Please note that Departments with subagencies must submit a main report that assesses the Department's overall OSH program. It is not sufficient in the main report to refer solely to subagency reports. Rather, the main report must analyze how the Departmental OSH program functions as a whole. Subagencies should submit their templates to their Department’s OSH office for submission with the Department’s report.

Responses should reflect formal agency policies in place during CY 2024. Please note, responses will be used to determine the overall effectiveness of the reporting agency’s Occupational Safety and Health (OSH) program and its compliance with 29 CFR Part 1960 and Executive Orders 12196, 13652, and 13513.

Please electronically sign your agency’s report and send a Microsoft Word copy of the report to ofap@dol.gov by **Thursday, May 1, 2025**. If your agency is not able to submit a report by the due date, please contact Lana Morrison at (202) 693-2128 or morrison.lana.n@dol.gov to request an extension. If your agency does not submit a report, OSHA will report your agency’s non-submission in the *Annual Report to the President on the Status of Federal Agencies’ Occupational Safety and Health Programs*.

**CONTACT INFORMATION:**

|  |
| --- |
| Agency Name: Click or tap here to enter text. |
| DASHO Name: Click or tap here to enter text. |
| DASHO Title: Click or tap here to enter text. |
| DASHO Phone Number: Click or tap here to enter text. |
| DASHO Email Address: Click or tap here to enter text. |
| OSH Manager Name: Click or tap here to enter text. |
| OSH Manager Title: Click or tap here to enter text. |
| OSH Manager Phone Number: Click or tap here to enter text. |
| OSH Manager Email Address: Click or tap here to enter text. |

**REPORT APPROVAL:**

Before signing this document, verify that the content is correct.

**EMPLOYMENT NUMBERS: (Keep in mind that contractor employees that the agency has day- to-day supervision of should be included in this report.)**

Total Number of Employees: Click or tap here to enter text.

Number of Federal employees working overseas: Click or tap here to enter text.

What percentage of employees worked completely remotely during CY 2024?  %

What percentage of employees were permitted to telework at least one day per week in CY 2024? %

**SUMMARY FATALITY AND ACCIDENT DATA:**

Total number of fatalities in CY 2024: Click or tap here to enter text.

Total number of in-person hospitalizations in CY 2024: Click or tap here to enter text.

Total number of full or partial amputations in CY 2024: Click or tap here to enter text.

Total number of events involving the loss of an eye in CY 2024: Click or tap here to enter text.

**AGENCY INFORMATION:**

1. Where is the OSH function located within your agency's organizational structure?

Response:

1. Describe your agency's goals and discuss how your agency’s OSH program aligns with the organizational mission.

Response:

1. Describe, and provide examples of, any agency-specific hazardous work activities that affect/impact employee safety and health.

Response:

1. If your agency has employees working overseas, how does your agency ensure their safety and health and advise them of applicable OSHA-mandated programs?

Response:

1. Describe the top two types of injuries/illnesses at your agency, and the actions that your agency has taken to prevent future occurrences of these injuries/illnesses.

Response:

1. If you have employees that telework or remote work, how is the telework/remote site evaluated for hazards (e.g., workstation not ergonomically designed, daisy chaining extension cords, cords going across aisles)? **Select all that apply.**

[ ]  Employees do not telework or remote work.

[ ]  No hazard evaluation is performed for telework or remote work sites.

[ ]  Employee self-evaluation checklist

[ ]  Interview employee to identify any potential hazards.

[ ]  Other, please describe: Click or tap here to enter text.

1. Provide two success or lessons learned stories for your agency. Please provide the problem and the solution for each.

Response:

8. Does your federal organization have an occupational safety and health management system in place?

 a.[ ]  Yes

 b.[ ]  No

 c.[ ]  In development

If yes, select the model that serves as the basis for your OSH management system? (Select all that apply)

 [ ]  ISO 45001 Occupational Health and Safety Management System

 [ ]  OSHA VPP 5 Elements ([Voluntary Protection Programs Policies and Procedures Manual](https://www.osha.gov/sites/default/files/enforcement/directives/CSP_03-01-005.pdf))

[ ]  [OSHA’s 7 Core Elements of Recommended Practices for Safety and Health Programs](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2Fsafety-management&data=05%7C02%7CHall.SheilaM%40dol.gov%7C8c3f96024a2a4525e11b08dcd82c75ae%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638622932673626050%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=yISbrIuuDG4rPJI9SR9A5JeTgc4qcb%2FqQ%2BO3zm5h4fo%3D&reserved=0)

[ ]  ANSI/ASSP Z10.0 OSH Management Standard

[ ]  I don’t know

 [ ]  Other (please specify the elements/attributes of your program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY ASSESSMENT:**

|  |  |
| --- | --- |
| Attribute 1. Effective OSH self-inspections are performed regularly. | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 1.

Response:

1. Were all workplaces inspected in CY 2024? [ ] Yes [ ] No
	1. If **no**, what percentage of workplaces were inspected?

Response:

* 1. If **no**, what steps are being taken to ensure all locations will be inspected in 2025?

Response:

1. Who conducts these inspections?

**Select all that apply.**

|  |
| --- |
| [ ]  Supervisors and Managers |
| [ ]  Safety and Health Professionals |
| [ ]  Union Representatives |
| [ ]  Other staff, please describe: Click or tap here to enter text. |

1. Provide the percentage for each inspection type (total should equal 100%).

Announced Inspections %

Unannounced Inspections %

1. Provide the percentage for each inspection type (total should equal 100%).

Formal Inspections  %

Informal Inspections %

1. Describe how your agency tracks the abatement of hazards and adheres to abatement dates.

Response:

|  |  |
| --- | --- |
| Attribute 2. Effective OSH rules, safe work practices, and administrative controls are used to protect workers from hazards are in place. | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 2.

Response:

1. How does your agency communicate engineering solutions, OSH rules, safe work practices, and administrative controls?

**Select all that apply.**

|  |
| --- |
| [ ]  Verbal instructions or directions |
| [ ]  Written manuals and guidance |
| [ ]  Websites and emails |
| [ ]  Other communication, please describe: Click or tap here to enter text. |

1. How can employees report hazards?

**Select all that apply.**

|  |
| --- |
| [ ]  Electronic (form, email, website, etc.)  |
| [ ]  Inform Safety Personnel |
| [ ]  Inform Supervisor or Manager |
| [ ]  Anonymous reporting |
| [ ]  Other method(s), please describe: Click or tap here to enter text. |

1. How does your agency encourage employees to report hazards? Provide examples.

Response:

|  |  |
| --- | --- |
| Attribute 3. Hazard incidence data are effectively analyzed to monitor OSH program performance and progress.  | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 3.

Response:

1. Identify the information included in your agency’s incidence data.

**Select all that apply.**

|  |
| --- |
| [ ]  Number and type of near misses |
| [ ]  Failure to use PPE |
| [ ]  Number of OSHA non-compliance incidents |
| [ ]  Number of workers without required training |
| [ ]  Other information, please describe: Click or tap here to enter text. |

1. Does your agency’s analysis include the following?

**Select all that apply.**

|  |
| --- |
| [ ]  Identifying injury types |
| [ ]  Detecting trends and patterns |
| [ ]  Setting priorities for hazard corrections |
| [ ]  Identifying workers most impacted |
| [ ]  Other analysis, please describe: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Attribute 4. A review of the overall safety and health management system is conducted at least annually to correct shortcomings and identify additional opportunities to improve. | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 4.

Response:

1. Does your review include the following?

**Select all that apply.**

|  |
| --- |
| [ ]  Written report |
| [ ]  Management briefing on results |
| [ ]  Management involvement |
| [ ]  Root cause analysis |
| [ ]  OSH accomplishments |
| [ ]  OSH system failures |
| [ ]  Other information, please describe: Click or tap here to enter text. |

1. Does your review include leading indicators? [ ] Yes [ ] No
	1. **If yes**, **select all that apply**.

|  |
| --- |
| [ ]  OSH training record review |
| [ ]  OSH budget review |
| [ ]  Tracks management involvement in walkthroughs and inspections |
| [ ]  Employee perception survey on workplace safety |
| [ ]  Other leading indicators, please describe: Click or tap here to enter text. |

1. Does your review include lagging indicators? [ ] Yes [ ] No
	1. **If** **yes**, **select all that apply**.

|  |
| --- |
| [ ]  Review of OSHA recordable incidents |
| [ ]  Workers’ compensation cost review |
| [ ]  Other lagging indicators, please describe: Click or tap here to enter text. |

1. Provide examples of tracking hazard abatement and adhering to correction dates.

Response:

1. Describe what reviews were conducted in CY 2024 to identify improved methods for ensuring the safety and health of your agency's employees and discuss how these methods were or are being implemented.

Response:

1. Provide an overall assessment of your agency's approach to root cause analysis and identify who is responsible for implementing changes based on the findings from investigations.

Response:

|  |  |
| --- | --- |
| Attribute 5. Individuals with assigned OSH responsibilities have the necessary knowledge, skills, and timely information to perform their duties.  | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 5.

Response:

1. Indicate the training your agency provides to staff with assigned safety and health responsibilities (Safety Coordinators/Safety Committee members/Other OSH personnel).

**Select all that apply.**

|  |
| --- |
| [ ]  Agency-provided classroom training |
| [ ]  Agency-provided online training |
| [ ]  OSHA FEDWEEK |
| [ ]  OSHA Education Center training |
| [ ]  OSHA Training Institute Courses |
| [ ]  Professional Organization training |
| [ ]  Other types of training, please describe: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Attribute 6. Managers allocate the resources needed to properly support the organization's safety and health management system.  | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 6.

Response:

1. Indicate the resources your agency used in CY 2024.

**Select all that apply.**

|  |
| --- |
| [ ]  Encouraging OSH staff to participate in Field Federal Safety and Health Councils |
| [ ]  Encouraging OSH staff to participate in OSH committees |
| [ ]  Providing employees with all necessary PPE |
| [ ]  Ensuring OSH staff were hired at the appropriate GS level or equivalent |
| [ ]  Providing a stipend for off-site OSH activities |
| [ ]  OSH budget exists and is easily identified |
| [ ]  Other types of resources, please describe: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Attribute 7. There is an effective process in place to involve employees in OSH issues.  | Rating:**Select one.** |

1. Provide your rationale for your rating of Attribute 7.

Response:

1. Describe how your agency engages employees in safety and health and include examples.

Response:

1. Indicate how your agency solicits OSH-related employee input.

**Select all that apply.**

|  |
| --- |
| [ ]  Post notices |
| [ ]  Emails to employees |
| [ ]  Stop work authority given to employees |
| [ ]  Suggestion box |
| [ ]  Input solicited during OSH meetings |
| [ ]  Other methods of soliciting input, please describe: Click or tap here to enter text. |

**COVID-19**

1. Summarize any changes your agency made to its COVID-19 policies and procedures in CY 2024.

Response:

**MOTOR VEHICLE PROGRAMS**

1. Provide the total number of motor vehicle accidents your agency’s employees were involved in while on duty.

Response:

1. In the past year, were your agency’s motor vehicle accidents reviewed to identify trends?

[ ]  The agency had no motor vehicle accidents in CY 2024

[ ]  No

[ ]  Yes

If your answer was yes, what trends were identified?

Response:

1. Have corrective measures been put in place to offset any negative trends?

[ ]  No negative trends were identified

[ ]  No

[ ]  Yes

If your answer was yes, what measures were taken?

Response:

1. How are the requirements to wear a seatbelt and to not text while driving communicated to employees?

[ ]  No one in the agency operates a vehicle while on duty

[ ]  During defensive driving training

[ ]  General safety and health training

[ ]  Staff meetings

[ ]  Email

[ ]  Newsletter

[ ]  Signage in the vehicle

[ ]  Written in the safety and health plan

[ ]  Other, please specify: Click or tap here to enter text.

1. Summarize any changes your agency made to its motor vehicle program in CY 2024.

Response:

1. Summarize the motor vehicle program initiatives your agency plans to implement in CY 2025.

Response:

# OSH TRAINING:

1. List the OSH training courses that your agency provided in CY 2024.

Response:

1. Describe the training platforms used to deliver the training provided in CY 2024 (e.g. classroom, online, drill, practical).

Response:

# ERGONOMIC ASSESSMENT

1. Has an ergonomic assessment been done for all workstations?
2. Is ergonomic training a part of your Safety and Health program?
3. Does your agency have a maximum weight limit that employees are allowed to lift?

 [ ]  Yes [ ]  No

* 1. If yes, what is the weight limit? pounds

#  HEAT-RELATED ILLNESS PREVENTION:

1. What, if any, of the following job-related risk factors for heat-related illnesses are present in your workplaces? Check all that apply.

[ ]  Outdoor work in warm/hot weather (including humid) or direct sun?

[ ]  Indoor work in warm/hot (including humid) environments?

[ ]  Moderate to strenuous physical activity performed in warm/hot indoor or outdoor environments.

[ ]  Wearing heavy or non-breathable work clothes and/or protective equipment (PPE) in warm/hot indoor or outdoor environments.

[ ]  Other heat risk factors not listed above, such as lack of air movement or lack of air-conditioning, combined with a warm/hot indoor or outdoor environment?

[ ]  We have no heat risk factors at our sites.

1. Does your agency have a heat-illness prevention plan?

[ ]  Yes [ ]  No

1. If yes, answer the following questions:
	1. Is the plan written?

[ ] Yes [ ] No

* 1. Does your agency have the ability to take Wet Bulb Globe Temperature (WBGT) readings (equipment and trained personnel)

[ ] Yes [ ] No

1. What controls are used to prevent heat-related illnesses?

Response:

1. What training is provided to your employees on the hazards of heat, heat-illness prevention, and first aid response?

Response:

1. What new methods or controls have been put in place during CY 2024 concerning hazards of heat, heat-illness prevention, and first aid responses?

Response:

1. If you feel your agency is ill prepared with regards to heat hazards, what would be helpful to assist your agency in protecting your workers. Click or tap here to enter text.

**PRODUCT SAFETY:**

1. Describe how your agency ensures that the products and services it procures comply with the product safety requirements of 29 CFR § 1960.34, including but not limited to the use of Safety Data Sheets, contract reviews, and recall notices.

Response:

# WHISTLEBLOWER PROTECTIONS:

1. Does your agency have a written anti-retaliation policy for employees who report unsafe or unhealthy working conditions? [ ] Yes [ ] No
2. Summarize any changes your agency made to its Whistleblower Protection Program in CY 2024.

Response:

1. How do employees report retaliation?

Response:

1. Describe any cases of retaliation that were reported in CY 2024. In your response, include information on the following: (1) how the cases were investigated; (2) the findings; and (3) how the findings impacted the agency’s program.

Response:

**OCCUPATIONAL SAFETY AND HEALTH COMMITTEES:**

1. Describe the internal OSH committees at your agency and explain how employees participate in them.

Response:

1. Does your agency encourage employee involvement in local Field Federal Safety and Health Councils? [ ] Yes [ ] No
2. Did employees participate in Field Federal Safety and Health Councils in CY 2024?

[ ] Yes [ ] No

1. Explain how your agency provides support to Field Federal Safety and Health Councils.

Response:

**ONLY AGENCIES WITH A CERTIFIED SAFETY AND HEALTH COMMITTEE:**

Complete this section **only if** your agency has a Certified Safety & Health Committee(CSHC) as described in 29 CFR Part 1960, Subpart F, and approved by the Secretary of Labor.

1. Is your agency's CSHC in compliance with the requirements outlined in 29 CFR Part 1960, Subpart F (§§ 1960.36-1960.41)? [ ] Yes [ ] No
2. If **no**, please describe the deficiencies in your Certified Safety and Health Committee and summarize the actions your agency has taken to address those deficiencies.

Response:

1. Summarize any changes your agency made to its Certified Safety and Health Committee in CY 2024?

Response:

# ONLY NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH:

This section should **only** be completed by the Department of Health and Human Services’ National Institute of Occupational Safety and Health (NIOSH).

1. Summarize the technical assistance that NIOSH provided during the reporting period to federal agencies per § 1960.35.

Response:

1. Summarize the work of the NIOSH's Health Hazard Evaluation (HHE) Program, including its involvement in federal agencies' OSH program management.

Response:

1. Provide the following data for CY 2024:
* New HHE requests listed by Department/Agency that made the request;
* New requests by Department/Agency and exposure group;
* New requests by Department/Agency and health problem;
* Completed investigation by Department/Agency and investigation type;
* Completed investigations by Department/Agency and exposure group; and,
* Completed investigations by Department/Agency and health problem.

Response:

# ONLY GENERAL SERVICES ADMINISTRATION:

This section should **only** be completed by the General Services Administration (GSA).

1. How did GSA implement return to work precautions in GSA controlled buildings in CY 2024?

Response:

1. Describe how GSA complies with the facility, product safety, service, and other safety and health requirements of § 1960.34.

Response:

1. Did GSA ensure that all federal facilities were designed, operated, and maintained in accordance with applicable safety and health requirements and industry best practices in CY 2024?

 [ ] Yes [ ] No

Explain your response:

1. Did GSA ensure that all products and services offered to federal agencies complied with product safety requirements in CY 2024? [ ] Yes [ ] No

Explain your response:

1. How did GSA implement safety recalls in CY 2024?

Response:

1. List the product recalls that occurred in CY 2024 and describe the outcome of those recalls.

Response:

1. Did GSA ensure that federal purchasers were made aware of the safe use of products in CY 2024?

 [ ] Yes [ ] No

Explain your response:

1. Describe the process that GSA used to provide Safety Data Sheets for products supplied to federal agencies in CY 2024.

Response: