**ALLIANCE ANNUAL REPORT**

**Regional/Area Office Alliances**

**The Occupational Safety and Health Administration (OSHA)**

**and [Alliance Participant]**

**[Date of Report]**

1. **Alliance Background**
2. **Date Signed**

[Initial signing date]

1. **Dates Renewed**

[Renewal date. *If Alliance has been renewed more than once, use a bulleted list. If alliance has not been*

*renewed yet, you may delete this section*.]

1. **Evaluation Period**

[Opening date – Closing date]

1. **Alliance Overview and Goals**

[Brief summary of the purpose and scope of the Alliance – from the Alliance agreement.]

**II. Implementation Team Meetings**

* [Date]
* [Date]

In addition to these formal meetings, the Alliance coordinators from both groups maintained regular contact throughout the reporting period to monitor the Alliance’s progress and results.

**III. Results of Alliance Activities in Support of Agreement Goals**

**Dissemination:** *Alliance Program participant shared information on OSHA-developed or OSHA Alliance Program-developed tools and resources, OSHA standards/rulemakings, enforcement, or outreach campaigns.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dissemination Type | Date  | Description | Emphasis Area(s) | Number Reached (numeric value) | Additional Information (Optional) |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |

**Outreach Events and Training for non-OSHA Staff:** *Alliance Program participant or OSHA participation in events which includes speeches/presentations, exhibits, roundtables, conferences, informational webinars or other meetings or training in support of the Alliance or an OSHA initiative.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Type | Date | Event Name | Representative Name(s) and Affiliation(s) | Title of Presentation (if applicable) | City | State | Emphasis Area(s) | Number Reached (numeric value) | Additional Information (Optional) |
| Choose an item. |  |  |  |  |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |  |  |  |  |

**Training for OSHA Staff:** *Alliance Program participant provided training or assistance in training OSHA and OSHA-affiliated staff (including state plan and/or On-site Consultation Program representatives).*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training Type | Date | Name/Title of Trainer | Training Title | Audience: OSHA/State Plan/Consultation | City | State | Emphasis Area(s)  | Number Reached(numeric value) | Additional Information (Optional) |
| Choose an item. |  |  |  |  |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |  |  |  |  |

1. **Alliance Developed Products**

[List any Alliance products developed by the Alliance Program participants during the timeframe of the reporting period. *If none, you may delete this section*.]

 Report prepared by: [Alliance Coordinator, title, Office, date].