



## **OSHA STRATEGIC PARTNERSHIP PROGRAM (OSPP)**

**INFORMATION REQUIRED FOR ANNUAL EVALUATION:**  
 (2011 Calendar year)

**CONTRACTOR NAME:** \_\_\_\_\_

Written Safety Program	Verify if program on file and if there were any changes to the program
<b>Submit OSHA 300 and 300A forms</b>	<b>Submit as soon as completed</b>
Monthly Safety Audits Completed	Attach actual audits (one from each month)
Disciplinary (Accountability) program in place.	Please state if disciplinary program in place, and note any actions taken during year
OSHA 10 Hour training completed	List supervisory and core field personnel trained and dates
Other training completed throughout year.	List training completed and # in attendance
OSHA Visits during year	List date of any visits
OSHA citations received (if any)	List any citations received and date

**Note: Please attach all information required by the OSPP.**