

# **Federal Annual Monitoring and Evaluation (FAME) Report**

**State of Hawaii  
Hawaii Occupational Safety and Health Division  
October 1, 2009 to September 30, 2010**



**Prepared by:  
U.S. Department of Labor  
Occupational Safety and Health Administration  
Region IX**



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## **I. Executive Summary**

### **a. Introduction**

Section 18 of the Occupational Safety and Health Act of 1970 encourages States to develop and operate their own occupational safety and health programs. Federal OSHA approves and monitors State plans and provides up to 50 percent of an approved plan's operating costs. Hawaii is one of 27 States and American territories approved to operate its own safety and health enforcement program. Among other things, States that develop these plans must adopt standards and conduct inspections to enforce those standards.

The Hawaii State plan is administered by the Hawaii Occupational Safety and Health Division (HIOSH). HIOSH is a division of the State Department of Labor and Industrial Relations (DLIR). In FY 2010, the State Plan Designees were Darwin L.D. Ching, Director of DLIR, and Pearl Imada Iboshi, Acting Director of DLIR. The State Plan Designees were also the Administrators of HIOSH. Following the election of a new Governor in November 2010, Dwight Takamine became the Director of DLIR, and Jennifer Shishido became Administrator of HIOSH.

HIOSH is comprised of two major sections (1) an Occupational Safety and Health (OSH) division, which administers the Hawaii Occupational Safety and Health Law and (2) the Boiler and Elevator Safety division, which administers the Hawaii Boiler and Elevator Safety Law and is not part of the OSHA grant..

The OSH section of the OSHA approved State plan had four branches—Administration and Technical Support, Occupational Safety, Occupational Health, and Consultation and Training. However, a Reduction in Force (RIF) at the end of October 2009 eliminated the Administration and Technical Support Branch.

HIOSH started FY 2010 with a 23(g) base award of \$1,538,000. The grant included funding for the following full-time staff:

1. OSH Compliance Officer (2 supervisors and 6 safety inspectors);
2. Environmental Health Specialist (1 supervisor and 6 health inspectors);
3. OSH Advisor (1 safety consultant for public sector consultation); and
4. Support staff (15).

The grant also included funding for 3 part-time staff.

The RIF at the end of October 2009 eliminated 14 positions—1 OSH supervisor, 1 safety inspector, 1 health inspector, 1 public sector safety consultant, 9 support staff and 2 part-time staff members.

The 23(g) grant includes research statisticians who are integral to the OSH section operations, but are not part of HIOSH. The research statisticians are part of DLIR's

Research and Statistics office. They provide various program data in support of the HIOSH mission, such as the inspection-scheduling list, activity reports, and workers' compensation data. The research statisticians are included in the Support staff number. HIOSH started FY 2010 with 3 research statisticians and ended the fiscal year with 2 because of the RIF.

The Hoisting Machine Operator's Certification Board is part of HIOSH, but is not included in the 23(g) grant. The function of the board is to oversee the administration of a hoisting machine operator's certification program and to advise HIOSH on hoisting machine safety.

HIOSH provides public sector consultation under the 23(g) grant and private sector consultation under the 21(d) cooperative agreement. The private sector consultation performance results are in the FY 2010 RACER.

**b. Report Summary**

The FY 2010 Federal Annual Monitoring Evaluation (FAME) Report focused on the State's responses to the recommendations in the FY 2009 Enhanced Federal Annual Monitoring and Evaluation Report (EFAME) and their progress in achieving the actions specified in their final approved Corrective Action Plan (CAP). Of the 50 findings from the FY2009 EFAME report, only seven corrective actions have been completed as of the date of this report.

The FY 2010 EFAME Follow-up Report is not a comprehensive report due to the CAP being submitted and approved in December 2010.

The report assesses the State's progress towards achieving their annual performance goals established in their FY 2009 Annual Performance Plan, and to review the effectiveness of the programmatic areas related to enforcement activities. This report incorporates baseline special evaluations for the State's 23(g) enforcement program.

The annual performance plan results, which were reported by HIOSH in their State OSHA Annual Report (SOAR), provided mixed results in regards to their effectiveness in reaching their Five-Year Strategic Goals. The Five-Year Strategic Goal of reducing injuries and illnesses by 15 percent by 2010 was met for the following industries:

Construction	59.7% decrease in DART
Manufacturing	30.6% decrease in DART
Transportation & Warehousing	30.9% decrease in DART
Agriculture	17.6% decrease in DART

There was an increase of the DART rate of 24% in Local Government and several other rates did not make the 15% goal.

The HIOSH State Plan has developed a sound plan of action for addressing the findings of the 2009 EFAME, which is detailed in their Corrective Action Plan (CAP). A discussion of these issues can be found in Section III.

The State's overall implementation of its enforcement program for 2010 has been poor due to budget cuts and reductions in force. Federal OSHA corresponded with Hawaii about the possibility of resuming concurrent enforcement authority at the end of FY 2010. However, the newly elected administration has pledged to reinforce HIOSH's ability to manage their program by increasing their budget and approving hiring to bring the program close to benchmark levels by the end of FY 2011. Federal OSHA will continue to closely monitor the State to ensure that their program improves to an acceptable level.

HIOSH met or exceeded its Annual Performance Plan (APP) goal of reducing injuries and illness by 3 percent for Construction, Manufacturing, Agriculture, Transportation and Warehousing, Waste Management and Remediation Services, Accommodation and Nursing and Residential Care Facilities. HIOSH did not meet its APP goal for Arts, Entertainment and Recreation and Local Government.

No new safety and health standards were promulgated in FY 2010.

The HIOSH program has been affected by State and Federal budget issues and furlough days have been taken. HIOSH had based its projected number of safety and health inspections on having 5 safety and 5 health inspectors and hiring 1 safety and 1 health inspector. A reduction in force early in the year, a hiring freeze and the loss of 2 health inspectors left the agency with only 8 inspectors and no support personnel. HIOSH did not meet their inspection goals and de-obligated 39 percent of its 23(g) grant in FY 2010.

HIOSH co-sponsored the 2010 Governor's Biennial Pacific Rim Safety and Health Conference along with the American Society of Safety Engineers (ASSE) Hawaii. HIOSH sent almost 4,600 invitations to employers in the Wholesale Trade and Transportation and Warehousing industries and to employers in the industries targeted by the National Emphasis Program (NEP) for lead. Only 275 employers attended the conference. Compared to past Pacific Rim conferences, where the attendance exceeded 400, attendance at the 2010 conference was low. To make part of the 2010 Pacific Rim conference accessible to employers who could not afford to attend, the exhibit area was open to the public, free of charge on 1 afternoon so that employers interested in the latest safety and health products available could visit with the vendors.

An extensive Process Safety Management (PSM) inspection was jointly conducted by HIOSH and Federal OSHA at a refinery during part of FY 2010. Federal OSHA led this inspection as HIOSH lacked PSM expertise. The inspection was completed in the first quarter of FY 2011 and citations were issued in the second quarter.

**c. Monitoring Methodology**

Data was gathered from all HIOSH inspections conducted from January 1, 2010-December 31, 2010, including an assessment of the State's enforcement program based on Federal/State IMIS comparison data for FY 2010 as well as the SAMM and SIR.

Throughout the entire process, HIOSH was cooperative, shared information and ensured staff was available to discuss cases, policies, and procedures. Also, HIOSH staff members were eager to work with the evaluation team.

**II. Major New Issues**

The HIOSH program has been affected by State and Federal budget issues, furlough days have been taken, and 39% of HIOSH's 23(g) grant has been de-obligated.

Elections were held in November 2010 and in December a new Governor was inaugurated.

In December 2009, 14 positions were eliminated due to a Reduction in Force. Under the new administration, HIOSH has been re-authorized to fill these positions.

**III. Assessment of State Actions and Performance Improvements in Response to Recommendations from the FY 2009 Enhanced Federal Annual Monitoring Evaluation (EFAME)**

**Finding 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.**

**Recommendation 09-1:** *HIOSH must ensure that complainants are notified of inspection results in a timely manner.*

**Corrective Action 10-1 (formerly 09-1):** Processes have been updated and HIOSH staff were reminded to follow the Complaints Directive – CPL 02-00-140. HIOSH timely notified 100 percent of complainants in the first quarter of FY 2011.

**Update 10-1 (formerly 09-1):** Repeated - Further Federal monitoring and review required.

**Finding 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.**

**Recommendation 09-2:** *HIOSH must complete the OSHA 7 correctly, send the required correspondence to complaints, and include copies of these documents in the case files.*

**Corrective Action 09-2:** 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

**Finding 09-3:** **Hawaii did not respond to two out of nine complaints classified as imminent danger within a day of receiving the complaint.**

**Recommendation 09-3:** *Review the complaint processing system and ensure there is adequate staffing to respond to complaints classified as imminent danger in a timely fashion.*

**Corrective Action 10-2 (formerly 09-3):** 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.

**Update 10-2 (formerly 09-3):** Pending—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-4:** *HIOSH must properly complete the OSHA 170 with sufficient details to describe the accident and include a copy in the case file.*

**Corrective Action 10-3 (formerly 09-4):** 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.

**Update 10-3 (formerly 09-4):** Pending—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-5:** *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.*

**Corrective Action 10-4 (formerly 09-05):** 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.

**Update 10-4 (formerly 09-5):** Pending—subject to further Federal review and monitoring.

**Finding 9-06: HIOSH health inspectors conducted sampling in only five of 121 health inspections conducted in FY 2009.**

**Recommendation 09-6:** *HIOSH must ensure that health inspectors are conducting appropriate sampling during inspections and properly entering the information into IMIS.*

**Corrective Action 10-5 (formerly 09-6):** Industrial hygiene staff has been reminded 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.

**Update 10-5 (formerly 09-6):** Pending—subject to further Federal review and monitoring.

**Finding 09-7: HIOSH completed only 426 inspections (51 percent) of its goal of 835 inspections in FY 2009.**

**Recommendation 09-07:** *HIOSH must evaluate their staffing and enforcement efforts to ensure that they meet their inspection goals.*

**Corrective Action 10-6 (formerly 09-7):** 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.

**Update 10-6 (formerly 09-07):** Revised. HIOSH wants to set more realistic goals based on projected staffing for the year. A push for hiring has been started and HIOSH plans to fill 10 positions and will bring HIOSH to 80 percent of the benchmark by May 2011.

**Finding 09-8: Enforcement inspection activities on the neighbor islands were not proportionate to the population of workers represented on each island, especially Maui.**

**Recommendation 09-8:** *HIOSH needs to evaluate resources or consider hiring additional personnel to ensure that proportionate inspection coverage is provided to the neighbor islands, especially Maui.*

**Corrective Action 10-7 (formerly 09-8):** 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.

**Update 10-7 (formerly 09-8):** Pending—subject to further Federal review and monitoring.

**Finding 09-9: Construction contractors working on military bases were seldom inspected by HIOSH.**

**Recommendation 09-9:** *HIOSH must conduct a proportionate number of inspections of contractors on military bases until Federal OSHA gains jurisdiction.*

**Corrective Action 10-8 (formerly 09-9):** HIOSH initiated transfer of jurisdiction over military bases to Federal OSHA. Until jurisdiction is officially transferred, HIOSH must conduct a proportionate number of inspections of contractors on military bases.

**Update 10-8 (formerly 09-09):** Pending – subject to transfer of federal jurisdiction.

**Finding 09-10: Case file documentation and required forms in HIOSH inspection files were not organized and ordered consistently.**

**Recommendation 09-10:** *Ensure that all files contain documentation and forms in a consistent order.*

**Corrective Action 10-09 (formerly 09-10):** 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.

**Update 10-09 (formerly 09-10):** Pending—subject to further Federal review and monitoring.

**Finding 09-11: In 10 of the 43 case files reviewed, there was no diary sheet in the case file.**

**Recommendation 09-11:** *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.*

**Corrective Action 10-10 (formerly 09-11):** Checklists are being created to assist the manager/supervisor in reviewing compliance case files to ensure all required documentation is present.

**Update 10-10 (formerly 09-11):** Pending—subject to further Federal review and monitoring.

**Finding 09-12: The OSHA 1 and the OSHA 1A were not always signed and dated.**

**Recommendation 09-12:** *Ensure that all compliance officers sign and date the OSHA 1 and the OSHA 1A as required.*

**Corrective Action 10-11 (formerly 09-12):** 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).

**Update 10-11 (formerly 09-12):** Pending—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-13:** *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.*

**Corrective Action 10-12 (formerly 09-13):** The 1B worksheet will be used for each violation, and this item will be included in the checklist mentioned in Update 10-08.

**Update 10-12 (formerly 09-13):** Pending—subject to further Federal review and monitoring.

**Finding 09-14: S/W/R violations were not found in the same proportion of HIOSH programmed inspections as in OSHA programmed inspections.**

**Recommendation 09-14:** *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.*

**Corrective Action 10-13 (formerly 09-14):** HIOSH to require use of field 1B worksheet for each proposed violation.

**Update 10-13 (formerly 09-14):** Pending. Updates to the inspection scheduling system are still being refined.

**Finding 09-15:** **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.**

**Recommendation 09-15a:** *HIOSH must ensure employee representatives are presented the opportunity to participate during each inspection.*

**Corrective Action 10-14a (formerly 09-15a):** 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.

**Update 10-14a (formerly 09-15a):** Pending—subject to further Federal review and monitoring.

**Recommendation 09-15b:** *HIOSH must follow its FOM with respect to providing copies of the citation to union representatives.*

**Corrective Action 10-14b (formerly 09-15b):** Staff has received refresher training on conduct of the inspections, which includes employee representative involvement, and on the appropriate documentation of the involvement or reasons why the representative did not participate.

**Update 10-14b (formerly 09-15b):** Pending—subject to further Federal review and monitoring.

**Recommendation 09-15c:** *HIOSH must follow its FOM regarding union notification of and participation in informal conferences.*

**Corrective Action 10-14c (formerly 09-15c):** Staff has received refresher training on conduct of the inspections, which includes employee representative involvement, and on the appropriate documentation of the involvement or reasons why the representative did not participate.

**Update 10-14c (formerly 09-15c):** Pending—subject to further Federal review and monitoring.

**Finding 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 files where the narrative or a**

**photo provided sufficient information to document a hazard which was not cited. There was nothing in the case files to indicate why these hazards were not cited.**

**Recommendation 09-16:** *Managers 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 inspections.*

**Corrective Action 10-15 (formerly 09-16):** Managers and supervisors have been reminded to look for full documentation on 1B worksheet, which will be required for all violations. Field evaluations of inspectors by manager/supervisor will be conducted.

**Update 10-15 (formerly 09-16):** Pending—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-17:** *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.*

**Corrective Action 10-16 (formerly 09-17):** 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.

**Update 10-16 (formerly 09-17):** Pending—subject to further Federal review and monitoring.

**Finding 09-18:** **HIOSH did not cite any standard from 29 CFR 1910.38 during FY 2009.**

**Recommendation 09-18:** *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.*

**Corrective Action 10-17 (formerly 09-18):** 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.

**Update 10-17 (formerly 09-18):** Pending—subject to further Federal review and monitoring.

**Finding 09-19:** **Documentation that employer injury and illness records were reviewed and evaluated as part of the inspection process was missing from the case files.**

**Recommendation 09-19:** *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.*

**Corrective Action 10-18:** 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.

**Update 10-18 (formerly 09-19):** Pending—subject to further Federal review and monitoring.

**Finding 09-20:** **HIOSH altered the OSHA 2 to print the compliance officer's full name on the first page of the citation.**

**Recommendation 09-20:** *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.*

**Corrective Action 09-20:** Printing of compliance officers' name on citations has already been discontinued. Completed.

**Finding 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.**

**Recommendation 09-21:** *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.*

**Corrective Action 10-19 (formerly 09-21):** 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.

**Update 10-19 (formerly 09-21):** Repeated—subject to further Federal review and monitoring.

**Finding 09-22:** **Penalties were not always calculated in accordance with chapter VI of its FOM.**

**Recommendation 09-22:** *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.*

**Corrective Action 10-20 (formerly 09-22):** 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.

**Update 10-20 (formerly 09-22):** Pending further discussion and determination on final Federal penalty policy.

**Finding 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.**

**Recommendation 09-23:** *HIOSH must ensure that abatement is achieved and entered in a timely fashion, and that follow-up inspections are scheduled and conducted when appropriate.*

**Corrective Action 10-21 (formerly 09-23):** HIOSH has begun to run the abatement due reports weekly and assigned responsibility for abatement verification.

**Updated 10-21 (formerly 09-23):** Repeated—subject to further Federal review and monitoring. Procedures for documenting and verifying abatement are essential to an effective program.

**Finding 09-24:** **Case files did not contain documentation for the reasons why citations were changed during the informal conference.**

**Recommendation 09-24:** *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.*

**Corrective Action 10-22 (formerly 09-24):** Revised FOM to include specific informal conference procedures.

**Update 10-22 (formerly 09-24):** Pending—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-25:** *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.*

**Corrective Action 10-23 (formerly 09-25):** As of February 1, 2011, the Administrator is to review all post-contest documents and verify inclusion in case files.

**Update 10-23 (formerly 09-25):** Pending—subject to further Federal review and monitoring. Contested case outcomes must be documented in Case Files.

**Finding 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.**

**Recommendation 09-26:** *HIOSH should increase its inspections in the public sector.*

**Corrective Action 10-24 (formerly 09-26):** 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.

**Update 10-24 (formerly 09-26):** Repeated—subject to further Federal review and monitoring.

**Finding 09-27:** **Valid backups of the NCR and the Windows computer systems have not occurred since the former IT Administrator was transferred to another department.**

**Recommendation 09-27:** *Valid and complete backups must be done for both the NCR and the Windows Server on a daily, weekly and monthly basis.*

**Corrective Action 09-27:** Clerk has been trained and instructed to run backups of the NCR and the Windows computer systems on a daily, weekly, and monthly basis. Systems administrator to receive training on how to verify that backups have been performed. Completed.

**Finding 09-28:** **As of 2/17/10, there were 110 error rejects listed on the SOD report.**

**Recommendation 09-28:** *Correct errors listed on the SOD report on a daily basis.*

**Corrective Action 09-28:** Clerk is running Start-of-Day (SOD) error reject reports twice a week; supervisor/manager ensuring corrections are made. Completed.

**Finding 09-29:** **HIOSH was not running and using the Desired State Reports.**

**Recommendation 09-29:** *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.*

**Corrective Action 09-29:** Verified use of Desired State Reports on March 10, 2011. Completed.

**Finding 09-30:** **As of 2/18/10, there were 220 draft forms in HIOSH's NCR.**

**Recommendation 09-30:** *HIOSH needs to convert draft forms into a final format or delete them as appropriate.*

**Corrective Action 09-30:** Verified use of Desired State Reports on March 10, 2011. Completed.

**Finding 09-31:** **As of February 2010 HIOSH had not designated a back-up systems administrator.**

**Recommendation 09-31:** *HIOSH should designate a back-up systems administrator.*

**Corrective Action 10-25 (formerly 09-31):** Approval to hire a back-up administrator was obtained March 3, 2011.

**Update 10-25 (formerly 09-31):** Pending hiring of Secretary II position.

**Finding 09-32:** **The current person designated as the Systems Administrators, 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 systems.**

**Recommendation 09-32:** *HIOSH must ensure that the Systems Administrator, the back-up Systems Administrator and all Enforcement Branch personnel receive appropriate IMIS training.*

**Corrective Action 10-26 (formerly 09-32):** No interim steps until OIS is deployed in late May, 2011. Systems administrator will receive OIS Super User training and train the back-ups.

**Update 10-26 (formerly 09-32):** Pending—awaiting the OSHA Information System (OIS) implementation.

**Finding 09-33:** **HIOSH did not adopt federal OSHA standards within the six month requirement.**

**Recommendation 09-33:** *Develop and implement a tracking system for the adoption of new Federal Standards to ensure that the six month deadline is met.*

**Corrective Action 10-27 (formerly 09-33):** On March 3, 2011, approval was given to hire a program specialist who will be dedicated to timely promulgation of standards. This hire is currently in an expedited recruitment process.

**Update 10-27 (formerly 09-33):** Repeated—HIOSH needs to take whatever legislative or regulatory action is necessary to ensure the ability to adopt standards within 6 months of Federal promulgation. HIOSH must provide a status report on this item and an updated Corrective Action Plan including interim steps.

**Finding 09-34:** **HIOSH has not yet adopted the Training Directive and OSHA’s revision to the Field Operations Manual.**

**Recommendation 09-34:** *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.*

**Corrective Action 10-28 (formerly 09-34):** 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.

**Update 10-28 (formerly 09-34):** Pending—revised FOM to be submitted June 1, 2011.

**Finding 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.**

**Recommendation 09-35:** *HIOSH must ensure abatement of serious hazards as quickly as possible.*

**Corrective Action 10-29(formerly 09-35):** 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.

**Update 10-29 (formerly 09-35):** Pending further Federal review.

**Finding 09-36:** **Only four of 14 (29%) of discrimination cases were completed within the 90-day statutory period.**

**Recommendation 09-36:** *HIOSH needs to ensure that adequate resources are available to complete discrimination investigations in a timely manner.*

**Corrective Action 10-30 (formerly 09-36):** 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.

**Update 10-30 (formerly 09-36):** Pending further Federal review.

**Finding 09-37:** **All HIOSH staff assigned to conduct discrimination investigations had not received formal training.**

**Recommendation 09-37:** *Ensure that all of HIOSH's discrimination investigators receive appropriate formal discrimination training.*

**Corrective Action 09-37:** Training documentation has been updated to show that all investigators have had formal discrimination investigation training. Completed.

**Finding 09-38:** **HIOSH does not accept verbal discrimination complaints.**

**Recommendation 09-38:** *HIOSH should accept and docket orally filed complaints in IMIS upon receipt and not require a Complainant to submit a complaint in writing.*

**Corrective Action 10-31 (formerly 09-38):** 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.

**Update 10-31 (formerly 09-38):** Pending—subject to further Federal review and monitoring. Docketing of orally filed discrimination complaints through transcription is necessary for an effective program.

**Finding 09-39:** **Not all of HIOSH staff knew that they could use unilateral settlements.**

**Recommendation 09-39:** *HIOSH should develop and enforce a consistent policy regarding unilateral settlements.*

**Corrective Action 10-32 (formerly 09-39):** 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.

**Update 10-32 (formerly 09-39):** Pending—subject to further Federal review and monitoring. Hawaii's private right of action should be reflected in its discrimination procedures.

**Finding 09-40:** **One site has not been timely re-evaluated and has not been removed as a VPP participant.**

**Recommendation 09-40:** *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.*

**Corrective Action 10-33 (formerly 09-40):** 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 visit by May 31, 2011.

**Update 10-33 (formerly 09-40):** Pending.

**Finding 09-41:** **HIOSH charged its VPP activities to the 21(d) grant.**

**Recommendation 09-41:** *Time spent on VPP activities must be charged to the 23(g) grant funds as 50/50.*

**Corrective Action 10-34 (formerly 09-41):** VPP activities have been returned to enforcement staff as of December 1, 2010.

**Update 10-34 (formerly 09-41):** Pending further Federal review and monitoring.

**Finding 09-42:** **HIOSH lapsed \$144,096.38 at the end of FY 2009.**

**Recommendation 09-42:** *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.*

**Corrective Action 10-35 (formerly 09-42):** 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.

**Update 10-35 (formerly 09-42):** Repeated—OSHA has communicated its concerns about the staffing and funding of the State Plan to the Governor and offered to provide supplemental Federal enforcement assistance.

**Finding 09-43:** **Ten disbursements totaling \$377,000 have been made since December 29, 2009 without approval.**

**Recommendation 09-43:** *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.*

**Corrective Action 10-36 (formerly 09-43):** 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.

**Update 10-36 (formerly 09-43):** Pending further Federal review and monitoring.

**Finding 09-44: Drawdown of grant funds was not uniform during the fiscal year.**

**Recommendation 09-44:** *HIOSH needs to closely monitor drawdown of funding from the grants on a monthly basis to ensure grant funds are properly managed.*

**Corrective Action 10-37 (formerly 09-44):** 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 drawdowns will be evenly pulled from the grant. Until that time, authorized overtime has been authorized for enforcement activity and will assist in more consistent drawdowns.

**Update 10-37 (formerly 09-44):** Repeated—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-45:** *HIOSH must ensure that expenditures and equipment purchases made with 23g funds are used for activities covered and authorized by the 23g Grant.*

**Corrective Action 10-38 (formerly 09-45):** 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. The copier was moved to a HIOSH office.

**Update 10-38 (formerly 09-45):** Pending further Federal review and monitoring.

**Finding 09-46: HIOSH staffing levels are below benchmarks.**

**Recommendation 09-46:** *HIOSH must develop a plan to address the critical vacancies for compliance and consultation personnel.*

**Corrective Action 10-39 (formerly 9-46):** HIOSH will plan to fill up to 89% of health inspectors benchmark (8 of 9); 83% of safety inspectors benchmark level (7.5 of 9); and 100% of consultant benchmark levels by May 1, 2011. By September 1, 2011, it is expected that HIOSH will fill 100% of the safety benchmark.

**Update 10-39 (formerly 09-46):** Repeated—subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-47:** *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.*

**Corrective Action 10-40 (formerly 09-47):** 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.

**Update 10-40 (formerly 09-47):** Pending further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-48:** *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.*

**Corrective Action 10-41 (formerly 09-48):** 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.

**Update 10-41 (formerly 09-48):** Pending. A revised Training Directive is expected to be adopted by June 1, 2011.

**Finding 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.**

**Recommendation 09-49:** *HIOSH needs to re-evaluate its efforts to more effectively address reducing injury and illness in the public sector.*

**Corrective Action 10-42 (formerly 09-49):** 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.

**Updated 10-42 (formerly 09-49):** Repeated—HIOSH will continue to update Region 9 on its staffing levels. Subject to further Federal review and monitoring.

**Finding 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.**

**Recommendation 09-50:** *Develop and implement a combined enforcement and outreach initiative to address the increase in fall-related fatalities.*

**Corrective Action 10-43 (formerly 09-50):** Overall, HIOSH plans to track fatality data more closely, identifying trends early and adjusting outreach, and potentially enforcement efforts as necessary.

**Update 10-43 (formerly 09-50):** Repeated—subject to further Federal review and monitoring

#### **IV. FY 2010 State Enforcement**

The FY 2010 State/Federal data comparisons (Appendix C) using the official agency closeout data and the end-of-year SAMM (Appendix D) and SIR (Appendix E) reports for each State are included in the appendix of this report. The official closeout reports were used as the basis for the analysis to ensure consistency, to the extent possible, in all FAME reports. FY 2010 data was used for the SIR. The report includes the source of all data cited.

##### **Complaints:**

HIOSH uses Instruction GISHD-COM-06-3R1, Complaint Processing, for all general industry complaints and “Complaint Instructions” dated September 24, 2009 for construction complaints. Their process is similar to Federal OSHA’s. HIOSH supervisors take all complaints—written, phone and fax. The supervisor then reviews the complaint to determine if an inquiry or inspection will be conducted. The complaint is reviewed by the lead worker, who researches the complaint to determine if there are any outstanding inspections or if the site is on their priority list. If an inquiry is conducted, it is completed by the supervisor. If an inspection is necessary, the complaint is assigned to an enforcement division manager and entered into IMIS and the HIOSH Excel spreadsheet.

The State accepted and processed e-complaints filed through the [www.osha.gov](http://www.osha.gov) website and from their State website [www.Hawaii.gov/HIOSH](http://www.Hawaii.gov/HIOSH).

During FY 2010, HIOSH received 1,355 complaints. Of the 1,355 complaints 458 (34%) were formalized and handled by inspection. There were 897 complaints which were initially handled by inquiry; however, 35 of those were ultimately handled by inspection.

### **Mandated Activities:**

Activities, mandated under the Occupational Safety and Health Act, are considered core elements of Hawaii's Occupational Safety and Health program. The accomplishment of these core elements is tied to achievement of the State's strategic goals. Many mandated activities are "strategic tools" used to achieve outcome and performance goals.

"Mandated activities" include program assurances and State activity measures. Fundamental program requirements that are an integral part of the HIOSH program are assured through an annual commitment included as part of the 23(g) grant application. Program assurances include:

- Unannounced targeted inspections including prohibition against advance notice;
- First instance sanctions;
- A system to adjudicate contestations;
- Ensuring abatement of potentially harmful or fatal conditions;
- Prompt and effective standards setting and allocation of sufficient resources;
- Counteraction of imminent dangers;
- Responses to complaints;
- Fatality/catastrophe investigations;
- Ensuring employees have;
  - protection against and investigation of discrimination,
  - access to health and safety information, and
  - information on their rights and obligations under the Act.
- Access to information on their exposure to toxic or harmful agents;
- Coverage of public employees;
- Recordkeeping and reporting;
- Voluntary compliance activities

Mandated activities are tracked on a quarterly basis using the State Activity Mandated Measures (SAMM) Report, which compares State activity data to an established reference point. Additional activities are tracked using the interim State Indicator Report (SIR).

Some improvement was seen in these mandated activities in FY 2010.

- Percent of Programmed Inspections with Serious, Willful, or Repeat Violations was higher than the national average.

### **State Activity Mandated Measure (SAMM):**

Appendix D includes the SAMM for Hawaii covering the period October 1, 2009 through September 30, 2010. The following is a summary of State performance on the major issues covered in the SAMM for the Private Sector.

Measure		State Data	Reference Data	Comment
1. Average number of days to initiate complaint inspections		3.46	10	Due to staffing shortages, HIOSH has been focusing on unprogrammed inspections
2. Average number of days to initiate complaint investigations		1.31	5	See above
3. Percent of complaints where complainants were notified on time		84.62	100	Administrative position cuts have put a stress on processing of many items in HIOSH, including complaints.
4. Percent of complaints and referrals responded to within one day		86.67	100	
5. Number of denials where entry was not obtained		0	0	
6. Percent of S/W/R violations verified	Private	79.59	100	The responsibility of abatement verification has been given back to the compliance staff, to ensure that this is completed. Management will monitor that this is being done.
	Public	94.12		
7. Average number of calendar days from opening conference to citation issuance	Safety	142.11	47.3	Lapse times have been an issue in the past, and FY10 staffing shortages and lack of proper oversight have lead to increased lapse times.
	Health	69.76	61.9	Health cases were more in line with National averages. Fewer health cases were initiated.
8. Percent of programmed inspections with S/W/R violations – safety	Safety	72.00	58.4	Programmed inspections focused on fall hazards, and most of the hazards identified were serious
	Health	53.85	50.9	This item is in line with National data.
9. Average violations per inspection with violations	S/W/R	1.9	2.1	This item is in line with National Data
	Other	1.42	1.2	This item is in line with National data.
10. Average initial penalty per serious violation – private sector only		\$870.74	\$1,360.40	HIOSH has stated that the majority of the employers in the State are small businesses and the lower penalty is due to the size reductions given.
11. Percent of total inspection in public sector		4.78	5.9	This number has been declining

12. Average lapse time from receipt of contest to first level of decision	152.47	217.8	HIOSH's appeals process seems to be running efficiently.
13. Percent of 11C investigations completed within 90 days	0	100	The new administration is focusing on training and managing the 11C program
14. Percent of 11C complaints that are meritorious	0	21.2	HIOSH is working to improve its intake, screening and processing of 11C complaints.
15. Percent of meritorious 11C complaints that are settled	0	86.0	NA

**State Indicator Report (SIR):**

Appendix E includes the State Information Report (SIR) for HIOSH covering the FY 2010. The following is a summary of State performance on the major issues covered in the SIR:

**Hawaii SIR FY 2010**

			12 months		Comments
			FED	State	
C - Enforcement Private Sector	1. Programmed Inspection	Safety	65.1	17.4	Due to staff shortages, HIOSH has been focusing on unprogrammed inspections and have only programmed inspections to address fall hazards
		Health	35.0	50.6	Fewer unprogrammed health inspections skews this number towards programmed.
	2. Programmed Inspection with Violations %	Safety	69.1	85.2	HIOSH has been focusing their targeting efforts on fall hazards and it has proven to be effective.
		Health	55.4	54.3	In line with Federal data.
	3. Serious Violations (%)	Safety	81.0	54.0	HIOSH is working to improve this statistic by offering training and ensuring thorough review of case files
		Health	70.2	56.4	See above
	4. Abatement Period for Viols %	Safety % > 30 Days	17.2	18.9	In line with Federal data.
		Health % > 60 Days	8.5	0	HIOSH has been doing a good job with this.
	5. Average Penalty	Safety OTS	894.3	575.0	In line with Federal data.
		Health OTS	835.8	4000	
	6. Inspections per 100 hours	Safety	5.5	5.1	This is in line with Federal data
		Health	1.9	4.9	HIOSH has not had many

					complex health sampling inspections.
	7. Violations Vacated %		4.7	0	HIOSH has done well to maintain the penalties and classifications of citations. The citations had gone through a many leveled review process including the State Designee.
	8. Violations Reclassified %		4.0	.3	See above
	9. Penalty Retention %		63.0	86.6	See above
			Private	Public	
D. Enforcement Public Sector	1. Programmed Inspections %	Safety	17.4	75.0	Very few complaints in the public sector, and HIOSH has not performed many of these types of inspections, so the percentage is a result of a smaller universe of data.
		Health	50.6	0	See above
	2. Serious Violations %	Safety	54.0	60.0	In line with Private Sector data.
		Health	56.4	50.0	In line with Private Sector data.
			12 months FED    State		Comments
E. Review Procedures	1. Violations Vacated %		21.9	10.6	HIOSH has done well to maintain the penalties and classifications of citations. The citations had gone through a many leveled review process including the State Designee.
	2. Violations Reclassified %		11.7	1.3	See above
	3. Penalty Retention %		58.1	78.7	See above

**V. Other**

HIOSH includes outreach activities as a part of their Annual Performance Plan. Examples of these activities include the following:

HIOSH co-sponsored the 2010 Governor’s Biennial Pacific Rim Safety & Health Conference with the ASSE Hawaii. Two hundred 275 employers attended the conference.

The materials HIOSH distributed at its exhibition booth were as follows:

**OSHA Publications**

3162-12R – 2009 Screening and Surveillance: A Guide to OSHA Standards

3362-05 – 2009 Controlling Silica Exposure in Construction

3373-10 – 2009 Hexavalent Chromium

OSHA Form 33

Form 33 Possible Actions for Improvements (Items 1-19)

OSHA 3071 – 2002 (Revised) Job Hazard Analysis (abridged)

Information re: OSHA 300 Records

OSHA 2254 – 1998 (Revised) Training Requirements In OSHA Standards and Training Guidelines (abridged)

As part of OSHA’s letter to grain storage facility operators regarding serious hazards which are endangering workers’ lives, HIOSH received a list with the names and addresses of eight companies that had grain storage facilities in Hawaii. After reviewing the business information and locations of the companies, HIOSH determined that 29 CFR 1910.272 applied to only one company in Hawaii. HIOSH customized OSHA’s letter to grain storage facility operators and sent it to this one company

HIOSH received another list with the name and address of a power plant owner in Hawaii as part of OSHA’s letter to natural gas power plant operators. The electric power plants operated by this owner are oil-powered. None of the other electric power generation plant owners in Hawaii use natural gas. HIOSH did not send OSHA’s letter to natural gas power plant operators to any of the electric power plant owners in Hawaii.

**Federal Program Changes (FPCs)/Standards:**

The following are FY 2010 Federal Program Changes (FPCs) listed on the Automated Tracking System (ATS):

<b>FPC Directive/Subject:</b>	<b>Date of Directive:</b>	<b>Response Due Date:</b>	<b>State Response Date:</b>	<b>Adoption Required:</b>
CPL 02 (10-07) Injury and Illness Recordkeeping National Emphasis Program (NEP)	09/28/2010	12/19/2010	12/03/2010	No.
CPL 02 (10-06) Site-Specific Targeting (SST)—10	08/18/2010	12/19/2010	missing	No.

CPL 02 (10-05) Process Safety Management (PSM) Covered Chemical Facilities NEP	07/08/2010	09/11/2010	missing	No.
CPL 02-00-149 Severe Violator Enforcement Program (SVEP)	06/18/2010	08/28/2010	missing	Yes.
CPL 02-00-048 Clarification of OSHA's Enforcement Policies Relating to Floor/Nets and Shear Connectors; Cancellation of CPL 02-01-046	04/30/2010	07/26/2010	missing	No.
CPL 02-02-076 NEP—Hexavalent Chromium	02/23/2010	05/03/2010	missing	No.
CPL 02 (10-02) Revisions to NEP on Recordkeeping	02/19/2010	05/16/2010	missing	Yes.
CPL 02-02-075 Enforcement Procedures for 2009 H1N1 Influenza	11/20/2009	01/26/2010	missing	No.
CPL 02-00-148 Revisions to FOM November 2009	11/09/2009	01/17/2010	11/30/2009	Yes.
CPL 03-00-011 NEP—Flavorings	10/30/2009	01/30/2010	05/27/2010	No.

The following are FY 2010 Standards listed on the Automated Tracking System:

<b>Standard:</b>	<b>FR Notice Date:</b>	<b>Response Due Date:</b>	<b>State Response Date:</b>	<b>Adoption Due:</b>	<b>State Adoption Date:</b>
29 CFR 1926 (various) Cranes and Derricks in Construction—Final Rule	08/09/2010	10/10/2010	10/11/2010	02/09/2011	missing
29 CFR 1926.754 Safety Standards for Steel Erection—Technical Amendment	05/17/2010	07/20/2010	06/21/2010	11/17/2010	missing
29 CFR 1910, 1926, 1915 Hexavalent Chromium—Direct Final Rule	05/14/2010	07/19/2010	06/21/2010	11/14/2010	missing
29 CFR 1910.102 Acetylene—Direct Final Rule	11/09/2009	01/11/2010	11/12/2009	05/10/2010	11/30/2009

### **Complaints About State Program Administration (CASPA):**

During this evaluation period, six CASPAs were received which warranted an investigation, four of the six were very closely related and combined into one, while another was later withdrawn by the complainant and closed.

On November, 20, 2009, Region IX received a CASPA alleging recent HIOSH staffing layoffs were having an effect on the administration of the HIOSH program and that HIOSH did not adhere to its policies and procedures making the program not as effective as Federal OSHA. This CASPA was later followed by three more related CASPAs against HIOSH. Due to similarities in the four CASPAs, all four CASPAs were incorporated into one investigation. The investigation found that HIOSH was not meeting a number of performance measures and mandated activities as required by the State Plan Policies and Procedure Manual (SPPPM) and the 23(g) Grant Agreement. OSHA's investigation found that since FY 2008, staffing cuts and unfilled vacancies had severely impacted HIOSH's ability to meet its annual projected inspection goals. Training and development of Compliance Officers was also cut due to Hawaii's budgetary issues. A financial review of HIOSH also identified irregularities related to purchases and personnel selections. OSHA provided HIOSH with a list of specific recommendations to address each of the aforementioned deficiencies. The OSHA Hawaii Area Office is currently monitoring the effective implementation of the recommendations

On January 9, 2010, Region IX received a CASPA alleging HIOSH was not as effective as Federal OSHA in that they did not conduct a thorough investigation into the Complainant's discrimination issues because it did not interview several relevant witnesses. Opening letters have been sent to both the Complainant and the State and Region IX has received both the State's response to the CASPA claims and the unredacted case file. The current status of the CASPA is that it is under review.

On February 22, 2010, Region IX received a CASPA alleging HIOSH did not satisfactorily conduct a discrimination investigation. On June 7, 2010, the Complainant withdrew the allegations against the state, leading Region IX to close the CASPA investigation into the State's procedures.

### **VI. State Progress in Achieving Annual Performance Goals**

Through its SOAR, HIOSH has provided information that supports positive performance in the accomplishment of meeting its Five-Year Strategic Plan. Through effective resource utilization, partnership development, outreach activities, and an overall commitment to performance goal achievements, the majority of goals have been met or exceeded. Information provided by HIOSH has been reviewed and analyzed to assess its accuracy in meeting Performance Plan goals and the overall accomplishment of the fifth year of their Five-Year Strategic Plan.

The following summarizes the activities and/or accomplishments for each of the FY 2010 performance goals:

**Strategic Goal 1: By 2010, reduce the rate of workplace injuries and illnesses in construction, general industry, and local government by 15%.**

<b>Industry</b>	<b>Baseline</b>	<b>Results</b>	<b>Comments</b>
Construction	6.7	2.7	Focus on programmed inspections, specifically falls in construction. Goal was met.
Manufacturing	3.6	2.5	This rate was reduced when looking at the high rate of 5.5 in 2005, which is the year before HIOSH's Strategic Plan activities were initiated.
Transportation & Warehousing	6.8	4.7	This rate was reduced when looking at the high rate of 7.9 in 2005, which is the year before HIOSH's Strategic Plan activities were initiated.
Arts, Entertainment & Recreation	3.5	3.4	This goal was not met.
Agriculture	3.4	2.8	This goal was not met.
Waste Management & Remediation Services	8.6	3.8	This goal was met.
Accommodation	4.4	3.8	BLS data was not available prior to 2006. Using 2006 as a baseline, it appears this goal was not met although the rate has steadily declined
Nursing & Residential Care Facilities	4.5	3.1	BLS data was not available prior to 2007. Using 2007 as a baseline, it appears this goal was not met although the rate has steadily declined
Local Government	5.0	6.2	This goal was not met.

**FY 2010 Performance Goal 1.1 (Construction):** *Reduce the rate of workplace injuries and illnesses in Construction by 3%.*

**Results:** The DART rate for construction dropped from 6.7 to 2.7 in the time period of HIOSH's Strategic Plan.

**Outcome:** Media attention to the increased number of construction accidents encouraged HIOSH to respond by focusing on fall hazards in construction, including follow-up inspections of employers who were issued fall hazard citations in the past.

**FY 2010 Performance Goal 1.2 (General Industry):** *Reduce the rate of workplace injuries and illnesses in general industry by 3%.*

**Results:** HIOSH tracked DART rates for Manufacturing, Transportation & Warehousing, Agriculture, Arts Entertainment & Recreation, Waste Management & Remediation Services, Accommodation, and Nursing & Residential Care Facilities.

**Outcome:** HIOSH missed its 5-year Strategic goals for Arts, Entertainment, & Recreation, Waste Management & Remediation Services, Accommodation, and Nursing & Residential Care Facilities

**FY 2010 Performance Goal 1.3 (Local Government):** *Reduce the rate of workplace injuries and illnesses in Local Government by 3%.*

**Results:** Rates for Local Government increased from 5.0 to 6.2, a 24% increase in the overall DART rate.

**Outcome:** This goal was not met.

**Strategic Goal 2:** **By 2010, reduce the number of fatalities from falls from three (3) in 2003 to zero (0).**

**FY 2010 Performance Goal 2:** *Reduce the number of fatalities from falls by one (1).*

**Results:** In 2009, there were no fatalities from falls.

**Outcome:** This goal was met.

**Appendix A—Hawaii State Plan (HIOSH) FY 2010 Findings and Recommendations**

<b>No.</b>	<b>Findings</b>	<b>Recommendations</b>	<b>Related FY 2009 No.</b>
10-1	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.	09-1 Repeated
10-2	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.	09-3 Pending
10-3	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.	09-4 Pending
10-4	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.	09-5 Pending
10-5	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.	09-6 Pending
10-6	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.	09-7 Revised
10-7	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.	09-8 Pending
10-8	Construction contractors working on military bases were seldom inspected by HIOSH.	HIOSH must conduct a proportionate number of inspections of contractors on military bases until Federal OSHA gains jurisdiction.	09-9 Pending
10-9	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.	09-10 Pending
10-10	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.	09-11 Pending
10-11	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.	09-12 Pending

<b>No.</b>	<b>Findings</b>	<b>Recommendations</b>	<b>Related FY 2009 No.</b>
10-12	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.	09-13 Pending
10-13	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.	09-14 Pending
10-14a	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.	09-15a Pending
10-14b	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.	09-15b Pending
10-14c	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.	09-15c Pending
10-15	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 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.	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 inspections.	09-16 Pending
10-16	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.	09-17 Pending

No.	Findings	Recommendations	Related FY 2009 No.
10-17	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.	09-18 Pending
10-18	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.	09-19 Pending
10-19	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.	09-21 Repeated
10-20	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.	09-22 Pending
10-21	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 conducted when appropriate.	09-23 Repeated
10-22	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.	09-24 Pending
10-23	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.	09-25 Pending
10-24	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.	09-26 Repeated
10-25	As of February 2010 HIOSH had not	HIOSH should designate a back-up system	09-31

No.	Findings	Recommendations	Related FY 2009 No.
	designated a back-up administrator.	administrator.	Pending
10-26	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.	09-32 Pending
10-27	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.	09-33 Repeated
10-28	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.	09-34 Pending
10-29	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.	09-35 Pending
10-30	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.	09-36 Pending
10-31	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.	09-38 Pending
10-32	Not all of HIOSH staff knew that they could use unilateral settlements.	HIOSH should develop and enforce a consistent policy regarding unilateral settlements.	09-39 Pending
10-33	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.	09-40 Pending
10-34	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.	09-41 Pending
10-35	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.	09-42 Repeated
10-36	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.	09-43 Pending

<b>No.</b>	<b>Findings</b>	<b>Recommendations</b>	<b>Related FY 2009 No.</b>
10-37	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.	09-44 Pending
10-38	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.	09-45 Pending
10-39	HIOSH staffing levels are below benchmarks.	HIOSH must develop a plan to address the critical vacancies for compliance and consultation personnel.	09-46 Repeated
10-40	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.	09-47 Pending
10-41	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.	09-48 Pending
10-42	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.	09-49 Repeated
10-43	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.	09-50 Pending

## Appendix B – Hawaii State Plan (HIOSH) Status of FY 2009 EFAME Findings and Recommendations

No.	Findings	Recommendations	Corrective Actions	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

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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
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

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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 why the representative did not participate—in accordance with the FOM.	Pending

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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 files where the narrative or a photo provided sufficient information of document a	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 inspections.	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. Manager/supervisor will conduct field evaluations of inspectors and take appropriate action, e.g. training on identification of hazards.	Manager and supervisor have been reminded to look for full documentation on 1B worksheet, which will be required for all violations. Field evaluations of inspectors by manager/supervisor will be conducted.	Pending

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
	hazard which was not cited. There was nothing in the case files to indicate why these hazards were not cited.				
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
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	Printing of compliance officers' name on citations has already been discontinued.	N/A—no longer on citations.	Completed

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
		any other official documents issued to or to be shared with employers or the public.			
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 conducted when appropriate.	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 verification.	Repeated

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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 another department.	Valid and complete backups must be done for both the NCR and the Windows Server on a daily, weekly and monthly basis.	Clerk has been trained and instructed to run backups of the NCR and the Windows computer systems on a daily, weekly, and monthly basis. Systems administrator to receive training on how to verify that backups have been performed.	N/A—all back-ups have been completed.	Completed

<b>No.</b>	<b>Findings</b>	<b>Recommendations</b>	<b>Corrective Actions</b>	<b>State Action Taken</b>	<b>Status</b>
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 <sup>nd</sup> 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 standards. This hire is currently in an	Repeated

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
				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

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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 report is submitted, HIOSH will assemble team to conduct re-evaluation.	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 visit by May 31, 2011.	Pending

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
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 responsive 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 quarter.	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 evenly pulled from the grant. Until that time, authorized overtime has been authorized for enforcement activity and will	Pending

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
				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
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	Pending

No.	Findings	Recommendations	Corrective Actions	State Action Taken	Status
				<p>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.</p>	
09-49	<p>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.</p>	<p>HIOSH needs to re-evaluate its efforts to more effectively address reducing injury and illness in the public sector.</p>	<p>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.</p>	<p>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.</p>	Repeated
09-50	<p>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.</p>	<p>Develop and implement a combined enforcement and outreach initiative to address the increase in fall-related fatalities.</p>	<p>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.</p>	<p>Overall, HIOSH plans to track fatality data more closely, identifying trends early and adjusting outreach, and potentially enforcement efforts as necessary.</p>	Pending

**Appendix C  
Hawaii State Plan  
FY 2010 Enforcement Activity**

	HI	State Plan Total	Federal OSHA
<b>Total Inspections</b>	<b>314</b>	<b>57,124</b>	<b>40,993</b>
Safety	224	45,023	34,337
% Safety	71%	79%	84%
Health	90	12,101	6,656
% Health	29%	21%	16%
Construction	173	22,993	24,430
% Construction	55%	40%	60%
Public Sector	15	8,031	N/A
% Public Sector	5%	14%	N/A
Programmed	84	35,085	24,759
% Programmed	27%	61%	60%
Complaint	62	8,986	8,027
% Complaint	20%	16%	20%
Accident	5	2,967	830
Insp w/ Viols Cited	182	34,109	29,136
% Insp w/ Viols Cited (NIC)	58%	60%	71%
% NIC w/ Serious Violations	89.0%	62.3%	88.2%
<b>Total Violations</b>	<b>717</b>	<b>120,417</b>	<b>96,742</b>
Serious	390	52,593	74,885
% Serious	54%	44%	77%
Willful	10	278	1,519
Repeat	7	2,054	2,758
Serious/Willful/Repeat	407	54,925	79,162
% S/W/R	58%	46%	82%
Failure to Abate	-	460	334
Other than Serious	310	65,031	17,244
% Other	43%	54%	18%
Avg # Violations/ Initial Inspection	3.2	3.4	3.2
<b>Total Penalties</b>	<b>\$799,695</b>	<b>\$ 72,233,480</b>	<b>\$ 183,594,060</b>
Avg Current Penalty / Serious Violation	\$ 799.50	\$ 870.90	\$ 1,052.80
Avg Current Penalty / Serious Viol- Private Sector Only	\$ 780.70	\$ 1,018.80	\$ 1,068.70
% Penalty Reduced	22.5%	47.7%	40.9%
<b>% Insp w/ Contested Viols</b>	<b>14.8%</b>	<b>14.4%</b>	<b>8.0%</b>
Avg Case Hrs/Insp- Safety	23.5	16.2	18.6
Avg Case Hrs/Insp- Health	22.9	26.1	33
Lapse Days Insp to Citation Issued- Safety	103.2	33.6	37.9
Lapse Days Insp to Citation Issued- Health	49.1	42.6	50.9
Open, Non-Contested Cases w/ Incomplete Abatement >60 days	9	1,715	2,510

## Appendix D—FY 2010 State Activity Mandated Measures (SAMM) Report

U. S. D E P A R T M E N T O F L A B O R  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
STATE ACTIVITY MANDATED MEASURES (SAMMs)

NOV 12, 2010  
PAGE 1 OF 2

State: HAWAII

RID: 0951500

MEASURE	From: 10/01/2009 To: 09/30/2010	CURRENT FY-TO-DATE	REFERENCE/STANDARD
1. Average number of days to initiate Complaint Inspections	232 3.46 67	46 11.50 4	Negotiated fixed number for each State
2. Average number of days to initiate Complaint Investigations	58 1.31 44	30 4.28 7	Negotiated fixed number for each State
3. Percent of Complaints where Complainants were notified on time	55 84.62 65	5 100.00 5	100%
4. Percent of Complaints and Referrals responded to within 1 day -ImmDanger	26 86.67 30	0 0 0	100%
5. Number of Denials where entry not obtained	0	0	0
6. Percent of S/W/R Violations verified			
Private	234 79.59 294	29 59.18 49	100%
Public	16 94.12 17	0 0 0	100%
7. Average number of calendar days from Opening Conference to Citation Issue			
Safety	22881 142.11 161	2719 108.76 25	2624646 47.3 55472 National Data (1 year)

Health		3837			198		750805	
		69.76			66.00		61.9	National Data (1 year)
		55			3		12129	

\*HI 11.12

\*\*PRELIMINARY DATA SUBJECT TO ANALYSIS AND REVISION

U. S. D E P A R T M E N T O F L A B O R  
 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
 STATE ACTIVITY MANDATED MEASURES (SAMMs)

NOV 12, 2010  
 PAGE 2 OF 2

State: HAWAII

RID: 0951500

MEASURE	From: 10/01/2009 To: 09/30/2010	CURRENT FY-TO-DATE	REFERENCE/STANDARD
8. Percent of Programmed Inspections with S/W/R Violations			
	36	8	93201
Safety	72.00	88.89	58.4 National Data (3 years)
	50	9	159705
	21	1	10916
Health	53.85	100.00	50.9 National Data (3 years)
	39	1	21459
9. Average Violations per Inspection with Vioations			
	411	66	428293
S/W/R	1.90	2.35	2.1 National Data (3 years)
	216	28	201768
	307	39	240266
Other	1.42	1.39	1.2 National Data (3 years)
	216	28	201768
10. Average Initial Penalty per Serious Violation (Private Sector Only)	332625	57425	509912690
	870.74	870.07	1360.4 National Data (3 years)
	382	66	374823
11. Percent of Total Inspections in Public Sector	15	0	73
	4.78	.00	5.9 Data for this State (3 years)
	314	15	1238
12. Average lapse time from receipt of Contest to first level decision	2897	0	3826802
	152.47		217.8 National Data (3 years)
	19	0	17571
13. Percent of 11c Investigations Completed within 90 days	0	0	100%
	.00		
	3	0	
14. Percent of 11c Complaints that are Meritorious	0	0	1461
	.00		21.2 National Data (3 years)
	3	0	6902

15. Percent of Meritorious 11c Complaints that are Settled		0			0		1256	
		0			0		86.0	National Data (3 years)
		0			0		1461	

\*HI 11.12

\*\*PRELIMINARY DATA SUBJECT TO ANALYSIS AND REVISION

## Appendix E—State Information Report (SIR)

SIR Q4 SIR15 101007 093246 PROBLEMS - CALL Yvonne Goodhall 202 693-1734

1101007

U. S. D E P A R T M E N T O F L A B O R

PAGE 1

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

INTERIM STATE INDICATOR REPORT (SIR)

STATE = HAWAII

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		-----12 MONTHS-----		-----24 MONTHS-----	
	FED	STATE	FED	STATE	FED	STATE	FED	STATE
<b>C. ENFORCEMENT (PRIVATE SECTOR)</b>								
<b>1. PROGRAMMED INSPECTIONS (%)</b>								
A. SAFETY	5298	14	11403	20	21912	37	43788	196
	62.4	40.0	63.8	13.8	65.1	17.4	65.9	37.2
	8493	35	17860	145	33647	213	66434	527
B. HEALTH	488	8	1094	9	2232	42	4202	94
	30.6	61.5	33.7	34.6	35.0	50.6	35.1	51.1
	1597	13	3249	26	6378	83	11960	184
<b>2. PROGRAMMED INSPECTIONS WITH VIOLATIONS (%)</b>								
A. SAFETY	4663	10	9421	16	17649	46	34350	151
	72.7	66.7	71.2	76.2	69.1	85.2	67.1	69.6
	6413	15	13232	21	25525	54	51214	217
B. HEALTH	451	5	880	8	1756	25	3238	68
	57.8	100.0	53.9	88.9	55.4	54.3	53.4	63.0
	780	5	1632	9	3168	46	6066	108
<b>3. SERIOUS VIOLATIONS (%)</b>								
A. SAFETY	17341	129	33678	190	62211	295	117447	670
	81.6	63.2	81.5	64.2	81.0	54.0	80.1	58.8
	21261	204	41304	296	76839	546	146593	1139
B. HEALTH	3233	14	6183	28	11743	84	21554	189
	69.6	56.0	70.5	58.3	70.2	56.4	69.6	53.2
	4645	25	8776	48	16725	149	30947	355
<b>4. ABATEMENT PERIOD FOR VIOLS</b>								
A. SAFETY PERCENT >30 DAYS	3054	24	6515	39	12732	68	25040	121
	15.0	15.7	16.3	17.2	17.2	18.9	17.7	14.4
	20398	153	39855	227	74010	360	141219	838
B. HEALTH PERCENT >60 DAYS	255	0	633	0	1406	0	2977	1
	5.6	.0	7.3	.0	8.5	.0	9.6	.4
	4548	14	8681	30	16580	88	30862	230

## OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

INTERIM STATE INDICATOR REPORT (SIR)

STATE = HAWAII

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		-----12 MONTHS-----		-----24 MONTHS-----	
	FED	STATE	FED	STATE	FED	STATE	FED	STATE
C. ENFORCEMENT (PRIVATE SECTOR)								
5. AVERAGE PENALTY								
A. SAFETY								
	587112	1000	1106734	1000	2038916	2300	3500911	11800
OTHER-THAN-SERIOUS	837.5	1000.0	803.1	1000.0	894.3	575.0	967.6	1475.0
	701	1	1378	1	2280	4	3618	8
B. HEALTH								
	249175	7000	434447	7000	732953	8000	1039303	17650
OTHER-THAN-SERIOUS	817.0	7000.0	801.6	7000.0	835.8	4000.0	842.2	2206.3
	305	1	542	1	877	2	1234	8
6. INSPECTIONS PER 100 HOURS								
A. SAFETY								
	9778	41	20529	154	38849	228	76136	556
	5.8	4.1	5.7	7.0	5.5	5.1	5.5	5.0
	1679	10	3593	22	7112	45	13925	112
B. HEALTH								
	1864	16	3844	31	7547	98	14276	226
	2.1	5.3	2.0	4.4	1.9	4.9	1.8	4.4
	908	3	1940	7	3898	20	8070	51
7. VIOLATIONS VACATED %								
	1123	0	2474	0	5103	0	10425	14
	3.7	.0	4.3	.0	4.7	.0	5.0	.9
	29962	212	57441	342	108213	632	207527	1489
8. VIOLATIONS RECLASSIFIED %								
	844	0	1978	0	4276	2	9196	7
	2.8	.0	3.4	.0	4.0	.3	4.4	.5
	29962	212	57441	342	108213	632	207527	1489
9. PENALTY RETENTION %								
	15767907	101518	30073309	160024	57457651	278254	111052615	487905
	64.5	89.8	63.9	89.5	63.0	86.6	62.8	84.0
	24439885	113050	47032897	178725	91194322	321450	176868726	581125

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

INTERIM STATE INDICATOR REPORT

STATE = HAWAII

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		----- 12 MONTHS-----		----- 24 MONTHS-----	
	PRIVATE	PUBLIC	PRIVATE	PUBLIC	PRIVATE	PUBLIC	PRIVATE	PUBLIC
D. ENFORCEMENT (PUBLIC SECTOR)								
1. PROGRAMMED INSPECTIONS %								
A. SAFETY	14 40.0 35	4 100.0 4	20 13.8 145	4 100.0 4	37 17.4 213	6 75.0 8	196 37.2 527	9 56.3 16
B. HEALTH	8 61.5 13	0 .0 3	9 34.6 26	0 .0 5	42 50.6 83	0 .0 7	94 51.1 184	1 3.7 27
2. SERIOUS VIOLATIONS (%)								
A. SAFETY	129 63.2 204	0 .0 0	190 64.2 296	0 .0 2	295 54.0 546	3 60.0 5	670 58.8 1139	5 23.8 21
B. HEALTH	14 56.0 25	1 20.0 5	28 58.3 48	2 22.2 9	84 56.4 149	9 50.0 18	189 53.2 355	23 46.9 49

## OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

## COMPUTERIZED STATE PLAN ACTIVITY MEASURES

STATE = HAWAII

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		----- 12 MONTHS-----		----- 24 MONTHS-----	
	FED	STATE	FED	STATE	FED	STATE	FED	STATE
E. REVIEW PROCEDURES								
1. VIOLATIONS VACATED %	610 22.5 2709	3 6.4 47	1134 23.2 4888	5 5.3 94	2052 21.9 9366	17 10.6 160	3827 23.0 16668	19 10.6 179
2. VIOLATIONS RECLASSIFIED %	306 11.3 2709	1 2.1 47	585 12.0 4888	1 1.1 94	1100 11.7 9366	2 1.3 160	2217 13.3 16668	2 1.1 179
3. PENALTY RETENTION %	4940512 65.3 7563023	40787 88.1 46300	7526155 62.3 12074308	55124 87.0 63325	12856359 58.1 22143463	92594 78.7 117725	23378285 58.4 40052611	111348 80.3 138625

**APPENDIX F**

**HAWAII STATE OSHA ANNUAL REPORT (SOAR) FY 2010**

(Available separately/upon request)

## Appendix G—Acronyms

ASSE	American Society of Safety Engineers
ATS	Automated Tracking System
CAP	Corrective Action Plan
CASPA	Complaint About State Program Administration
DLIR	Department of Labor and Industrial Relations
EFAME	Enhanced Federal Annual Monitoring Evaluation
FAME	Federal Annual Monitoring Evaluation
FIR	Final Investigative Report
FOM	Field Operations Manual
FPC	Federal Program Change
FY	Fiscal Year
HIOSH	Hawaii Occupational Safety and Health Division
NEP	National Emphasis Program
OIS	OSHA Information System
OSH	Occupational Safety and Health
PSM	Process Safety Management
RIF	Reduction in Force
SAMM	State Activities Mandated Measure
SIEP	State Internal Evaluation Plan (plan that the State develops to review a process, program, policy, etc. of State Plan activities)
SIR	State Indicator Report
SOAR	State OSHA Annual Report
SOD	Start-of-Day