

Appendix B
Hawaii State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region IV
Status of Findings, Recommendations, and Corrective Actions

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-1	HIOSH did not notify all complainants of inspection results within 20 workdays of citation issuance or within 30 workdays of closing conference without citation.	HIOSH must ensure that complainants are notified of inspection results in a timely manner.	Item corrected. Staff reminded to follow the Complaints Directive, 02-00-140. CSHO submits draft letter to complainant along with case file to manager/supervisor for review. Clerks process letter to complainant at time citation is processed or case is closed.	Processes have been updated and HIOSH staff was reminded to follow the Complaints Directive – CPL 02-00-140. HIOSH notified 100 percent of complainants in the first quarter of FY 2011.	Repeated
09-2	The OSHA 7 was not always completed correctly and was not always in the related case file. Letters that acknowledged receipt of the complaint and those that discussed HIOSH's findings about the complaint items were not always found in files where complainant's name and contact information were known.	HIOSH must complete the OSHA 7 correctly, send the required correspondence to complaints, and include copies of these documents in the case files.	In June of 2010, HIOSH conducted refresher training for all complaints intake and processing staff on the proper completion of forms, including the OSHA-7. Manager/Supervisor to ensure that complaint procedures are followed and all documents are placed in case file	Refresher training for all staff was completed in June of 2010. The complaint information had been kept separate in cases in the past to prevent the accidental release of confidential complainant information. This process has been discontinued.	Completed
09-3	Hawaii did not respond to two out of nine complaints classified as imminent danger within a day of receiving the complaint.	Review the complaint processing system and ensure there is adequate staffing to respond to complaints classified as imminent danger in a timely fashion.	Staff has been reminded of procedures for imminent danger complaints. Manager/supervisor to monitor. Travel to neighbor islands no longer requires Director's approval which delayed response time.	Staff has been reminded of procedures. In the past, the approval process for being able to travel to outer islands was hampered by the fact that all travel had to be approved by the Director. The new administration has removed that barrier and travel requests for imminent danger situations will be processed immediately.	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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09-4	Although the information had been entered into IMIS, there was no copy of the OSHA 170 in four of the five cases classified as FAT/CATs.	HIOSH must properly complete the OSHA 170 with sufficient details to describe the accident and include a copy in the case file.	The HIOSH has conducted refresher training concerning the proper completion of forms, including the OSHA 170, and wherein inspectors, managers, and supervisors will ensure that the proper forms are included in the case files.	HIOSH has conducted refresher training. Due to the infrequency of the need to have an OSHA-170, this will be monitored throughout the year to ensure the training was effective.	Pending
09-5	Families of the victims of occupational fatalities were sent the initial contact letter in one of the five fatality cases. There was no evidence of any other written contact with the families in the fatality case files.	HIOSH must follow their FOM and keep the families of victims of occupational fatalities informed by staying in contact with the families and by sending the appropriate letters in a timely fashion during the course of the inspection. While the State program was not required to and did not adopt CPL 02-00-137, Fatality/Catastrophe Investigation Procedures, OSHA strongly recommends adoption of similar procedures.	Refresher training on fatality investigations conducted, which included involving victims families the opportunity to participate in fatality investigations and notifying them of the results/findings. Documentation of contacts to be included in case diary along with copies of correspondence. Revised FOM to include more detailed procedures.	Refresher training has been accomplished. Case file diary sheets will be updated to reflect contacts made with the family. The HIOSH Field Operations Manual (FOM) will be updated with revised fatality inspection procedures.	Pending
09-6	HIOSH health inspectors conducted sampling in only five of 121 health inspections conducted in FY 2009.	HIOSH must ensure that health inspectors are conducting appropriate sampling during inspections and properly entering the information into IMIS.	Health inspectors have been provided guidance on when monitoring is required. Health manager to ensure that appropriate monitoring is conducted as needed, that equipment and supplies are available, and that budget includes funding for monitoring and analyses.	Industrial hygiene staff has been reminded of when monitoring is required. The Health Manager has been made responsible to ensure that equipment and sampling media are readily available and that the budget includes funding for monitoring and analysis. Maintenance and inventory of equipment has been assigned to inspectors.	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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09-7	HIOSH completed only 426 inspections (51 percent) of its goal of 835 inspections in FY 2009.	HIOSH must evaluate their staffing and enforcement efforts to ensure that they meet their inspection goals.	HIOSH will (1) Set more realistic inspection goals based on actual and projected staffing for the year; and (2) Fill vacant positions at least up to 80% of benchmark by May 2011.	HIOSH performed only 314 (66 percent) inspections in FY 2010. Severe cuts in funding and positions early in FY 2010 was a contributing factor in this low number of inspections.	Revised
09-8	Enforcement inspection activities on the neighbor islands were not proportionate to the population of workers represented on each island, especially Maui.	HIOSH needs to evaluate resources or consider hiring additional personnel to ensure that proportionate inspection coverage is provided to the neighbor islands, especially Maui.	Neighbor island inspection numbers will be set based on proportion of workforce for each island.	Targeting goals are being set according to the proportion of employers on the outer islands. Where there are no inspectors locally, an inspector from Oahu will be sent.	Pending
09-9	Construction contractors working on military bases were seldom inspected by HIOSH.	HIOSH must conduct a proportionate number of inspections of contractors on military bases.	HIOSH is in the process of giving jurisdiction on military bases back to OSHA to address this. HIOSH has opened dialogue with military leaders and with the safety community. All have supported the move which would allow HIOSH to focus our efforts on higher risk areas. HIOSH expects to send the letter to OSHA in October 2010.	N/A—transfer of jurisdiction over military bases to Federal OSHA pending. HIOSH needs to continue to conduct a proportionate number of inspections until Federal OSHA actually attains jurisdiction.	Pending
09-10	Case file documentation and required forms in HIOSH inspection files were not organized and ordered consistently.	Ensure that all files contain documentation and forms in a consistent order.	Inspectors have been given responsibility to order case files in an organized and consistent fashion. Case file order will be included in FOM. Managers/Supervisors will monitor.	ADM 03-01-005 OSHA Compliance Records was given, upon request, to HIOSH as a model to use for HIOSH compliance cases. Manager/supervisor will be responsible to ensure case file order is maintained.	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-11	In 10 of the 43 case files reviewed, there was no diary sheet in the case file.	Record all pertinent information onto the diary sheet in accordance with the HIOSH FOM and keep a copy of the diary sheet with the case file.	Case file diary to be included in case file organization memo. Staff to be provided training on use of case file diary.	Checklists are being created to assist the manager/supervisor in reviewing compliance case files to ensure all required documentation is present.	Pending
09-12	The OSHA 1 and the OSHA 1A were not always signed and dated.	Ensure that all compliance officers sign and date the OSHA 1 and the OSHA 1A as required.	HIOSH was not aware that signing the OSHA-1 and OSHA 1A was required. HIOSH will incorporate this procedure into the revised FOM.	HIOSH was unaware of the requirement for a signature. The HIOSH FOM will be updated to include this (included in the checklist mentioned in Update 10-08).	Pending
09-13	In four OSHA 1Bs, the employee's address and/or phone number were not obtained. In one case with six 1Bs, there was no injury or illness documented. On five OSHA 1Bs, the incorrect standard was cited. In three cases, grouping was not used correctly.	HIOSH must complete the 1B correctly. HIOSH must follow the procedures in Section C of Chapter V of its FOM to determine when grouping of violations is appropriate.	HIOSH will ensure that all staff follow the FOM. A field 1B worksheet will be mandatory for all proposed violations to assist inspectors with the required documentation. Revised FOM will include the use of the field 1B worksheet.	The 1B worksheet will be used for each violation, and this item will be included in the checklist mentioned in Update 10-08.	Pending
09-14	S/W/R violations were not found in the same proportion of HIOSH programmed inspections as in OSHA programmed inspections.	OSHA continues to recommend that HIOSH refine their targeting system to ensure that the establishments selected are the ones that could most benefit from inspection.	This item has been an ongoing issue for over 20 years. While HIOSH is changing its inspection scheduling system, we are simultaneously making sure that inspectors follow the FOM in all areas, including proper classification of all hazards.	HIOSH to require use of field 1B worksheet for each proposed violation.	Pending
09-15a	Evidence was not always included in the case file to show that union representatives had accompanied the walk around. There was no evidence to show that union representatives participated in the closing conference, were sent copies of the citations issued, or were notified of informal conferences.	HIOSH must ensure employee representatives are presented the opportunity to participate during each inspection.	Item to be included in the Temporary checklist for EFAME correction.	Staff has received refresher training on conduct of the inspections, which include employee representative involvement, and on the appropriate documentation of the involvement or reasons	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
				why the representative did not participate—in accordance with the FOM.	
09-15b	Evidence was not always included in the case file to show that union representatives had accompanied the walk around. There was no evidence to show that union representatives participated in the closing conference, were sent copies of the citations issued, or were notified of informal conferences.	HIOSH must follow its FOM with respect to providing copies of the citation to union representatives.	Item to be included in the Temporary checklist for EFAME correction.	Staff has received refresher training on conduct of the inspections, which include employee representative involvement, and on the appropriate documentation of the involvement or reasons why the representative did not participate—in accordance with the FOM.	Pending
09-15c	Evidence was not always included in the case file to show that union representatives had accompanied the walk around. There was no evidence to show that union representatives participated in the closing conference, were sent copies of the citations issued, or were notified of informal conferences.	HIOSH must follow its FOM regarding union notification of and participation in informal conferences.	Item to be included in the Temporary checklist for EFAME correction.	Staff has received refresher training on conduct of the inspections, which include employee representative involvement, and on the appropriate documentation of the involvement or reasons why the representative did not participate—in accordance with the FOM.	Pending
09-16	In 24 of the 43 case files reviewed, HIOSH did not appropriately classify the violations and/or cite all of the obvious hazards. Seven other-than-serious violations (OTS) should have been classified as serious (S). There were 19 case	Mangers must thoroughly review case files to ensure that documentation is complete and citations and classification of violations are consistent and appropriate to the hazards identified during	HIOSH will ensure that all staff follow the FOM. A field 1B worksheet will be mandatory for all proposed violations to assist inspectors with the required documentation. Revised FOM will include the use of the field 1B	Manager and supervisor have been reminded to look for full documentation on 1B worksheet, which will be required for all violations. Field	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	files where the narrative or a photo provided sufficient information of document a hazard which was not cited. There was nothing in the case files to indicate why these hazards were not cited.	inspections.	worksheet. Manager/supervisor will conduct field evaluations of inspectors and take appropriate action, e.g. training on identification of hazards.	evaluations of inspectors by manager/supervisor will be conducted.	
09-17	There was no documentation that all relevant safety and health programs required by the HIOSH standards were evaluated during programmed planned comprehensive inspections.	Ensure that the OSHA 1A narrative is completed to document the evaluation of all relevant safety and health programs for all programmed planned inspections and where appropriate for unprogrammed activity.	Staff has received refresher training on the conduct of inspections, which include evaluation of all relevant safety and health programs. Documentation of the evaluation is required on the OSHA 1A.	Refresher training has been conducted for staff, which emphasized review and evaluation of all relevant safety and health programs. Documentation is being required on all OSHA 1As. This item will be included in the checklist mentioned in Update 10-08.	Pending
09-18	HIOSH did not cite any standard from 29 CFR 1910.38 during FY 2009.	HIOSH must ensure that compliance officers evaluate each workplace to determine if it is required to have an Emergency Action Plan during comprehensive and planned general industry inspections and that citations are issued as appropriate.	Staff will be provided training on when to cite 29 CFR 1910.38 (Emergency Action Plan).	Training was provided on March 10, 2011 to compliance staff on what to look for and when to cite 29 CFR 1910.38 (Emergency Action Plan). This item will be added to the checklist mentioned in Update 10-08.	Pending
09-19	Documentation that employer injury illness records were reviewed and evaluated as part of the inspection process was missing from the case files.	HIOSH must instruct managers and compliance officers to ensure that every inspection of an employer required to keep injury and illness records will include an examination and analysis of those records which is documented in the case file.	Staff has been reminded to follow the FOM on reviewing injury and illness records; and will receive refresher training on procedures to review employer injury and illness records.	Staff has been reminded of the need to review injury and illness records. This item is being added to the checklist mentioned in Update 10-08.	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-20	HIOSH altered the OSHA 2 to print the compliance officer's full name on the first page of the citation.	HIOSH should take appropriate steps to ensure that the compliance officer's name does not appear on the citations or any other official documents issued to or to be shared with employers or the public.	Printing of compliance officers' name on citations has already been discontinued.	N/A—no longer on citations.	Completed
09-21	The average number of calendar days it took HIOSH to issue citations has more than doubled since FY 2007 to an average of 102 days, which is approximately twice as long as federal OSHA.	HIOSH must improve its citation processing system to effectively decrease citation lapse time. HIOSH must ensure the managers run Open Inspection reports on a weekly basis to track lapse time and intervene when appropriate to ensure that cases are completed in a timely manner. HIOSH should also consider eliminating the final review by the State Designee to reduce additional review time.	Citation Pending report is being run weekly. The review process has been streamlined to reduce lapse times. The statistics from the first quarter show that lapse times for safety case files has decreased from 103 days in FY 2010 to 73 days in the first quarter of FY 2011, and from 49 to 37 for health case files.	Citation Pending report is being run weekly. The review process has been streamlined to reduce lapse times. The statistics from the first quarter show that lapse times for safety case files has decreased from 103 days in FY 2010 to 73 days in the first quarter of FY 2011, and from 49 to 37 for health case files.	Repeated
09-22	Penalties were not always calculated in accordance with chapter VI of its FOM.	HIOSH must ensure that citations are reviewed to confirm that the penalty calculation includes the appropriate probability and severity for the related employee exposure and type of hazard identified	HIOSH will ensure that all staff follow the FOM. A field 1B worksheet will be mandatory for all proposed violations to assist inspectors with the required documentation. Revised FOM will include the use of the field 1B worksheet.	Training will be conducted for all staff, and the 1B worksheet will include the appropriate documentation for penalty calculations. This item is being added to the checklist mentioned in Update 10-08.	Pending
09-23	S/W/R violations were not always abated in a timely fashion, nor were follow-up inspections conducted in all instances when required.	HIOSH must ensure that abatement is achieved and entered in a timely fashion, and that follow-up inspections are scheduled and	HIOSH will follow the FOM, run abatement due reports weekly, assign responsibility for abatement verification, and assign a back up.	HIOSH has begun to run the abatement due reports weekly and assigned responsibility for abatement	Repeated

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
		conducted when appropriate.		verification.	
09-24	Case files did not contain documentation for the reasons why citations were changed during the informal conference.	HIOSH must ensure that management includes pertinent documentation of the informal conference in the case file, including the rationale for changing citations and related penalties.	HIOSH will ensure that all staff follow the FOM. Informal Conference Summary is required when no change to citation results; and Settlement Agreement will include reason for penalty reduction. Notes of informal conference to be maintained in case file and to include reasons for citation changes, if any.	Revised FOM to include specific informal conference procedures.	Pending
09-25	There was no evidence of the final outcomes of contested cases (i.e. copy of the Formal Settlement Agreement) in the files reviewed.	HIOSH should review and revise the contested case process to ensure that copies of the FSA and documentation of final resolutions are included in the case files prior to closing the files.	HIOSH to train clerks in post contest procedures. Case file organization to include post-contest documents.	As of February 1, 2011, the Administrator is to review all post-contest documents and verify inclusion in case files.	Pending
09-26	The number and percentage of inspections HIOSH has conducted in the public sector has decreased in the past three years from 86 (10%) in FY 2007 to 30 (6%) in FY 2008 to a low of 22 (5%) in FY 2009. This corresponds disproportionately with the increase in the last three years in the public sector injury and illness rates.	HIOSH should increase its inspections in the public sector.	Public sector inspection numbers will be set based on proportion of workforce. Procedure to be documented in revised FOM.	Public sector inspections were again low in FY 2010 at 5%, but the first quarter showed an increase to 7%. Public sector inspection numbers for the current fiscal year have been set to meet appropriate proportion. A procedure will be documented in an updated HIOSH FOM detailing how public sector inspections will be set based on the proportion of workforce.	Repeated
09-27	Valid backups of the NCR and the Windows computer systems have not occurred since the former IT Administrator was transferred to	Valid and complete backups must be done for both the NCR and the Windows Server on a daily, weekly and	Clerk has been trained and instructed to run backups of the NCR and the Windows computer systems on a daily, weekly, and	N/A—all back-ups have been completed.	Completed

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	another department.	monthly basis.	monthly basis. Systems administrator to receive training on how to verify that backups have been performed.		
09-28	As of 2/17/10, there were 110 error rejects listed on the SOD report.	Correct errors listed on the SOD report on a daily basis.	Clerk was instructed to run SOD error reports twice a week, and assignment of responsibility made and to be acted upon within 2 weeks.	Clerk is running SOD error reject reports twice a week; supervisor/manager ensuring corrections are made.	Completed
09-29	HIOSH was not running and using the Desired State Reports.	HIOSH needs to ensure that reports are run regularly and that action is taken based on the information in the reports to help ensure each case file is being managed properly.	Manager and supervisor instructed to use Desired State Reports weekly and are required to take corrective action within 2 weeks at minimum.	Verified use of Desired State Reports on March 10, 2011.	Completed
09-30	As of 2/18/10, there were 220 draft forms in HIOSH's NCR.	HIOSH needs to convert draft forms into a final format or delete them as appropriate.	Manager and supervisor instructed to use Desired State Reports weekly and are required to take corrective action within 2 weeks at minimum.	Verified use of Desired State Reports on March 10, 2011.	Completed
09-31	As of February 2010 HIOSH had not designated a back-up administrator.	HIOSH should designate a back-up system administrator.	Systems Administrator to be assigned to Enforcement Branch support (Secretary II position). Current Systems Administrator to be assigned back-up. Clerk to be 2 nd back-up.	Approval to hire a back-up administrator was obtained March 3, 2011.	Pending
09-32	The current person designated as the System Administrator, the back-up systems administrator, as well as the entire Enforcement Branch has not had sufficient training in how to effectively use and maintain the NCR and the OSHA IMIS system.	HIOSH must ensure that the Systems Administrator, the back-up Systems Administrator and all Enforcement Branch personnel receive appropriate IMIS training.	See item 31. Above. Although the current HIOSH administrators' secretary is Systems Administrator, her duties do not require her to use the NCR nor IMIS, thus the disconnect between training and effective use.	N/A—awaiting OIS implementation.	Pending
09-33	HIOSH did not adopt federal OSHA standards within the six month requirement.	Develop and implement a tracking system for the adoption of new Federal Standards to ensure that the six month deadline is met.	Hire a program specialist dedicated to timely promulgation of standards.	On March 3, 2011, approval was given to hire a program specialist who will be dedicated to timely promulgation of	Repeated

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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				standards. This hire is currently in an expedited recruitment process.	
09-34	HIOSH has not yet adopted the Training Directive and OSHA's revision to the Field Operations Manual.	Adopt a Training Directive and provision to match OSHA's revision to the Field Operations Manual, and develop and implement a tracking system to ensure that new Federal Program Changes are evaluated and adopted in a timely manner.	HIOSH intends to adopt the revised FOM – target date is June 1, 2011. Currently, staff has been directed to use the current FOM and all current directives.	HIOSH intends to adopt the revised FOM – target date is June 1, 2011. Currently, staff has been directed to use the current FOM and all current directives.	Pending
09-35	HIOSH did not ensure that 65% or more of serious hazards documented during consultation visits were abated on site or by the original abatement date.	HIOSH must ensure abatement of serious hazards as quickly as possible.	The staff was reminded of and re-trained on the requirements of the Consultation Policies and Procedures manual; tracking of abatement has been given to the Manager as of March 1, 2011.	The staff was reminded of and re-trained on the requirements of the Consultation Policies and Procedures manual; tracking of abatement has been given to the Manager as of March 1, 2011.	Pending
09-36	Only four of 14 (29%) of discrimination cases were completed within the 90-day statutory period.	HIOSH needs to ensure that adequate resources are available to complete discrimination investigations in a timely manner.	HIOSH will promptly review and assign discrimination investigations, provide closer guidance to investigators, train investigators on investigation protocols that improve efficiency, monitor progress more closely and review and revise Discrimination Manual as needed.	HIOSH has made procedural changes to their review process. Discrimination complaints are being reviewed within one day of receipt, eliminating the additional level of review prior to assignment. Closer guidance is being provided.	Pending
09-37	All HIOSH staff assigned to conduct discrimination investigations had not received formal training.	Ensure that all of HIOSH's discrimination investigators receive appropriate formal discrimination training.	All HIOSH staff had received formal discrimination investigation training. However, training was not documented. HIOSH will document all required training in training log which will be initialed by supervisor and investigator.	Training documentation has been updated to show that all investigators have had formal discrimination investigation training.	Completed

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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09-38	HIOSH does not accept verbal discrimination complaints.	HIOSH should accept and docket orally filed complaints in IMIS upon receipt and not require a Complainant to submit a complaint in writing.	The conflicting state law that requires complaints to be in writing. In order to satisfy this requirement, HIOSH is modifying procedures to allow the verbal complaint to start the process, but the investigator produces a written complaint which is given to the complainant to sign.	There is a conflicting State law that requires complaints to be in writing. HIOSH is modifying its procedures to allow a verbal complaint start the discrimination investigation process. An updated procedure will be available by June 1, 2011.	Pending
09-39	Not all of HIOSH staff knew that they could use unilateral settlements.	HIOSH should develop and enforce a consistent policy regarding unilateral settlements.	Hawaii statutes differ from federal statutes because they allow a claimant to continue to pursue a civil action against an employer despite a HIOSH determination to unilaterally settle with the employer. Consequently, employers have no incentive to settle a case without first obtaining the consent of the complainant because they may still be liable in a civil action brought by the complainant notwithstanding a unilateral settlement.	Current Hawaii statutes provide no incentive for employers to settle a case without first obtaining the consent of the complainant because they may still be liable in a civil action brought by the complainant notwithstanding a unilateral settlement. Because of this, settlement is encouraged. This process will be detailed in HIOSH's discrimination procedures.	Pending
09-40	One site has not been timely re-evaluated and has not been removed as a VPP participant.	HIOSH should revoke the employer's VPP status. HIOSH should take immediate steps to develop a team to evaluate the site, including the use of qualified SGEs and OSHA personnel.	The timely re-evaluation was not the fault of the site, but of the Hawaii program. Site had asked for clarification on new procedures and then HIOSH mgmt did not respond, nor respond to requests for assistance. The site has recently contacted the program to ask again for clarification. Received clarification and is in the process of conducting self-evaluation. When	HIOSH had failed to respond to the site's request for clarification on new procedures. The new administration found the request and fulfilled it. The site is in the process of performing their self-evaluation and will be scheduled for an on-site	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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			report is submitted, HIOSH will assemble team to conduct re-evaluation.	visit by May 31, 2011.	
09-41	HIOSH charged its VPP activities to the 21(d) grant.	Time spent on VPP activities must be charged to the 23(g) grant funds as 50/50.	Consultation program manager who is knowledgeable of grant requirements has been put back in charge of program. Manager will monitor timesheets closely.	VPP activities have been returned to enforcement staff as of December 1, 2010.	Pending
09-42	HIOSH lapsed \$144,096.38 at the end of FY 2009.	HIOSH must closely track expenditure of grant funds and ensure that funds are projected for expenditure by the grantee. Funds that are not projected to be expended by the end of the grant period must be returned to OSHA at the beginning of the fourth quarter.	HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals. Expenditures will be closely tracked and early decisions made if de-obligation is necessary. Increase in staffing will decrease necessity to de-obligate funds.	HIOSH staff, knowledgeable of the grant process, has been put back in charge of expenditure approvals. These expenditures will be closely tracked and early decisions made if de-obligation is necessary. The increase in staffing approved by the Governor will decrease the necessity to de-obligate funds.	Repeated
09-43	Ten disbursements totaling \$377,000 have been made since December 29, 2009 without approval.	HIOSH must submit a written request for prior approval through the grant administrator 30 days in advance of the original award end date in accordance with OSHA directives, and must not take action unless it receives written authorization.	HIOSH staff knowledgeable and response to grant requirements have been put back in charge of expenditure approvals. The program will ensure that all grant requirements are met.	HIOSH staff, knowledgeable of the grant process, has been put back in charge of expenditure approvals; the Program will ensure that all grant requirements are met.	Pending
09-44	Drawdown of grant funds was not uniform during the fiscal year.	HIOSH needs to closely monitor drawdown of funding from the grants on a monthly basis to ensure grant funds are properly managed.	Staffing shortages contributed to the significantly uneven drawdown of grant funds over a fiscal year. HIOSH will more closely track drawdown levels, and expects that with the filling of all 10 approved positions, the drawdown should become more even across each	HIOSH will more closely track drawdown levels, this being easier with appropriate staff in charge of expenditure approvals. Once newly hired staffs are hired, the draw downs will be	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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			quarter.	evenly pulled from the grant. Until that time, authorized overtime has been authorized for enforcement activity and will assist in more consistent draw downs.	
09-45	23g Grant funds were used to pay a temporary employee without requesting written permission to do so and to purchase and maintain a color copier in the Director's office.	HIOSH must ensure that expenditures and equipment purchases made with 23g funds are used for activities covered and authorized by the 23g Grant.	HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals, even for hiring. The program will ensure that all grant requirements are met.	HIOSH staff, knowledgeable and responsive to grant requirements, has been put back in charge of expenditure approvals, even for hiring. The Program will ensure that all grant requirements are met.	Pending
09-46	HIOSH staffing levels are below benchmarks.	HIOSH must develop a plan to address the critical vacancies for compliance and consultation personnel.	HIOSH will fill up to 89% of health inspectors benchmark (8 of 9); 83% of safety inspectors benchmark level (7.5 out of 9); and 100% of consultant benchmark levels by May 1, 2011. By September 1, 2011, we expect the safety inspector benchmark level to be at 100% (9 of 9).	HIOSH received the Governor's approval to fill 10 positions as of March 10, 2011. This is an increase of 53% over current staffing. Expedited hiring process is being used to get people on board by no later than May 1, 2011.	Repeated
09-47	Salaries paid to staff are not equivalent to the work activities being performed and all position duties are not accurately described in HIOSH's FOM nor in its other directives.	HIOSH must ensure that salaries paid to staff are equivalent to the work activities being performed and that all position duties are accurately described in its FOM and its other directives.	HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals, even for hiring. The program will ensure that all grant requirements are met.	The position in question was eliminated as of February 1, 2011. HIOSH now has staff assigned to the grant, knowledgeable to the process, who will be able to successfully monitor expenditure approvals.	Pending

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

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09-48	None of the employees in the enforcement branch had completed all of the required classes listed in OSHA’s training directive, TED 01-00-018 Initial Training Program for OSHA Compliance Personnel.	HIOSH needs to ensure that all compliance staff receives at least the basic required OSHA courses. HIOSH must develop a training plan and allocate the necessary funds to do so.	HIOSH will assess the training provided to each existing inspector and develop individual development plans accordingly using the Training Directive as a guide. HIOSH will adopt the revised Training Directive for new inspectors.	A matrix of training was provided to HIOSH detailing training provided to each current inspector. This is being supplemented with further documentation to get a clearer picture of actual training histories for the staff. Once this is completed, a prioritized training plan will be developed. One of the core courses, offered by OTI, 2450—Evaluation of Safety and Health Management Systems—needed by all compliance staff, is in the process of being brought to Hawaii to be taught in FY 2012.	Pending
09-49	Public Sector Injury and Illness Rates increased 10 percent from the baseline in 2005 to 2008. HIOSH did not complete as many public sector inspections and consultations as it projected in FY 2009.	HIOSH needs to re-evaluate its efforts to more effectively address reducing injury and illness in the public sector.	HIOSH will more accurately determine how many inspections can reasonably be performed by existing and projected staff during a fiscal year. Out of that number at least 10% will be designated for public sector inspections and the assignments will be given to the inspectors early in the fiscal year.	HIOSH has recently made changes to how goals will be set for upcoming fiscal years, basing the goals upon projected staff during a fiscal year. Out of that number, at least 10% will be designated for public sector inspections and the assignments will be given to the inspectors early in the fiscal year. During the first quarter of FY 2011, 7% of inspections completed have been in the public sector.	Repeated

**Appendix B – Hawaii State Plan
FY 2010 Status of Findings, Recommendations, and Corrective Actions**

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-50	In the State of Hawaii, the number of fatalities from falls to lower level went from three in FY 2007 to two in FY 2008 to zero in FY 2009, and then back up to three in the first half of FY 2010.	Develop and implement a combined enforcement and outreach initiative to address the increase in fall-related fatalities.	Overall, HIOSH will track fatality data more closely, identifying trends early and adjusting outreach, and potentially enforcement efforts as necessary. Staff who know how to do the tracking and how to identify trends have been put back into the program, and will closely monitor fatalities data.	Overall, HIOSH plans to track fatality data more closely, identifying trends early and adjusting outreach, and potentially enforcement efforts as necessary.	Pending