citizenship

Are you a United States citizen? ☐ Yes ☐ No
(If no, you are unable to apply to become a Special Government Employee (SGE).)

Type of Application ☐New SGE ☐Renewing SGE

SGE Designation ☐VPP SGE ☐SCP SGE

A VPP SGE is an individual at a VPP site or who oversees a VPP site that can work with VPP and SCP sites. A SCP SGE can work only with SCP sites. If you qualify to be a VPP SGE and would like to work with both, please check both.

Section I. SGE Contact Information

Last Name:_____ First Name: _____

Preferred Name: _____

Job Title: _____

City: _____State: _____Zip Code: _____

Personal E-mail Address (optional): _____

Worksite Name: _____

Worksite Street Address: _____

Worksite City: _____ Worksite State: _____ Worksite Zip Code: _____

Worksite E-mail Address: _____

Phone Number: _____

SGE Industry Field

What industry/ field do you work in (e.g. Manufacturing, healthcare, retail, transportation, construction, energy and utilities, pharmaceuticals, mining and metals, oil refinery, DoD, etc)? You can provide your company's NAICS if known.

Industry:_____NAICS:_____

Section II. Eligibility for VPP SGE (SCP SGEs, please proceed to Section III.)

1. Are you currently employed by an active VPP worksite? ☐Yes ☐No

   If no:

   Do you have direct oversight and VPP duties at a VPP site you are not directly located at? ☐Yes ☐No

   If yes, please provide the name and address for the VPP site you oversee:

   VPP Site Name: _____

   VPP Site Street Address: _____

   VPP Site City: _____ VPP Site State: _____ VPP Site Code: _____

2. Have you worked at a VPP site for two years? ☐Yes ☐ No *Note: The work experience from your current VPP worksite and previous VPP sites can be combined to total two years.*

3. Starting Employment Date: _____

4. Type of VPP Participant:

   ☐ OSHA VPP Site

   ☐ DOE VPP Site

   ☐ State OSHA VPP Site

   ☐ Federal (non-DoD sites) VPP worksite

   ☐ Department of Defense Site

Section III. Eligibility for SCP SGEs (VPP SGEs, proceed to Section IV)

1. Are you currently a full-time employee from a worksite in the United States with a minimum of two years of safety and health worksite experience?

   ☐Yes ☐No

   If no:

   A. Are you currently self-employed within the United States?

      ☐Yes ☐No

   B. Have you retired within the past three years and previously worked in safety and health for at least two years?

      ☐Yes ☐No

Section IV. Qualifications

1. Based on the "Qualifications to Participate", are you applying as a safety and/or health professional?

   ☐ Safety Professional ☐ Health Professional/Industrial Hygienist ☐ No

2. Field(s) of Expertise (mark all that apply):

   ☐ Fire Safety and Prevention
   ☐ Safety Training and Education
   ☐ PSM-Level 1 (see qualifications)
   ☐ Ergonomics
   ☐ Construction
   ☐ Maritime
   ☐ Lock out/tag out
   ☐ Respirator
   ☐ Noise and Vibration Control
   ☐ Hazardous Materials
   ☐ Biohazards/Bloodborne Pathogens
   ☐ Confined Space
   ☐ Heavy Machinery
   ☐ Fall Hazards
   ☐ Other (specify): [text field]

   If you have any degrees, additional training, or health or safety certifications, please list them (for example, CSP, CIH, ASSP, GSP, etc.):_____

3. If you are not applying as a safety or health professional, please select **at least four** of the required experiences from the "Qualifications to Participate" that you have participated in while working at your present VPP site.

   ☐ Chairing a worksite safety and health task team/committee.

   ☐ Training others in safety and health procedures

   ☐ Writing and reviewing safety and health programs and activities such as Job Safety Analyses (JSA) and/or Behavioral Job Analyses (BJA)

   ☐ Coordinating accident investigations

   ☐ Coordinating proactive safety and health activities such as wellness days

   ☐ Leaving worksite hazard inspection teams

   ☐ Coordinating hazard abatement activities

   ☐Administering safety and health policies or programs for worksites.

   ☐Having other experience that demonstrates knowledge of safety and health programs.

   ☐ Working directly with the OSHA VPP on-site review team during the previous on-site review

Section V. Work History

Company Name:_____
Job Title:_____
Location:_____
Dates Employed:_____(Month/Year - Month/Year)
Job Duties and Responsibilities:

_____

_____

_____

_____

_____

_____

Company Name:_____
Job Title:_____
Location:_____
Dates Employed:_____(Month/Year - Month/Year)
Job Duties and Responsibilities:

_____

_____

_____

_____

_____

_____

Company Name:_____
Job Title:_____
Location:_____
Dates Employed:_____ (Month/Year - Month/Year)
Job Duties and Responsibilities:

_____

_____

_____

_____

_____

Section VI. Management Contact Information **(Not applicable if retired or self-employed)**

Last Name:_____ First Name:_____Mid Initial:_____

Manager/Supervisor's Title:_____

Manager/Supervisor's Worksite Name:_____

Manager/Supervisor's Worksite Address:_____

City:_____ State:_____ Zip Code:_____

Section VII. Qualifying Activities (Renewing SGEs ONLY, VPP SGE proceed to A; SCP SGEs proceed to B.)

A. VPP SGE Qualifying Activities

1. Did you participate on a VPP On-site Evaluation during the past three years?

   ☐Yes ☐No

   If yes, please provide the following information:

   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____

2. Did you review a Site's VPP Application in the past three years? ☐Yes ☐No

   If yes, please provide the following information:

   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____

3. Did you assist with the review of a VPP site's Annual Self-Evaluation Report in the past three years? ☐Yes ☐No

   If yes, please provide the following information:

   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____

4. Were you a co-instructor of an SGE Course or VPP Application Workshop in the past three years? ☐Yes ☐No

   If yes, please provide the following information:

   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____

5. Did you mentor an applicant or reapproval of VPP site in the past three years? ☐ Yes ☐No

   If yes, please provide the following information:

   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____

6. Did you present a VPP or safety & health topic at a Regional or National VPPPA Conference in the past three years? ☐Yes ☐No

   If yes, please provide the following information:

   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____
   - Worksite Name: _____ Date of Evaluation: _____

7. Did you assist a Safety Champions Program participant with completing an element in the SCP Step Guide or verifying completion of a step with OSHA's Safety Champions Program? ☐Yes ☐No

   If yes, please provide the following information:

   - SCP Participant Name: _____ Date(s) of Assistance: _____
   - SCP Participant Name: _____ Date(s) of Assistance: _____
   - SCP Participant Name: _____ Date(s) of Assistance: _____

8. Other type of qualifying activities over the past three years? Provide an explanation of the qualifying activity.

   - Activity: _____ Date(s) of Activity: _____

B. SCP SGE Qualifying Activities

1. Conduct initial review of new participants' existing safety and health programs to determine what Step to place them in.

   ☐Yes ☐No

   If yes, please provide the following information:

   - Participant Name: _____ Date(s) of Assistance: _____
   - Participant Name: _____ Date(s) of Assistance: _____
   - Participant Name: _____ Date(s) of Assistance: _____

2. Did you review an SCP Participant's Safety Champions Tracker (SCT) to evaluate participant progress and confirm continuous improvement of their SHP?

   ☐Yes ☐No

   If yes, please provide the following information:

   - Participant Name: _____ Date(s) of Assistance: _____
   - Participant Name: _____ Date(s) of Assistance: _____
   - Participant Name: _____ Date(s) of Assistance: _____

3. Did you assist an SCP Participant with questions or concerns about safety and health programs or specific safety and health topics during the past three years?

   ☐ Yes ☐No

   If yes, please provide the following information:

   - Participant Name: _____ Date(s) of Assistance: _____
   - Participant Name: _____ Date(s) of Assistance: _____
   - Participant Name: _____ Date(s) of Assistance: _____

4. Did you help participants with SHP development, including reviewing SHP documentation, providing feedback to participants about their progress, communicating what data or information may be needed for their SCTs, and answering questions from participants on an as-needed basis as they progress through the SCP Steps during the past three years?

   ☐Yes ☐No

   If yes, please provide the following information:

- Participant Name: _____ Date(s) of Assistance: _____
- Participant Name: _____ Date(s) of Assistance: _____
- Participant Name: _____ Date(s) of Assistance: _____

5. Other type of qualifying activities over the past three years? Provide an explanation of the qualifying activity:
    - Activity: _____ Date(s) of Activity: _____

Thank you for completing your SGE Eligibility Information Form. To complete your application, please submit the following documents to SGECoordinator@dol.gov:

1. The Signature Sheet
2. A Confidential Financial Disclosure Report

You can find these documents on our website (https://www.osha.gov/sge/sge-application-abstract)

Please email us at SGECoordinator@dol.gov if you need any assistance or have any questions.

SGE Signature Sheet

Waiver of Claims Against the Government:

I hereby waive any and all claims against the United States Government or the state in which I perform services, for any compensation on account of my services rendered as an SGE.

_____

Signature of Employee

Ethical Conduct for Government Employees:

I have read and fully understand the *Summary of Ethics Rules for Special Government Employees.*

_____

Signature of Employee

Signature of Manager/Supervisor (Not applicable for retired or self-employed SGE(C)s)

Signature required. Signature implies concurrence with SGE applicant's qualifications and management's commitment to provide the resources necessary to support the SGE through the SGE program.

_____

Signature of Manager