

## Virginia Challenge Program Annual Overview

<b>Challenge Participant Company Name</b>	<b>NAICS Code</b>	<b>Year</b>
Click here to enter text.	Click here to enter text.	2019
<b>Challenge Participant Contact Name</b>	<b>Email</b>	<b>Phone</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Challenge Administrator Name</b>	<b>Email</b>	<b>Phone</b>
Crystal Main	Crystal.Main@doli.virginia.gov	540-562-3580 x114
<b>Other DOLI Programs Interest</b>	<b>Please Check Box Below</b>	
Is your site interested in attaining VPP STAR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your site interested in the DOLI Registered Apprenticeship Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Baseline Injury and Illness Information (Double Click Table to Activate and Fill In Yellow Areas; Double Click to Exit)					
Year	Hours	Total Cases	Total Case Incident Rate (TCIR)	Days Away, Restricted, Transferred Cases	Days Away, Restricted or Transferred Rate (DART)
2017			#DIV/0!		#DIV/0!
2018			#DIV/0!		#DIV/0!
2019			#DIV/0!		#DIV/0!
<b>TOTAL</b>	<b>0</b>	<b>0</b>		<b>0</b>	
<i>Three Year Average Rates</i>			#DIV/0!		#DIV/0!
<a href="#">Most recently published **BLS rates</a>					
<i>Percent above / (below) BLS rate</i>			#DIV/0!		#DIV/0!

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Mentor and/or Volunteer Assistance Received (If None - Put N/A in First Column)		
Mentor/Volunteer Name	Company Name	Assistance Received (Click All That Apply)
Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Site Visit <input type="checkbox"/> Phone Call <input type="checkbox"/> Electronically
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Site Visit <input type="checkbox"/> Phone Call <input type="checkbox"/> Electronically
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Site Visit <input type="checkbox"/> Phone Call <input type="checkbox"/> Electronically
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Site Visit <input type="checkbox"/> Phone Call <input type="checkbox"/> Electronically

Safety and Health Metrics (3-5 Metrics Used When You Entered the Program)			
Metric	Data Information/Changes from Last Year	Goal To Meet	Year Data Provided
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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**Annual Achievements and Milestones  
(List Your Top 5 Highlights for the Year)**

1	Click here to enter text.
2	Click here to enter text.
3	Click here to enter text.
4	Click here to enter text.
5	Click here to enter text.