## **Grantee Quarterly Progress Report**

## U.S. DEPARTMENT OF LABOR Occupational Safety and Health Administration



| 1. Grantee name       |                           | 2. GRANT NUMBER |                      | 3. REPORTING PERIOD From: To: |          |
|-----------------------|---------------------------|-----------------|----------------------|-------------------------------|----------|
|                       | TDAINING                  | CECCLONG        |                      |                               |          |
|                       | TRAINING                  | SESSIONS        | •                    |                               |          |
| 4. DATE               | 5. LOCATION               | 6. LENGTH       | NUMBER IN ATTENDANCE |                               |          |
|                       |                           | (Hours)         |                      | 8. EMPLOYERS                  | 9. TOTAL |
|                       |                           |                 |                      |                               |          |
|                       |                           |                 |                      |                               |          |
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|                       |                           |                 |                      |                               |          |
|                       | 10. TOTAL FROM REPORTING  | PFRIOD          |                      |                               |          |
| 11. PLAN FOR QUARTER  |                           |                 |                      |                               |          |
|                       | 12. PERCENTAGE OF PLAN AG | CCOMPLISHED     | %                    | %                             | %        |
| 13. GRANTEE SIGNATURE |                           |                 | 14. DATE             | 1                             |          |

## INSTRUCTIONS

Instructions for the Grantee Quarterly Progress Report (OSHA 171 and Narrative Report) are contained on the reverse of this form.

RETURN THE COMPLETED FORM TO THE OSHA REGIONAL OFFICE ADMINISTERING YOUR GRANT.

## PAPERWORK REDUCTION ACT NOTICE

Form Approved. OMB No. 1218-0100. Expires TBD.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. This information is being collected so that OSHA can monitor grantee progress in meeting grant workplans, to evaluate the overall effectiveness of the grant program, and, when applicable, to be used as one factor in determining continued funding of the grant. The grant program provides training for employers and employees in the recognition, avoidance, and prevention of unsafe and unhealthful working conditions in accordance with Section 21(c) of the Occupational Safety and Health Act. This collection of information is required to obtain or retain a benefit (29 CFR 95.51 (b) and (d)). This collection of information is not confidential. We estimate it will take an average of 12 hours to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Directorate of Training and Education, 2020 S. Arlington Heights Road, Arlington Heights, IL 60005.

Previous editions may not be used

**OSHA 171 Revised TBD**