

Federal Annual Monitoring and Evaluation (FAME) Report

State of Indiana

**Indiana Department of Labor
Occupational Safety and Health Administration**

October 1, 2009 to September 30, 2010

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I. Executive Summary

The Fiscal Year 2010 State Plan Evaluation Report focused on the state's responses to the recommendations made in the Fiscal Year (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).

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

On February 16 and 17, 2011, the Indianapolis Area Office conducted the on-site FAME review of the Indiana Occupational Safety and Health Administration (IOSHA) State Plan. The on-site activity included a case file review, as well as a review of recent IOSHA Plan developments concerning budget and other program related topics. The case file review focused on issues such as, but not limited to, violation classification, penalty assessment, abatement assurance and fatality investigations.

The report also assessed IOSHA's progress towards achieving their annual performance goals established in their FY 2010 Annual Performance Plan, and the effectiveness of the programmatic areas related to enforcement activities.

The annual performance plan results, reported by the IOSHA in the State OSHA Annual Report (SOAR), indicate that IOSHA has made advancements towards achieving its five strategic goals. Evaluation of goal achievement or significant progress toward goal accomplishment has been reviewed, and the results are identified in Section IV of this report.

The IOSHA State Plan completed a majority of the issues identified in the Corrective Action Plan (CAP). A discussion of these issues is contained in Section III.

Most noteworthy is Performance Goal 1.1: Increasing safety and health inspections by 5% per FY. Indiana achieved a 99% increase in enforcement inspections over the FY 2007 baseline while realizing reductions in the fatality rate for the construction industry and injury and illness rate for the manufacturing sector. Indiana reported that it experienced its lowest ever injury and illness rate for public and private sector entities. There were 37 fatalities investigated by IOSHA during FY 2010, representing a decrease of five over the previous Fiscal Year.

IOSHA has been impacted by the state's budget constraints. All state agencies were required by the Governor to revert 15% of their budgets. While staffing has remained stable and furloughs were not mandatory, IOSHA found it necessary to deobligate \$180,000 of the FY 2010 23(g) grant and anticipates the need to deobligate funds once again in FY 2011. Restrictions on out-of-state travel and expenditures in general impeded the IOSHA's ability to pursue all desired formal training opportunities and acquisition of equipment.

At the time of this report and based on current staffing levels, IOSHA had two vacant Health Compliance Officer positions and 22 vacant Safety Compliance Officer positions. This represents maintaining 53% of the staffing benchmark (47) for safety, and 91% of the staffing benchmark (23) for health. State budgetary constraints have inhibited filling vacant positions. The benchmark levels will continue to be monitored for effective program performance.

The on-site review resulted in the following recommendations: (See Section III and VIII for more information.)

Recommendation 10-1: Provide all witnesses with information that clearly explains their rights, especially with regard to confidentiality, prior to all interviews. IOSHA shall ensure employees and witnesses who are interviewed are provided the opportunity to decide if their name or other personal information is included as part of their interview documentation or statement.

Recommendation 10-2: IOSHA shall obtain abatement verification for all files where abatement is required. When verification of abatement is not provided by the employer, follow-up should be conducted.

Recommendation 10-3 formerly 09-3: All appropriate entries shall be made on the OSHA-7, and an updated OSHA-7 shall be maintained in the file. These entries shall be performed in accordance with OSHA Instruction 03-06 (IRT 01) (03-06 (ADM 01)) and the Integrated Management Information System (IMIS) Enforcement Data Processing Manual, Table of Contents and Chapters 1 and 7. All notification letters shall be sent, and when appropriate, the Certificate of Posting (COP).

Recommendation 10-4 formerly 09-4: While the OSHA Field Inspection Reference Manual CPL 2.103 does not allow for Compliance Safety and Health Officers (CSHOs) to make their own decisions about what supporting documentation is needed to document a hazard, documentation is not required to be present to support that a hazard does not exist. It is recommended that documentation in the file shows that all complaint items have been evaluated. When addressing complaints about exposure to contaminants, an explanation shall be provided when sampling was not conducted.

Recommendation 10-5 formerly 09-6: A paper copy of the electronic documents shall be placed in every file. Files shall be orderly and all documents bound.

Recommendation 10-6 formerly 09-17: Better documentation proving exposure shall be provided to support citations. One file reviewed indicated that all the citations were deleted due to lack of employee exposure documentation.

Recommendation 10-7 formerly 09-22: Supervisors must ensure consistent review of IMIS reports to track abatement and update the IMIS in a timely manner.

Recommendation 10-8 formerly 09-23: Require employers to follow procedures for Petition to Modify Abatement Date (PMA) and ensure that IMIS is timely updated to reflect any extensions granted.

Recommendation 10-9 formerly 09-30: IOSHA must establish a system for the proper handling and review of IMIS management reports. Consideration shall be given to the importance of the report when determining the frequency with which it is generated and distributed (weekly, bi-weekly, or monthly).

Recommendation 10-10 formerly 09-36: IOSHA must begin using IMIS reports to identify and assign establishments requiring follow-up inspections.

Recommendation 10-11 formerly 09-37: Review classification of electrical and fire hazard violations in both Construction and General Industry to ensure appropriate classification of serious violations in accord with the Field Operations Manual and within IOSHA.

IOSHA will respond in writing to the FAME's findings and recommendations.

II. Introduction

Background and Profile

Section 18 of the Occupational Safety and Health Act of 1970 encourages states to develop and operate their own job safety and health programs. Federal OSHA approves and monitors State Plans and provides up to 50 percent of an approved Plan's operating costs. Indiana 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 Indiana Department of Labor (IDOL) administers the Indiana Occupational Safety and Health (IOSHA) program. The IOSHA Plan was approved on February 25, 1974 and certified on October 16, 1981. On September 26, 1986, IOSHA received final approval. IOSHA includes the Occupational Safety and Health (OSH) Compliance Division, which is responsible for compliance program administration through conducting enforcement inspections (General Industry and Construction), adoption of standards, and operation of other related OSHA activities. The Indiana program covers all private and public-sector employees within the state, with the exception of railroad employees, federal employees, maritime employees (longshoring, shipbuilding, shipbreaking, and marine terminal operations), private contractors working at Government-owned/contractor-operated (GOCO) facilities, as well as U.S. Postal employees. Also administered by the IDOL is the INSafe program, the state's 21(d) funded safety and health consultation project which provides free consultation services upon request to help employers prevent workplace injuries, illnesses and fatalities through identification and correction of safety and health hazards.

The General Assembly enacted legislation giving IOSHA the mission of ensuring that employers furnish a safe and healthful place of employment which is free of recognized hazards. IOSHA is comprised of three sections, including Industrial Compliance (Safety and Industrial Hygiene), Construction Compliance, and Whistleblower Protection. The Compliance Section is responsible for enforcement of the Occupational Safety and Health Act of 1972, with emphasis on employee exposures to chemical and physical hazards.

At the time of the on-site monitoring visit, there were a total of 70 positions funded under the 23(g) grant. The approved staffing benchmark for IOSHA is 47 Safety Compliance Officers and 23 Health Compliance Officers. IOSHA continues to operate well below the benchmark levels for staffing and currently was 22 Safety Compliance Officers and two Health Compliance Officers below their benchmark. IOSHA reports that only four staff changes took place throughout all levels of the program during FY 2010. During this period, the IOSHA program did not have any 100% state funded positions.

The IOSHA consists of the Deputy Commissioner, two Directors for Compliance, four Supervisors, 25 Safety Compliance Officers, 21 Health Compliance Officers, four administrative staff members, the VPP, Whistleblower Protection unit, and an embedded Attorney from the State's Attorney General's office.

IOSHA's primary objective is to improve occupational safety and health in workplaces throughout the state in line with the Department's mission to advance the safety, health and prosperity of Hoosiers in the workplace. The worker population in Indiana consists of

approximately 2,747,900 people. The program services are administered through a central office housed within the Indiana Government Center in Indianapolis.

Budget

The federal share of the amended FY 2010 23(g) grant was \$2,188,000, and the state share was \$2,188,000, for a total program budget of \$4,376,000. Private sector consultation is provided by the state under a 21(d) Cooperative Agreement, while public sector consultation is provided under the 23(g) grant. IOSHA reported that it was necessary to deobligate a portion of its FY 2010 23(g) grant in the amount of \$180,000. The Governor required all agencies, including the Indiana Department of Labor, to revert 15% of their budget, of which half were federal funds.

For FY 2011, the IDOL is hopeful it will not have to deobligate as much as it did in FY 2010, but remains uncertain of what the amount may be. IOSHA also anticipates receiving more state funds which, if realized, may be used to increase enforcement staff by approximately five positions.

Organization

IOSHA is housed within the Indiana Department of Labor, which administers four other departments in addition to IOSHA. Ms. Lori Torres is the Commissioner of the Department and reports to the Governor of Indiana. Mr. Jeff Carter serves as the Deputy Commissioner for IOSHA Compliance.

Differences from Federal OSHA

Indiana operates a “mirror” enforcement program as state law does not allow for the agency to be more stringent than federal OSHA and OSHA requires the state to be at least as effective as the federal program.

According to IC 22-8-1.1-17.5, “The commissioner may not adopt or enforce any provision used to carry out the enforcement of this chapter that is more stringent than the corresponding federal provision enforced by the United States Department of Labor under the Occupational Safety and Health Act of 1970.”

Generally, the IOSHA adopts all OSHA standards and program changes identically with the exception of those standards and changes that are not within their jurisdiction (i.e., Maritime).

One difference unique to the Indiana program is that whistleblower complaints investigated by IOSHA that are determined to be violations are required to be filed in Court by the 120th day (see IC 22-8-1.1-38.1(b)). After this date, IOSHA is barred from going forward with a merit complaint. Because of the 120 day limit, it is important that complaints are investigated efficiently and in a timely manner and also properly dual-filed with federal OSHA.

Safety and health cases that are not resolved through the informal conference process are heard by the Indiana Board of Safety Review (BSR). The enabling legislation for the BSR is found at IC 615 IAC. The Board is an independent Administrative Review Board housed within the IDOL and is governed by the Indiana Administrative Orders and Procedures Act (AOPA) found at IC 4-21.5-3.

III. Assessment of State Actions and Performance Improvements in Response to Recommendations from the 2009 EFAME

IOSHA had 45 recommendations from the 2009 EFAME report. Thirty-six items have been completed, and nine remain pending.

- **Finding 10-3 formerly 09-3:** Complaint investigations and inspections were timely. However, the files did not always contain an updated OSHA-7 with all pertinent actions in it. Copies of all letters required to be sent by IOSHA were not found in the file. The missing letters were notification letters to Complainants and where appropriate, to Respondents, and inspection result letters, specifically to the unions. The diary logs did indicate that the employer and union letters were sent. No diary log entries indicated that Complainant acknowledgement letters were sent. There was also no evidence that IOSHA sent the Certificate of Posting (COP) to the employer when appropriate.
- **Recommendation 10-3 formerly 09-3:** All appropriate entries should be made on the OSHA-7, and an updated OSHA-7 should be maintained in the file. These entries should be performed in accordance with OSHA Instruction 03-06 (IRT 01) (03-06 (ADM 01)), and the IMIS Enforcement Data Processing Manual, Table of Contents and Chapters 1 and 7. All notification letters should be sent and, when appropriate, the COP.
- **Update 10-3 formerly 09-3:** Copies of all correspondence, including union, Complainant, and Respondent letters, are placed in files. Completed June 1, 2010. The outline of the PMA process and correspondence (including COP) is being written. It will be distributed and informal PMAs will no longer be permitted. All PMAs will have the Director's final approval. All correspondence will be processed by the IOSHA Administrative Assistant. Projected completion date is March 1, 2011.
- **Finding 10-4 formerly 09-4:** There was not always adequate documentation that supported that a complaint item did not exist. A note in the file is not normally adequate; however, IOSHA did frequently address complaint items through photos and interviews. Thirteen out of 15 files that were associated with exposure to hazardous substances did not contain any sampling information or justification as to why sampling was not necessary. Documentation of interviews and related safety and/or health programs were not in the files. Notes with a list of employees interviewed were in the files; however, the files did not contain documentation of the interviews.
- **Recommendation 10-4 formerly 09-4:** While the OSHA Field Inspection Reference Manual CPL 2.103 does not allow for Compliance Safety and Health Officers (CSHOs) to make their own decisions about what supporting documentation is needed to document a hazard, documentation is not required to be present to support that a hazard does not exist. It is recommended that documentation in the file shows that all complaint items have been evaluated. When addressing complaints about exposure to contaminants, an explanation should be provided when sampling was not conducted.
- **Update 10-4 formerly 09-4:** When the complaint is unclear, the CSHO needs to receive a copy of the OSHA-7 so they can assure that all complaint items are addressed in the Letter of Response to Complainant. Due March 1, 2011.
- **Finding 10-5 formerly 09-6:** Files were not maintained in an orderly manner. Not all file sections were tabbed with contents, files were not completely bound, and not all the files contained paper or electronic copies of digital records. Furthermore, staff that may need access to the files did not always have the software and hardware required to access the file information.

- **Recommendation 10-5 formerly 09-6:** A paper copy of the electronic documents should be placed in every file. Files should be orderly and all documents bound.
- **Update 09-6:** OSHA continues to monitor this issue until completion.

- **Finding 10-6 formerly 09-17:** While employee interviews were always indicated as being performed, in eight out of 36 files nothing beyond contact information was listed in the file.
- **Recommendation 10-6 formerly 09-17:** Better documentation proving exposure should have been provided to support citations. One file reviewed indicated that all the citations were deleted due to lack of employee exposure documentation.
- **Update 10-6 formerly 09-17:** OSHA continues to monitor this issue until completion.

- **Finding 10-7 formerly 09-22:** Although generated and distributed monthly, Supervisors are not utilizing IMIS reports to track abatement.
- **Recommendation 10-7 formerly 09-22:** Supervisors must consistently review the IMIS reports to track abatement and update the IMIS in a timely manner.
- **Update 10-7 formerly 09-22:** Training is scheduled during March 2011. Due April 1, 2011.

- **Finding 10-8 formerly 09-23:** In some cases, abatement was not late as the employer had been informally granted extra time to submit abatement. One file was reviewed where the employer had petitioned for a modification of abatement due date. The time requested was not noted. The Supervisor did not note any discussion with the employer; however, abatement was submitted at a much later date than the original due date.
- **Recommendation 10-8 formerly 09-23:** Require employers to follow procedures for PMA and ensure that IMIS is timely updated to reflect any extensions granted.
- **Update 10-8 formerly 09-23:** IOSHA added abatement language to all managers' performance appraisals. Appropriate PMA procedures are to be reiterated to the management team upon completion of the outline. Due April 1, 2011.

- **Finding 10-9 formerly 09-30:** Although several IMIS management reports are being generated and distributed to the management team on a monthly basis, the majority of the reports are not being used effectively.
- **Recommendation 10-9 formerly 09-30:** IOSHA must establish a system for the proper handling and review of IMIS management reports. Consideration should be given to the importance of the report when determining the frequency with which it is generated and distributed (weekly, bi-weekly, or monthly).
- **Update 10-9 formerly 09-30:** Training is scheduled to be completed in March 2011. Due April 1, 2011.

- **Finding 10-10 formerly 09-36:** IOSHA conducted one follow-up inspection during FY2009. IMIS reports are not utilized to identify cases requiring follow-up inspections.
- **Recommendation 10-10 formerly 09-36:** IOSHA must begin using IMIS reports to identify and assign establishments requiring follow-up inspections.
- **Update 10-10 formerly 09-36:** IOSHA is currently developing a strategy for assignment of random re-inspections. Due April 1, 2011.

- **Finding 10-11 formerly 09-37:** Electrical hazards cited were classified as serious only 48% of the time and fire protection in construction was classified as serious two times while being cited a total of 71 times.

- **Recommendation 10-11 formerly 09-37:** Review classification of electrical and fire hazard violations in both Construction and General Industry to ensure consistency with the Field Operations Manual and within IOSHA.
- **Update 10-11 formerly 09-37:** The management team has been updated on the severity of potential injuries as a result of exposure to electrical hazards. Training is scheduled for CSHOs during the spring of 2011. Due April 1, 2011.

Completed FY 2009 Findings and Recommendations

- **Finding 09-1:** SAMM Measure #4. Not all complaints and referrals coded as Imminent Danger were responded to within one day.
- **Recommendation 09-1:** Ensure all complaints and referrals are appropriately coded, and those coded as Imminent Danger are responded to within one day.
- **Update 09-1:** Completed.
- **Finding 09-2:** It was determined that the individual employees at IOSHA who act as Complaint Duty Officers do keep their own log of phone calls. There was no evidence that this was a tool to prevent unions from making or taking part in complaints. There was no evidence that supported IOSHA was not returning phone calls from any Complainants. Evidence in the files supported that when given a name and mailing address, IOSHA did provide results to all Complainants. Complainants were only asked to identify who they were as a part of classifying the Complainant.
- **Recommendation 09-2:** A single log book of calls dedicated to the Complaint Duty Officer position should be utilized.
- **Update 09-2:** Completed.
- **Finding 09-5:** No emphasis inspections were found to have Complainants who left an address to which results could be mailed. There is no evidence that this purposefully occurred or occurred with every emphasis inspection.
- **Recommendation 09-5:** Every effort should be made to obtain addresses from Complainants.
- **Update 09-5:** Completed.
- **Finding 09-7:** Fatality inspections were not always initiated in a timely fashion, and the reasons for delay were not documented in the case file.
- **Recommendation 09-7:** Prioritize fatality inspections to ensure that CSHOs open the inspection as soon as possible after initial notification to the IOSHA office. Ensure that CSHOs communicate and document reasons for any delays in the case file.
- **Update 09-7:** Completed.
- **Finding 09-8:** Fatality case files were not maintained to ensure that all appropriate documentation (i.e., completed OSHA-170) and correspondence (i.e., Next of Kin Letters, Union Letters) were included, organized, and adequately secured in the files.
- **Recommendation 09-8:** Provide clear guidance to all enforcement personnel and administrative staff on the organization of fatality case files and what documentation needs to be completed and included in each fatality case file. Consider designing and implementing a tracking document for each file that ensures that all appropriate correspondence is completed and documented in each file. Ensure that all documents put into a case file are secured.
- **Update 09-8:** Completed.

- **Finding 09-9:** Families of victims are not always contacted when a fatality investigation is completed, and no additional communication is initiated by IOSHA once the citations have been issued.
- **Recommendation 09-9:** Consider implementing a tracking system to help ensure that all required correspondence with families of victims is completed and documented in each case file.
- **Update 09-9:** Completed.

- **Finding 09-10:** Inspection forms (i.e., OSHA-1, OSHA-1A, OSHA-36, OSHA-170) were not completed with sufficient detail and the latest versions were not maintained in the case file. This includes lack of IMMLANG documentation.
- **Recommendation 09-10:** Instruct staff on the accurate completion of required inspection forms in each fatality inspection and ensure the appropriate review of each file is completed. Review the current procedures for IMMLANG to ensure that staff is familiar with the required documentation.
- **Update 09-10:** Completed.

- **Finding 09-11:** Violations were sometimes classified or grouped for reasons not apparent, or citations were not issued to address hazards identified during fatality inspections.
- **Recommendation 09-11:** Consider training staff on appropriate classification of violations to ensure consistency in issuing willful (knowing) and serious citations. Review grouping policy with staff to ensure that appropriate rationale is applied and documented when grouping violations.
- **Update 09-11:** Completed.

- **Finding 09-12:** Informal conference documentation does not include sufficient justification and/or rationale for changing citation classification and reducing penalties.
- **Recommendation 09-12:** Ensure that Directors adequately document informal conference narrative sheets to explain informal settlement rationale.
- **Update 09-12:** Completed.

- **Finding 09-13:** Fatality case files are closed without sufficient abatement documentation.
- **Recommendation 09-13:** Ensure that supervisors use IMIS Abatement Tracking reports and follow-up letters to employers. Audit closed fatality files to ensure that appropriate abatement information is included in the file.
- **Update 09-13:** Completed.

- **Finding 09-14:** No follow-up inspections are scheduled or conducted for fatality inspections that have high gravity citations issued related to the fatality.
- **Recommendation 09-14:** Implement a fatality inspection tracking system to ensure that appropriate follow-up inspections are scheduled and conducted.
- **Update 09-14:** Completed.

- **Finding 09-15:** Violations cited on programmed inspections include a high percentage of other-than-serious citations for hazards that could be classified as serious, such as, but not limited to, electrical hazards.

- **Recommendation 09-15:** Consider conducting training on hazard classification for CSHOs and Supervisors to ensure consistency of violation classification.
- **Update 09-15:** Completed.

- **Finding 09-16:** Programmed inspections conducted in the construction industry are not effectively targeting sites with serious hazards.
- **Recommendation 09-16:** Consider revising the construction targeting system. Also, consider implementing OSHA's National Emphasis Program on Trenching.
- **Update 09-16:** Completed.

- **Finding 09-18:** The final letter and citations were indicated as having been sent to the union; however, no letters were found in the file. Also, there is no evidence in the file that the union was informed of the informal settlement conference by IOSHA.
- **Recommendation 09-18:** Include union representation in every aspect of the inspection and keep them informed as required under the FIRM. This includes sending the union a copy of the Notification of Citation and Penalty and informing union representation of any informal conference.
- **Update 09-18:** Completed.

- **Finding 09-19:** Most files had adequate documentation to support the violations with the exception of several files that did not contain employee interview statements to support exposure to a hazard.
- **Recommendation 09-19:** Interviews should be documented in the file to support employee exposure to a hazard.
- **Update 09-19:** Completed.

- **Finding 09-20:** Three of 28 Industrial Compliance case files were found to have repeat violations improperly classified as serious violations.
- **Recommendation 09-20:** Supervisors should be instructed to use the IMIS database to check for repeat violations.
- **Update 09-20:** Completed.

- **Finding 09-21:** It was discovered that in two of the Industrial Compliance files reviewed, the severity assigned was too low based on the potential injuries as a result of exposure to the hazard.
- **Recommendation 09-21:** If an accident had occurred, it cannot be disregarded when assessing the severity of an injury and illness.
- **Update 09-21:** Completed.

- **Finding 09-24:** When a case is resolved through an Expedited Informal Settlement Agreement (EISA), the employer is not required to provide documentation of abatement or required to document the method of abatement. IOSHA only requires the employer to sign a Certificate of Correction, which contains the inspection number, date of citation issuance, date of citation abatement, and date of posting of the certificate.
- **Recommendation 09-24:** The Certificate of Correction does not contain a written explanation of the method of abatement the employer used to correct the citation. This written explanation is required to be present under 29 CFR 1903.19(c).
- **Update 09-24:** Completed.

- **Finding 09-25:** When viewing Industrial Compliance case files, two cases were reviewed with incorrect abatement; however, the Supervisors accepted the abatement and closed the cases.
- **Recommendation 09-25:** All abatement documentation submitted must be reviewed.
- **Update 09-25:** Completed.

- **Finding 09-26:** IOSHA does not appear to be working from one detailed policy for EISA.
- **Recommendation 09-26:** Provide everyone with the EISA policy and train everyone on the elements of the policy.
- **Update 09-26:** Completed.

- **Finding 09-27:** No method exists to ensure that abatement is completed by employers taking part in the EISA process.
- **Recommendation 09-27:** Periodic follow-up inspections should be initiated as a means of ensuring abatement is completed by employers taking part in the EISA process, or requests for abatement documentation could be made.
- **Update 09-27:** Completed.

- **Finding 09-28:** The average lapse time from receipt of contest to a first level decision is approximately one and a half years.
- **Recommendation 09-28:** Continue to identify ways to reduce the time for receiving a decision on contested cases.
- **Update 09-28:** Completed.

- **Finding 09-29:** IOSHA has a significant number of draft records in the IMIS system.
- **Recommendation 09-29:** IOSHA must conduct a performance review and cleanup of the IMIS database records on a regular basis to ensure that all draft forms are finalized and transmitted to the host computer as soon as possible, with the exception of OSHA 1Bs that are less than six months old, as modifications may be necessary prior to issuing safety orders. Procedures must be developed to ensure periodic reviews of draft IMIS forms are conducted to maintain a viable information system.
- **Update 09-29:** Completed.

- **Finding 09-31:** The IMIS is not kept up-to-date and contains information which does not allow for effective internal evaluation of the Indiana Program.
- **Recommendation 09-31:** IOSHA must ensure that the IMIS system is kept up to date and is accurate. All Supervisors and Administrative staff responsible for IMIS data entry must utilize available management reports and follow through with timely updates to the system for all forms and changes in case status (abatement, penalties, extensions, etc.). Additional IMIS Training for staff is recommended to effectively maintain and utilize the system. OSHA Instruction ADM 1-1.31 IMIS Enforcement Data Processing Manual
- **Update 09-31:** Completed.

- **Finding 09-32:** IOSHA has not been entering health sampling information into the IMIS.
- **Recommendation 09-32:** IOSHA will need to start entering health sampling data into the IMIS.
- **Update 09-32:** Completed.

- **Finding 09-33:** Complaint information is not entered into the IMIS when received. The OSHA-7 for Signature report is not utilized. Staff interviews revealed that Complainants are allowed up to 10 days to formalize a complaint.
- **Recommendation 09-33:** IOSHA should enter complaints into the IMIS when received. The OSHA-7 for Signature should be generated and reviewed periodically to ensure the system reflects current status of complaints. The FIRM requires that Complainants are given up to five working days to formalize non-formal complaints.
- **Update 09-33:** Completed.

- **Finding 09-34:** Only 21.22% of programmed safety inspection resulted in S/W/R citations. Of the 1,437 programmed inspections, 575 were coded as programmed planned, while 852 were coded as programmed-related. This is consistent with the large number of construction inspections and associated multi-employer worksites.
- **Recommendation 09-34:** IOSHA must evaluate its Construction targeting system and make modifications to ensure that its limited resources are inspecting sites/locations where serious hazards are likely to be present. IOSHA must also ensure that violations are being classified in accordance with the IN FIRM.
- **Update 09-34:** Completed.

- **Finding 09-35:** Indiana did not issue any willful (knowing) violations during FY2009.
- **Recommendation 09-35:** IOSHA should conduct an internal review of its willful (knowing) citation policy.
- **Update 09-35:** Completed.

- **Finding 09-38:** Review of the case files revealed that IOSHA's Whistleblower Protection Program has adopted its own forms rather than using the forms provided by the OSHA Whistleblower program. Case file organization does not follow DIS 0-0.9. Various cases were missing copies of administrative documents.
- **Recommendation 09-38:** Follow DIS 0-0.9 for case file organization to ensure consistency with case file organization and contents.
- **Update 09-38:** Completed.

- **Finding 09-39:** OSHA would likely not have come to the same conclusion as the determinations issued by IOSHA in two of the cases reviewed. Many of the case files failed to properly test Respondent's defense or develop one or more of the prima facie elements.
- **Recommendation 09-39:** Ensure that when tolling a complaint, it is appropriate and based on the exceptions for tolling a complaint as indicated in DIS 0-0.9. Also, ensure that all cases are adequately investigated and include a full analysis of prima facie elements and testing of the Respondent's defense.
- **Update 09-39:** Completed.

- **Finding 09-40:** As a result of statutory mandate, Indiana code requires that suit for Whistleblower complaints must be filed in state court within 120 days from the date the complaint is received.
- **Recommendation 09-40:** Until Indiana is able to change the 120 day restriction, it is important that complaints are properly dual-filed.
- **Update 09-40:** Completed.

- **Finding 09-41:** Files for voluntary compliance programs are not organized and complete with required documentation maintained.
- **Recommendation 09-41:** Create a file retention system for VPP sites to ensure that appropriate and complete documentation is organized and maintained.
- **Update 09-41:** Completed.

- **Finding 09-42:** Medical Access Orders were not obtained and presented to the companies prior to conducting VPP on-site reviews.
- **Recommendation 09-42:** Obtain Medical Access Orders and present them to companies prior to conducting VPP on-site reviews per CSP 03-01-003.
- **Update 09-42:** Completed.

- **Finding 09-43:** A comprehensive tracking mechanism/database is not maintained for CSHO training.
- **Recommendation 09-43:** Develop a tracking mechanism, such as a database, so that training records/information may be reviewed in the form of usable reports. This will assist IOSHA with determining and maintaining compliance with OSHA Instruction TED 01-00-018, Initial Training Program for OSHA Compliance Personnel.
- **Update 09-43:** Completed.

- **Finding 09-44:** Employees are assigned fatality investigations prior to completing the Accident Investigation course.
- **Recommendation 09-44:** Ensure that all CSHOs assigned to conduct fatality/catastrophe inspections have attended the Accident Investigation course.
- **Update 09-44:** Completed.

- **Finding 09-45:** IOSHA is staffed well below current benchmarks for the IOSHA Plan.
- **Recommendation 09-45:** While IOSHA believes that the current benchmarks are not reflective of the resources necessary to be effective, it is recommended that IOSHA continue to work with OSHA regarding benchmarks and continue to increase staffing levels to the extent feasible.
- **Update 09-45:** Completed.

IV. State Progress in Achieving Annual Performance Goals

Through its Annual Performance Report, IOSHA has provided information that supports positive performance in the accomplishment of meeting their 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 IOSHA 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 Fiscal Year 2010 performance goals.

Performance Goal 1.1: Maintain a vigorous enforcement program by increasing safety and health inspections by 5% per FY. FY09-FY2011: 5%

Results: This goal was met.

Discussion: Indiana achieved a 99% increase over the FY 2007 baseline of 1,178 inspections and a 13% increase over FY 2009. Indiana conducted a special review of several case files to ensure that quality was not compromised by the increase in activity.

Performance Goal 1.2: Reduce the rate of injuries and deaths in construction and manufacturing industries by 3% per FY.

Results: This goal was not met.

Discussion: The goal was met for Manufacturing and the fatality rate for Construction. The goal was not met for Injury Rates in Construction and Fatality Rates in Manufacturing.

Injury Illness Rates:

- The 2009 Manufacturing Industry (NAICS 31-33) Total Injury & Illness Rate was 4.7 (per 100 workers), which is an improvement of 19% over the 2008 rate, and is 35% lower than the 2006 baseline of 7.3.
- The 2009 Construction Industry (NAICS 23) Non-fatal Occupational Injury and Illness Rate was 4.6 (per 100 workers), which is 18% below the 2006 rate of 5.6. The rate remained the same from 2008 to 2009.

Fatality Rates

- The Bureau of Labor Statistics (BLS) 2009 Census of Fatal Occupational Injuries (CFOI) count (123) reflects that the number of all workplace fatalities decreased in Indiana by 24 from 2008 (147).
- The Indiana manufacturing fatality rate has increased over the 2006 baseline of 1.6 to 3.1 in FY 2008.
- The Indiana 2008 construction fatality rate has decreased by nearly 16% from the 2005 baseline rate of 12.9.

Annual Performance Goal 2.1: Increase participation in the Voluntary Protection Program (VPP) and Indiana Safety and Health Recognition Program (INSHARP) by 11 combined each FY.

Results: This goal was exceeded.

Discussion: In FY 2010, there were seven new VPP sites, 10 VPP recertifications and 10 new INSHARP sites.

Annual Performance Goal 2.2: Increase the number of and participation by companies and organizations in Alliances and Partnerships combined by two per FY.

Results: This goal was met.

Discussion: In FY 2010, two new Alliances were added.

Annual Performance Goal 3.2: Increase public presentations, including speeches, expos, and conferences, to 90 per FY.

Results: This goal was met.

Discussion: This goal has been exceeded. The total number of public presentations conducted for FY 2010 was 130.

V. Monitoring Methodology

A review of the IOSHA program was conducted February 16th and 17th of 2011. Ten inspection case files were selected for this review. The team consisted of an Area Director, a Safety Specialist and a Health Specialist.

The case file audit review concentrated on penalty calculation, hazard classification and abatement assurance. Two in-compliance fatality investigations were reviewed to determine the thoroughness of the investigations and to determine whether the decision to not issue citations was appropriate. Nine of the case files were from the first quarter of FY 2011, and one file was from the last quarter of FY 2010.

In addition to reviewing the above cited case files, the study team focused on reviewing data gathered from all IOSHA inspections conducted between October 1, 2009 and September 30, 2010. This included an assessment of IOSHA's enforcement program based on federal/state IMIS comparison data for FY 2010, as well as the SAMM and SIR.

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

VI. FY 2010 State Enforcement

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. FY 2010 data was used for the SIR. The report includes the source of all data cited.

Complaints

IOSHA adopted OSHA Instruction CPL 02-00-115, Complaint Policies and Procedures.

IOSHA has one dedicated Duty Officer position to handle all complaint calls, collect complaint information from the callers, and process complaints. The Duty Officer position is performed on a rotational basis with a tour of duty lasting three months. If the complaint is to be inspected, the Duty Officer notifies the Supervisor and an inspection is scheduled. If the complaint is to be handled by phone and fax, the Duty Officer prepares the complaint, faxes it to the employer, receives the abatement information, evaluates the abatement information and updates the IMIS system accordingly. For complaints that are to be formalized, the Duty Officer provides the complaint information to the administrative staff and the complaint is mailed to the Complainant for signature.

IOSHA accepted and processed e-complaints filed through the www.osha.gov website and from their state website (www.in.gov/dol/iosha).

During FY 2010, IOSHA received 738 complaints. Of the 738 complaints, 251 (34%) were formalized and handled by inspection. There were 487 complaints which were handled by phone and fax investigations. At the time of this report, IOSHA reported that it has a backlog of complaints that need to be investigated (phone and fax) and plans to utilize additional staff to reduce the time it takes to initiate the investigations. The amount of time it took to initiate phone and fax investigations nearly doubled from the FY 2009 average of 4.2 days to the FY 2010 average of 8.3 days.

Mandated Activities

Activities, mandated under the Occupational Safety and Health Act, are considered core elements of the Indiana Occupational Safety and Health program. The accomplishment of these core elements is tied to achievement of IOSHA'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 IOSHA 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; and
- Voluntary compliance activities.

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

Slight improvement was seen in the following mandated activities in Fiscal Year 2010.

- Although still below the standard of 100%, the percent of Serious, Willful, and Repeat violations verified as corrected improved over the FY 2009 percentages for both private and public sector inspections, by 12% and 24% respectively.
- The percentage of whistleblower complaints that are found to be meritorious, as well as the percentage of meritorious cases settled, continued to exceed the reference.

Assessment of State Performance of Mandated Activities

State Activity Mandated Measure (SAMM)

Appendix D includes the SAMM for Indiana 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 FY 2010	State Data FY 2009	Reference Data	Comment
1. Average number of days to initiate complaint inspections		8.6	8.8	10	Acceptable
2. Average number of days to initiate complaint investigations		8.3	4.2	5	The average time was nearly twice that of FY 2009. IOSHA indicated that training and turnover in the Duty Officer position has created a backlog of complaints to be investigated.
3. Percent of complaints where Complainants were notified on time		100%	100%	100%	Acceptable
4. Percent of complaints and referrals responded to within 1 day- Imminent Danger		60 %	84.38%	100%	This was an issue identified in the FY 2009 EFAME. IOSHA reported that these cases were improperly coded, as no imminent danger reports were received during FY 2010.
5. Number of denials where entry was not obtained		0	0	0	Acceptable
6. Percent of S/W/R violations verified	Private	85.66%	73.68%	100%	This was an issue identified in the FY 2009 EFAME. Private sector violations verified improved by 12% over FY 2009 and public sector verification improved by over 28%. While progress is being made, both are still below the reference of 100%.
	Public	80.0%	52.0%		
7. Average number of calendar days from opening conference to citation issuance	Safety	45.5	46.98	47.3	Acceptable
	Health	54.7	46.65	61.9	Acceptable
8. Percent of programmed inspections with S/W/R violations – safety	Safety	21.56%	21.22%	58.4%	This was an issue identified in the FY 2009 EFAME. No significant change from previous FY. Percentage has increased to 28.68 during FY11 Q1.
	Health	64.55%	58.06%	50.9%	Acceptable
9. Average violations per inspection with violations	S/W/R	2.1	1.9	2.1	Acceptable
	Other	1.1	1.1	1.2	Acceptable
10. Average initial penalty per serious violation – private sector only		\$1224.3	\$1271.3	\$1360.4	Acceptable
11. Percent of total inspections in public sector		1.2%	1.6%	1.7%	Acceptable
12. Average lapse time from receipt of contest to first level of decision		402.45	517.69	218.9	This was an issue identified in the FY 2009 EFAME. In FY 2010, there was a 116 day improvement over the previous FY and a 432 day improvement over the last two FYs. FY11 Q1 is 242.25 days.
13. Percent of 11c investigations completed within 90 days.		98.39%	96.88%	100%	This was an issue identified in the FY 2009 EFAME.
14. Percent of 11c complaints that are meritorious		25.8%	37.5%	21.2%	Acceptable
15. Percent of meritorious 11c complaints that are settled.		87.5%	83.33%	85.9%	Acceptable

State Information Report (SIR)

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

Indiana SIR

			FED	State	Comment
C - Enforcement Private Sector	1. Programmed Inspection	Safety	65.1	83.4	Acceptable
		Health	35	38.7	Acceptable
	2. Programmed Inspection with Violations %	Safety	69.1	26	This was an issue in the FY 2009 EFAME.
		Health	55.4	57	Acceptable
	3. Serious Violations (%)	Safety	81	63.1	This was an issue in the FY 2009 EFAME.
		Health	70.2	55.2	This was an issue in the FY 2009 EFAME.
	4. Abatement Period for Viols %	Safety % > 30 Days	17.2	37.7	This was an issue in the FY 2009 EFAME.
		Health % > 60 Days	70.2	55.2	Acceptable
	5. Average Penalty	Safety OTS	894.3	770.5	Acceptable
		Health OTS	835.8	515.2	Acceptable
	6. Inspections per 100 hours	Safety	5.5	10.7	Acceptable
		Health	1.9	2.1	Acceptable
	7. Violations Vacated %		4.7	5.2	Acceptable
	8. Violations Reclassified %		4	3.1	Acceptable
9. Penalty Retention %		63	56.7	Acceptable	
			Private	Public	
D. Enforcement Public Sector	1. Programmed Inspections %	Safety	83.4	44.4	Acceptable
		Health	38.7	0	Acceptable
	2. Serious Violations %	Safety	63.1	84.6	Acceptable
		Health	55.2	33.3	Acceptable
			12 months		
			FED	State	
E. Review Procedures	1. Violations Vacated %		21.9	30.3	Acceptable
	2. Violations Reclassified %		11.7	22.1	Acceptable
	3. Penalty Retention %		58.1	77.4	Acceptable

VII. Complaints About State Program Administration (CASPA)

Six CASPAs were received during FY 2010.

CASPA IN-2010-18

Allegation: On October 8, 2009, a Complainant contacted federal OSHA alleging that IOSHA refused to docket a whistleblower complaint due to the complaint being filed untimely. The Complainant specified that IOSHA refused to consider why her case should be equitably tolled.

Region V Findings: IOSHA did not consider why the complaint might be equitably tolled and told the Complainant her complaint would not be investigated. During the complaint investigation process, IOSHA corrected their original stance. The complaint was docketed and dismissed due to it being untimely. No reason was found to equitably toll the case. The Complainant was given her right to appeal.

Region V Recommendation: None. IOSHA corrected this by docketing the complaint prior to the investigation being closed.

CASPA IN-2010-19

Allegation: On November 3, 2009, a CASPA was filed alleging that the IOSHA Liaison with the Attorney General told the Complainant that they would not be pursuing his complaint of discrimination under OSHA 11(c). Complainant states he did not receive any rights to appeal his case.

Region V Findings: A discussion was held with IOSHA that to be *as effective as* federal OSHA, the Complainant needed to always be provided with a right to appeal regardless of the Attorney General's position on the discrimination case. During the complaint investigation process, IOSHA corrected their original stance. Complainant was afforded the right to appeal his case by IOSHA.

Region V Recommendation: As IOSHA corrected their position and handled the complaint in accordance with the Whistleblower Investigation Manual, CPL 02-03-002, no recommendations are being made.

CASPA IN-2010-20

Allegation: On December 22, 2009, Complainant alleged that his complaint of discrimination under OSHA 11(c) was not properly investigated. Relevant employee interviews were not performed, documentation was not reviewed, and IOSHA refused to accept many hours of taped evidence.

Region V Findings: A review of the complaint found that all relevant interviews were performed. IOSHA requested transcripts be provided by the Complainant for relevant portions of tapes due to the number of hours of tape. Documents present showed this to be a non-merit complaint under OSHA 11(c) due to the legitimate non-discriminatory defense provided by Respondent. The IOSHA Investigator found this to be a merit case. The Indiana Attorney General determined this was a non-merit complaint when they reviewed the file for litigation. Federal OSHA agreed with the assessment of the Attorney General's Office.

Region V Recommendation: Refresher training is recommended.

Response: IOSHA Whistleblower Investigators received additional training.

CASPA IN-2010-21

Allegation: On January 4, 2010, a complaint was filed alleging that IOSHA did not properly investigate an OSHA 11(c) discrimination complaint. Complainant alleged that IOSHA did not listen to him, did not completely investigate his complaint, did not obtain evidence of his disciplinary problems alleged by the Respondent, and that Respondent failed to lay off employees by seniority.

Region V Findings: The physical case file could not be reviewed as IOSHA was unable to locate it in its entirety. The case was reinvestigated by federal OSHA due to the lack of an actual file.

Region V Recommendation: A corrective action plan was requested.

Response: The files, in their entirety, are being scanned into the IOSHA system. Copies are maintained on the IOSHA shared drive. The original now resides in a locked cabinet. This practice was implemented in February of 2010.

CASPA IN-2010-22

Allegation: On January 21, 2010, a complaint was filed alleging that IOSHA improperly handled a safety and health complaint. Specifically, IOSHA failed to take Complainant's complaint even though multiple calls and visits were made to file the complaint. IOSHA failed to perform an on-site inspection even though a spouse was employed by the facility.

Region V Findings: In January 2009, Complainant alleged she filed multiple safety and health complaints with IOSHA, but provided no evidence of these complaints. IOSHA keeps phone logs and intakes complaints. IOSHA could find no evidence of the complaints the Complainant alleged made prior to November 10, 2009. It was determined that no complaint was filed by the Complainant or her spouse with IOSHA until after the spouse was placed on lay-off and the Complainant quit her position. The Complainant had filed multiple complaints with several different local and state government agencies prior to contacting IOSHA. Many of these agencies are required to give her name upon request. None of the allegations made against IOSHA could be substantiated, except that no evidence could be found that the results of the complaint investigation were mailed to the Complainant.

Region V Recommendation: It was recommended that IOSHA send the investigation results to the Complainant.

Response: IOSHA sent the results of the of the complaint investigation filed on November 10, 2009.

CASPA IN-2010-23

Allegation: On March 30, 2010, a complaint was filed alleging that IOSHA refused to take the Complainant's complaint of discrimination under OSHA 11(c) due to a change in ownership and due to having insufficient protected activity. The Complainant also alleged that her phone calls were not returned after initially filing the complaint.

Region V Findings: The Complainant did not have a phone and was relying on her young son to give her messages received on his phone. The Investigator maintains he called Complainant the next day.

Investigator states that Complainant had not made a complaint about employee safety, but rather it was about guest safety. The hotel was no longer owned by the same person. The complaint was screened out by the Investigator without the permission of the Complainant. The Complainant was not given her rights to dual file her complaint with federal OSHA. The Complainant was informed that an OSHA 11(c) complaint investigation would be done by federal OSHA.

Region V Recommendation: Additional training was recommended for the Whistleblower Investigators.

Response: Additional training was agreed to by IOSHA, and the training was verified.

VIII. FY 2010 Findings and Recommendations

During the FY 10 on-site review, two additional findings and recommendations were documented.

Finding 10-1: While performing safety and health inspections, IOSHA staff decide on behalf of witnesses and employees whether their interviews will have their names attached to the interviews.

Recommendation 10-1: Provide all witnesses with information that clearly explains their rights, especially with regard to confidentiality prior to all interviews. Ensure employees and witnesses who are interviewed are provided the opportunity to decide if their name or other personal information should be included as part of their interview documentation or statement.

Finding 10-2: Two files were reviewed where no verification of abatement was found.

Recommendation 10-2: IOSHA should obtain abatement verification for all files where abatement is required. When verification of abatement is not provided by the employer, follow-up should be conducted.

IX. Major New Issues

The Governor of Indiana required all state agencies to revert 15% of their budget. As a result, IOSHA found it necessary to deobligate FY 2010 23(g) funds in the amount of \$180,000. Even though funds were deobligated, state employees were not required to take any furlough days.

While IOSHA continues to operate well below established staffing benchmarks and does not anticipate meeting the benchmarks in the future, the program is working with new leadership in the IOSHA budget agency in hopes of obtaining additional funding for five new Compliance Officer positions.

X. OTHER

The annual Governor's Workplace Safety Awards are a result of a Partnership among the Indiana Department of Labor, on behalf of Governor Mitch Daniels, the Indiana Chamber of Commerce and the Central Indiana Chapter of the American Society of Safety Engineers. The award provides recognition for companies based on best practices for eliminating workplace injuries and illnesses. The award salutes those organizations for which safety and health have been made a top priority and are presented at the Indiana Safety and Health Conference and Expo.

IOSHA co-sponsored the Indiana Safety and Health Conference and Expo, as it has done annually. Additionally, all compliance staff attended and several were speakers.

The Indiana Department of Labor publishes a bi-monthly newsletter, the *Indiana Labor Insider*, and disseminates it electronically to Indiana employers and employees. The newsletter was created to provide information about the agency, health and safety, and other labor related issues. The IOSHA web site also contains a link to significant cases and associated safety orders.

IOSHA now posts Safety Orders on its web-site to assist members of the media with inquiries. This includes those cases that receive, or are expected to receive, considerable media attention.

IOSHA continues to fine tune its Internal Evaluation Program and reviews various statistics on a quarterly basis to identify areas for improvement.

IOSHA also reports that for the third year in a row, it has hosted federal SGE (Special Government Employee) training, resulting in 23 new SGEs during FY 2010 for a total of 32 state-wide.

Indiana also obtained the largest whistleblower case settlement in its history.

Appendix A
FY 2010 Indiana (IOSHA) Enhanced FAME Follow-up Report
Summary of New and Continuing Findings and Recommendations

Rec #	Findings	Recommendations	Related FY 09 Rec #
10-1	While performing safety and health inspections, IOSHA staff decides on behalf of witnesses and employees whether their interviews will have their names attached to the interviews.	Provide all witnesses with information that clearly explains their rights, especially with regard to confidentiality prior to all interviews. Ensure employees and witnesses who are interviewed are provided the opportunity to decide if their name or other personal information should be included as part of their interview documentation or statement.	New
10-2	Two files were reviewed where no verification of abatement was found.	IOSHA should obtain abatement verification for all files where abatement is required. When verification of abatement is not provided by the employer, follow-up should be conducted.	New
10-3	Complaint investigations and inspections were timely. However, the files did not always contain an updated OSHA-7 with all pertinent actions in it. Copies of all letters required to be sent by IOSHA were not found in the file. The missing letters were notification letters to Complainants and where appropriate, to Respondents, and inspection result letters, specifically to the unions. The diary logs did indicate that the employer and union letters were sent. No diary log entries indicated that Complainant acknowledgement letters were sent. There was also no evidence that IOSHA sent the Certificate of Posting (COP) to the employer when appropriate.	All appropriate entries should be made on the OSHA-7, and an updated OSHA-7 should be maintained in the file. These entries should be performed in accordance with OSHA Instruction 03-06 (IRT 01) (03-06 (ADM 01)), and the IMIS Enforcement Data Processing Manual, Table of Contents and Chapters 1 and 7. All notification letters should be sent and, when appropriate, the COP.	09-3
10-4	There was not always adequate documentation that supported that a complaint item did not exist. A note in the file is not normally adequate; however, IOSHA did frequently address complaint items through photos and interviews. Thirteen out of 15 files that were associated with exposure to hazardous substances did not contain any sampling information or justification as to why sampling was not necessary. Documentation of interviews and related safety and/or health programs were not in the files. Notes with a list of employees interviewed were in the files; however, the files did not contain documentation of the interviews.	While the OSHA Field Inspection Reference Manual CPL 2.103 does not allow for Compliance Safety and Health Officers (CSHOs) to make their own decisions about what supporting documentation is needed to document a hazard, documentation is not required to be present to support that a hazard does not exist. It is recommended that documentation in the file shows that all complaint items have been evaluated. When addressing complaints about exposure to contaminants, an explanation should be provided when sampling was not conducted.	09-4

Appendix A
FY 2010 Indiana (IOSHA) Enhanced FAME Follow-up Report
Summary of New and Continuing Findings and Recommendations

Rec #	Findings	Recommendations	Related FY 09 Rec #
10-5	Files were not maintained in an orderly manner. Not all file sections were tabbed with contents, files were not completely bound, and not all the files contained paper or electronic copies of digital records. Furthermore, staff that may need access to the files did not always have the software and hardware required to access the file information.	A paper copy of the electronic documents should be placed in every file. Files should be orderly and all documents bound.	09-6
10-6	While employee interviews were always indicated as being performed, in eight out of 36 files nothing beyond contact information was listed in the file.	Better documentation proving exposure should have been provided to support citations. One file reviewed indicated that all the citations were deleted due to lack of employee exposure documentation.	09-17
10-7	Although generated and distributed monthly, Supervisors are not utilizing IMIS reports to track abatement.	Supervisors must consistently review the IMIS reports to track abatement and update the IMIS in a timely manner.	09-22
10-8	In some cases, abatement was not late as the employer had been informally granted extra time to submit abatement. One file was reviewed where the employer had petitioned for a modification of abatement due date. The time requested was not noted. The Supervisor did not note any discussion with the employer; however, abatement was submitted at a much later date than the original due date.	Require employers to follow procedures for PMA and ensure that IMIS is timely updated to reflect any extensions granted.	09-23
10-9	Although several IMIS management reports are being generated and distributed to the management team on a monthly basis, the majority of the reports are not being used effectively.	IOSHA must establish a system for the proper handling and review of IMIS management reports. Consideration should be given to the importance of the report when determining the frequency with which it is generated and distributed (weekly, bi-weekly, or monthly).	09-30
10-10	IOSHA conducted one follow-up inspection during FY2009. IMIS reports are not utilized to identify cases requiring follow-up inspections.	IOSHA must begin using IMIS reports to identify and assign establishments requiring follow-up inspections.	09-36
10-11	Electrical hazards cited were classified as serious only 48% of the time and fire protection in construction was classified as serious two times while being cited a total of 71 times.	Review classification of electrical and fire hazard violations in both Construction and General Industry to ensure consistency with the Field Operations Manual and within IOSHA.	09-37

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-1	SAMM Measure #4. Not all complaints and referrals coded as Imminent Danger were responded to within one day.	Ensure all complaints and referrals are appropriately coded, and those coded as Imminent Danger are responded to within one day.	A review of the case files indicates there were no imminent danger cases during the audit period. The cases observed by the audit team were mis-coded by the Duty Officer. The cases were acted upon in a timely basis. In one case, extenuating circumstances involving the business closure for an extended period of mourning did produce an unacceptably long period of time for opening a fatality case. New Duty Officers are briefed on what constitutes an imminent danger case. We will continue this practice with all new Duty Officers. IOSHA does not anticipate the need for any new or modified work practices.	Complaints and referrals are properly coded as Imminent Danger, Serious, or Other-Than-Serious.	Completed
09-2	It was determined that the individual employees at OSHA who act as complaint Duty Officers do keep their own log of phone calls. There was no evidence that this was a tool to prevent unions from making or taking part in complaints. There was no evidence that supported IOSHA was not returning phone calls from any Complainants. Evidence in the files supported that when given a name and mailing address, IOSHA did provide results to all Complainants. Complainants were only asked to identify who they were as a part of classifying the complainant.	A Single log book of calls dedicated to the Complaint Duty Officer position should be utilized.	Upon review, we have observed that some Duty Officers have kept a personal log or diary book. In the last year, this was kept in addition to a "Duty Desk" log. The Duty Desk Log will serve as the official recording tool of the Officer. We have incorporated this into our initial briefing for any new Duty Officers. When new Duty Officers begin, part of their training will be a discussion concerning the official Duty Desk Documentation and that any personal logs, journals, or diaries are discouraged.	A single log book is maintained at the Duty Officer desk.	Completed

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-3	<p>Complaint investigations and inspections were timely. However, the files did not always contain an updated OSHA-7 with all pertinent actions in it. Copies of all letters required to be sent by IOSHA were not found in the file. The missing letters were notification letters to Complainants and where appropriate, to Respondents, and inspection result letters specifically to the unions. The diary logs did indicate that the employer and union letters were sent. No diary log entries indicated that Complainant acknowledgement letters were sent. There was also no evidence that IOSHA sent the "certificate of posting" to the employer when appropriate.</p>	<p>(a) All appropriate entries should be made on the OSHA-7, and an updated OSHA-7 should be maintained in the file. These entries should be performed in accordance with OSHA Instruction 03-06 (IRT 01) (03-06 (ADM 01)). The IMIS Enforcement Data Processing Manual: Table of Contents and Chapters 1 and 7.</p> <p>(b) All notification letters should be sent and when appropriate the "certificate of posting".</p>	<p>There were some files lacking actual copies of various notification letters. In several cases, letters were found in master files or found electronically in the Duty officer's home drive or on disks in the inspection case files. All union letters were accounted for although they may not have been in the individual inspection and/or complaint file. The lack of sampling data being recorded into a file was an issue that has continued. This issue is addressed in a later finding in some detail. The new Duty Officer training does currently and will continue to emphasize the importance of complete files with all documentation from the Duty Officer in the individual file. Copies of all correspondence to Respondent and Union letters will be placed in the inspection case files. Completed Certificate of Posting forms will be required from employers requesting Petition for Modification of Abatement Dates and copies placed in inspection case files. Sampling data issues are addressed in a later Finding and Recommendation.</p>	<p>Copies of all correspondence, including union, Complainant, and Respondent letters, are placed in files. Completed June 1, 2010. The outline of the PMA process and correspondence (including COP) is being written. It will be distributed and informal PMAs will no longer be permitted. All PMAs will have the Director's final approval. All correspondence will be processed by the IOSHA Administrative Assistant. Projected completion date is March 1, 2011.</p>	Continuing

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-4	There was not always adequate documentation that supported that a complaint item did not exist. A note in the file is not normally adequate, however, IOSHA did frequently address complaint items through photos and interviews. Thirteen out of 15 files that were associated with exposure to hazardous substances did not contain any sampling information or justification as to why sampling was not necessary. Documentation of interviews and related safety and/or health programs were not in the files. Notes with a list of employees interviewed were in the files, however, the files did not contain documentation of the interviews.	While the OSHA Field Inspection Reference Manual CPL 2.103 does not provide for CSHOs to make their own decisions about what supporting documentation is needed to document a hazard and since documentation is not required to be present to support that a hazard does not exist, it is recommended that evidence be present in the file that supports that all complaint items have been evaluated. When addressing complaints about exposure to contaminants, an explanation should be provided when a contaminant is not sampled.	The FIRM does give CSHOs significant discretion concerning documentation when a hazard does not exist. We agree that some files could have been better documented. Supervisors will work with new CSHOs during training to insure the appropriate level and types of documentation are included. For existing CSHOs, Supervisors and Directors will cover this in upcoming training sessions and departmental meetings and continue to closely monitor incoming files for compliance.	When the complaint is unclear, the CSHO needs to receive a copy of the OSHA-7 so they can assure that all complaint items are addressed in the Letter of Response to Complainant.	Continuing
09-5	No emphasis inspections were found to have Complainants who left an address to which results could be mailed. There is no evidence that this purposefully occurred or occurred with every emphasis inspection.	Every effort should be made to obtain addresses from complainants.	This does occur and is not indicative of any purposeful action or sloppy recordkeeping. We make every effort to obtain this information so that a response can be sent. The Duty Officers are very clear on the need for this information. In reality, some complainants prefer to remain anonymous, and IOSHA will accept such anonymous complaints and allow them the privacy they request. No other actions planned at this time.	Complaint case files contain the address of the complainants.	Completed

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09-6	Files were not maintained in an orderly manner. Not all file sections were tabbed with contents, files were not completely bound, and not all the files contained paper copies of digital records. Furthermore, staff that may need access to the files did not always have the software and hardware required to access the file information.	A paper copy of the documents kept electronically should be placed in every file. Files should be orderly and all documents bound.	IOSHA disagrees with this finding. The Audit Team knew in advance that IOSHA still used the "CSHO Application" and as such should have known that WordPerfect and not Microsoft Word was the word processing template. Further, any reference to these documents not being available to Counsel or persons making APRA requests was completely baseless. Auditors also failed to grasp IOSHA's clear policy concerning photographs kept electronically. We have significantly modified our APRA procedures so that files are no longer taken apart multiple times for copying. The APRA Clerk has been instructed to carefully reassemble the files post copying. Files with limited documentation are not generally tabbed and we do not intend to modify that practice at this time. We will continue our current practices of tabbing and indexing more complex files. None at this time.	All files will contain a paper copy of digital records. OSHA continues to monitor this issue until completion.	Continuing

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09-7	Fatality inspections were not always initiated in a timely fashion, and the reasons for delay were not documented in the case file.	Prioritize fatality inspections to ensure that CSHOs open the inspection as soon as possible after initial notification to the Indiana OSHA office. Ensure that CSHOs communicate and document reasons for any delays in the case file.	Fatality inspections take priority in the inspection hierarchy at IOSHA. This has always been true. A review of the files the audit team referred to shows simple and straight forward reasons some fatal injury investigations were not opened on a timely basis. It should be noted we are talking about a very small number of cases that were not opened on a timely basis. We agree that better and more clearly delineated explanations should be in the file when a timely opening is not feasible. Managers will cover this issue in small group or individual training sessions with CSHO's. The Supervisors will be counseled on the importance of this information being in the file as well.	Initiate all fatality inspections in a timely fashion and document in the case file the reasons of any delay in conducting the inspection.	Completed

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09-8	Fatality case files were not maintained to ensure that all appropriate documentation (i.e. completed OSHA-170) and correspondence (i.e. Next of Kin Letters, Union Letters) were included, organized, and adequately secured in the files.	Provide clear guidance on all enforcement personnel and administrative staff on the organization of fatality case files and what documentation needs to be completed and included in each fatality case file. Consider designing and implementing a tracking document for each file that ensures that all appropriate correspondence is completed and documented in each file. Ensure that all documents put into a case file are secured.	In preparing for the audit, we found that some letters such as letters to the families were maintained in files separate from the investigation file. Before the audit began, those letters were moved to individual files. The letters to union representatives were also moved to the appropriate files. We agree that an updated OSHA-170 is critical and staff and managers have already been advised that a current 170 is of significant importance. We also concur that a tracking document would be a good idea and have already begun work on our own form. We do not agree that all files need to be secured and will allow CSHOs and their managers to continue to exercise some discretion. IOSHA will develop and implement the use of a fatal injury tracking form. Enforcement staff has already been advised of the critical nature of a current OSHA-170.	All appropriate documentation for fatality cases are maintained in the case file.	Completed

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09-9	Families of victims are not always contacted when a fatality investigation is completed, and no additional communication is initiated by Indiana OSHA once the citations have been issued.	Consider implementing a tracking system to help ensure that all required correspondence with families of victims is completed and documented in each case file.	IOSHA disagrees with this finding. The letters were there for the audit team and there is clear evidence that we made contact in nearly every case. Prior to our preparing for the audit, we did keep the documentation separate from the files. This practice was discontinued prior to the audit commencing. IOSHA does include family members in the litigation process, when they express a desire. Our experience has been very few families have wanted to relive the horrors of these events and relatively few have asked to be involved in this part of the investigation. There is no additional action planned at this time.	Appropriate information sharing and documenting correspondence with victim's family.	Completed
09-10	Inspection forms (i.e. OSHA-1, OSHA-1A, OSHA-36, OSHA-170) were not completed with the detail required and the latest versions were not maintained in the case file. This includes lack of IMMLANG documentation.	Instruct staff on the accurate completion of required inspection forms in each fatality inspection and the appropriate review of each file to ensure this is completed. Review the current procedures for IMMLANG to ensure that staff are familiar with the required documentation.	CSHOs are aware of the need for the most up to date information. IOSHA concurs that there may be an issue with the IMMLANG forms and data entry. There may be some confusion by some CSHOs on timing of data entry. IOSHA agrees that some additional training for CSHOs and Managers is warranted. IOSHA will cover these issues in training with management to be completed before year end and with CSHOs before March 2011. This training shall conform to items called out in the audit.	Inspection forms are completed in detail and the latest versions are maintained in the case files.	Completed

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09-11	Violations were sometimes classified or grouped for reasons not apparent, or citations were not issued to address hazards identified during fatality inspections.	Consider conducting training to staff on appropriate classification of violations to ensure consistency in issuing Willful (Knowing) and Serious citations. Review grouping policy with staff to ensure that appropriate rationale is applied and documented when grouping violations.	IOSHA management has reviewed the files and does not concur that there were errors in classification and/or grouping. That said, the issue has been added as an agenda item for an upcoming management meeting and will be addressed at that time with the leadership group. The topic of grouping and classification will be addressed in an upcoming IOSHA management team meeting We will be using certain legal training documents and materials from OTI and the Indiana Attorney General.	Citations are classified appropriately and hazards identified during fatality inspections result in citations.	Completed
09-12	Informal conference documentation does not include sufficient justification and/or rationale for changing citation classification and reducing penalties.	Ensure that Directors adequately document informal conference narrative sheets to explain informal settlement rationale.	IOSHA does not concur with this finding. Neither the FIRM nor the FOM requires managers to give a detailed explanation as to why some relief was granted. Notwithstanding this lack of requirement, IOSHA feels that having a clearly documented reason for decision making could be helpful to Counsel should the case proceed to litigation. IOSHA managers (Supervisors and Directors) will discuss this item during an upcoming management meeting. We will use some legal materials from OTI and from other legal resources available from the Attorney General.	Appropriate documentation of informal conference actions.	Completed

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09-13	Fatality case files are closed without sufficient abatement documentation.	Ensure that supervisors use IMIS Abatement Tracking reports and follow-up letters to employers. Audit closed fatality files on occasion to ensure that appropriate abatement information is included in the file.	Upon review, it does appear that a few cases were closed without what IOSHA would consider adequate documentation. There was no follow up inspection in these 5 cases either. Neither situation is acceptable and process changes have already been made to deal with the situation. IOSHA will as a matter of policy re-inspect any fatality before closing the original file. This will be done or documentation submitted explaining why it cannot be completed, i.e. transient out of state employer, worksite finished, closed, etc. The issue of adequate documentation for abatement closure in a fatality case will be addressed in an upcoming management meeting. We have already begun the process changes by inspecting each of last year's fatal injury sites (where possible).	Conduct Follow-up inspections for all fatality inspections, where possible.	Completed
09-14	No follow-up inspections are scheduled or conducted for fatality inspections that have high gravity citations issued related to the fatality.	Implement a fatality inspection tracking system to ensure that appropriate follow-up inspections are scheduled and conducted.	IOSHA concurs that this is an issue and a high priority response is needed. As a matter of policy, we will re-inspect all fatal cases where we can locate the company within the borders of the state. We have already completed a re-inspection and file review of each case from 2009, excepting those cases where the employer is no long in existence or they are located outside of the State of Indiana. IOSHA will as a matter of policy, conduct re-inspections at all fatal injury sites, unless the site no longer exists, the employer is transient in nature and now out of the state completely, etc.	Conduct Follow-up inspections for all fatality inspections, where possible.	Completed

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09-15	Violations cited on programmed inspections include a high percentage of other-than-serious citations for hazards that could be classified as serious, such as, but not limited to, electrical hazards.	Consider conducting training on hazard classification for CSHOs and Supervisors to ensure consistency with violation classification.	Subsequent to the audit, IOSHA discovered that our coding of programmed inspections was incorrect. That data entry issue has been resolved. However, even with that change, we agree that some retraining may be in order. The problem appears to be with a small number of CSHOs and not the organization over all. Specific to electrical hazards, we have changed the way we cite these and have concluded no further training is required to resolve this finding. We will conduct awareness training for General Industry and Construction, specifically for those CSHOs with high rates of OTS violations. The CSHO's supervisor shall accompany them to this training.	Citations are classified appropriately.	Completed
09-16	Programmed inspections conducted in the construction industry are not effectively targeting sites with serious hazards.	Consider revising the construction targeting system to maximize efficiency of inspections. Also consider implementing OSHA's National Emphasis Program on Trenching.	IOSHA concurs with the assessment, particularly in the inability to target sites with the greatest hazards. IOSHA has an LEP for Trenching and has worked this LEP for nearly 10 years. The Construction division head has been tasked with finding a more effective inspection targeting method. IOSHA legal staff will compare the Indiana LEP to the Federal NEP for Trenching to see what substantive differences exist. IOSHA will determine if any changes are made to our program from that assessment.	Revised construction targeting system to maximize efficiency of inspections and target sites with serious hazards.	Completed

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09-17	While Employee interviews were always indicated as being performed, in eight out of 36 files nothing beyond contact information was listed in the file.	For support of citations, better support documentation proving exposure should have been provided. Due to the lack of this documentation, one file reviewed indicates that all the citations were deleted.	After reviewing the 8 case files, we have concluded that in some cases, employees simply do not wish to do a formal statement. We believe that was the case here and we intend no further action on this finding. No additional corrective action planned at this time. (Employees are often unwilling to provide formal signed interview statements as the State's FOIA may not protect them from disclosure.)	Document interview statements according to OSHA policy. OSHA continues to monitor this issue until completion.	Continuing
09-18	The final letter and citations were indicated as having been sent to the union; however, no letters were found in the file. Also there is no evidence in the file that the union was informed of the informal settlement conference by IOSHA.	Include union representation in every aspect of the inspection and keep them informed as required under the FIRM. This includes sending the union a copy of the Notification of Citation and Penalty and informing union representation of any informal conference.	The review of this finding indicates these final letters were maintained outside of the file, similar to the next of kin letters. Each file that had union involvement had a letter and these were available to the audit team. This issue has been resolved and copies will be placed in files moving forward. It should be noted the diary sheet clearly called out that the letter had been sent and to whom it was sent. Any union correspondence dealing with an IOSHA file will be included in the specific file as opposed to the prior practice of keeping a master file by year of these letters.	Employee representative groups will be involved in all aspects of the inspection process.	Completed

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09-19	Most files had adequate documentation to support the violations with the exception of several files that did not contain employee interview statements to support exposure to a hazard.	Interviews should be documented in the file to support employee exposure to a hazard.	The audit team correctly noted that most files contain more than enough documentation to support employee exposure to the hazard. There are from time to time, cases where an employee does not want to sign any kind of documentation where his/her name might appear. This is most often the result of a perception that some retribution from the employer may occur if his/her identity is discovered. Under Indiana law, these statements are probably subject to an APRA request thus not protected from release. CSHOs acted appropriately in these cases by using notes, photographs, or other evidence to support exposure where an employee feared employer backlash. Due to subtle differences between Indiana and Federal law, we believe the CSHOs acted properly and that the audit team did not fully understand the ramifications of their suggestions.	Adequate documentation that supports inspection/investigative findings.	Completed
09-20	Three of twenty-eight Industrial Compliance case files were found to have repeat violations improperly classified as serious violations.	Supervisors should be instructed to use IMIS database to check for repeat violations.	The staff has been advised to check IMIS database for any potential repeat violations. During the audit, 3 (of 28) cases were called into question. The audit team believes these may have been candidates for repeat violations. Upon review, we conclude that all three cases were judgment calls and the Supervisor with the consent of the Director acted in a deliberately conservative manner. The FIRM and FOM give broad discretion to managerial staff in making these decisions. We see nothing to lead the agency to the conclusion that their thought process was flawed	Appropriate classification of repeated violations.	Completed

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09-21	It was discovered that in two of the Industrial Compliance files reviewed that the severity assigned was too low based on the potential injuries as a result of exposure to the hazard.	If an accident had occurred, it cannot be disregarded when assessing the severity of an injury and illness.	Both the FIRM and FOM give the CSHO discretion on how to handle citing of hazards. IOSHA concurs that normally where an injury occurs, the severity would normally be High. In both cases, the Supervisors had explanations concerning the logic that went into the safety orders. IOSHA does not believe these two cases are indicative of a training issue or familiarity with the operating manuals. While we do not believe the scenarios cited are indicative of a widespread problem, we will ask the management team to address this during upcoming all staff meetings.	Appropriate classification of violations	Completed
09-22	Although generated and distributed monthly, Supervisors are not utilizing IMIS reports to track abatement.	Supervisors must consistently review IMIS reports to track abatement and update the IMIS in a timely manner.	Upon review of the findings and meeting with the IOSHA management team, we have concluded that our leadership team could make better use of the information contained within these reports. The information in these reports is used, we do however believe the leadership could perform at a higher level if they more clearly understood and utilized the reports. We concur with this finding. We will dedicate an entire management team meeting to understanding these reports and utilizing them in the day to day aspects of their work	Effectively utilize IMIS reports for effective case file management. Training is scheduled during March 2011. Due April 1, 2011.	Continuing

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09-23	In some cases, abatement was not late as the employer had been informally granted extra time to submit abatement. One file was reviewed where the employer had petitioned for a modification of abatement due date. The time requested was not noted. The Supervisor did not note any discussion with the employer; however, abatement was submitted at a much later date than the original due date.	Require employers to follow procedures for Petition to Modify Abatement Date (PMA) and ensure that IMIS is timely updated to reflect any extensions granted.	Even though the audit team cites only one example in the finding, upon review we think IOSHA could do a better job of documenting any requests for modification of abatement dates. This topic will be an action item in an upcoming management team meeting. We plan to use existing documentation methods but work toward a more consistent approach to the requests.	IOSHA added abatement language to all managers' performance appraisals. Appropriate PMA procedures are to be reiterated to the management team upon completion of the outline. Due April 1, 2011.	Continuing
09-24	When a case is resolved through an EISA, the employer is not required to provide documentation of abatement or required to document the method of abatement. IOSHA only requires the employer to sign a Certificate of Correction which contains the inspection number, date of citation issuance, date of citation abatement, and date of posting of the certificate.	The Certificate of Correction does not contain a written explanation of the method of abatement the employer used to correct the citation. This written explanation is required to be present under 29 CFR 1903.19(c).	Under certain circumstances, the citation in the recommendation is not appropriate. After reviewing a number of these files though, we believe additional information concerning how abatement was achieved would be helpful and not impose any undue hardship on employers, unions, or employees. We will be revisiting our process to determine how best to balance the needs of the agency and those of the employer, employee, or representative. IOSHA will conduct an overall evaluation of its abatement verification process in the EISA program. If we determine that more information is appropriate, we will then modify the EISA process accordingly and notify Region V of the change.	Effective utilization of the EISA process.	Completed

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09-25	When viewing Industrial Compliance case files, two cases were reviewed with incorrect abatement; however, the Supervisors accepted the abatement and closed the cases.	All abatement documentation submitted must be reviewed.	Upon review of the cases in question, we concur. During upcoming managerial meetings we will emphasize the importance of matching abatement to the hazard cited. We will also add to the 2011 job requirements for Directors, language requiring regular spot audits of abatement to insure this situation does not occur again.	Appropriate review of abatement information.	Completed
09-26	IOSHA does not appear to be working from one detailed policy for EISA.	Provide to everyone the EISA policy and train everyone on the elements of the policy.	IOSHA does have a single policy although General Industry and Construction have traditionally gone in slightly different directions using a subtle degree of discretion to customize their policy. We concur, additional training is appropriate and will be conducted for management and enforcement staff.	Effective utilization of the EISA process.	Completed
09-27	No method exists for ensuring that abatement is completed by employers taking part in the EISA process.	Periodic follow-up inspections should be initiated as a means of ensuring abatement is completed by employers taking part in the EISA process or requests for abatement documentation could be made.	We concur. This has been an issue in the recent past. The training aspect will be resolved at an upcoming all staff meeting. IOSHA will provide training and insure a statistical sampling of the EISAs to insure the program remains successful. All CSHOs will be trained on the process.	Ensure abatement is received in EISA cases.	Completed
09-28	The average lapse time from receipt of contest to a first level decision is approximately one and a half years.	Continue to identify ways to reduce the time for receiving a decision on contested cases.	The average lapse time 5 years ago was in excess of 1200 days and in Q1 of 2010 it was 560 days. Today it is 288. See SAMM data for quarter to quarter comparison. IOSHA has established a workable protocol for handling these cases in a timely manner and we continue to work diligently to resolve all cases. IOSHA does not plan any changes to our current methodology for handling cases.	Lapse time maintained within monitoring reference measure.	Completed

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09-29	Indiana OSHA has a significant number of draft records in the IMIS system.	Indiana OSHA must conduct a performance review and cleanup of the IMIS database records on a regular basis to ensure that all draft forms are finalized and transmitted to the host computer as soon as possible, with the exception of OSHA 1Bs that are less than six months old as modifications may be necessary prior to issuing safety orders. Procedures must be developed to ensure periodic reviews of draft IMIS forms are conducted to maintain a viable information system.	This project has already been completed. IOSHA did have a significant number of draft forms in the IMIS database. Those have been resolved as of October 27, 2010. No additional action planned. As a preventative measure draft forms are now tracked and managed on a regular basis.	Manage the number of draft forms in IMIS.	Completed
09-30	Although several IMIS management reports are being generated and distributed to the management team on a monthly basis, the majority of the reports are not being used effectively.	Indiana OSHA must establish a system for the proper handling and review of IMIS management reports. Consideration should be given to the importance of the report when determining the frequency with which it is generated and distributed (weekly, bi-weekly, or monthly).	IOSHA agrees that although the reports are generated and distributed, they are not used effectively by many in the management team. To resolve this will require a 2-phase response. First, training on how the reports are used and what data is available must be completed. Second, there must be a commitment to regularly review the reports by managers with a follow-up in our managerial staff meetings. IOSHA will conduct training concerning the contents of the reports. We will then make these reports a regular action item on the agenda for management team meetings in IOSHA.	Effectively utilize IMIS reports for effective case file management. Training is scheduled to be completed in March 2011. Due April 1, 2011.	Continuing

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09-31	The IMIS is not kept up-to-date and contains information which does not allow for effective internal evaluation of the Indiana Program.	Indiana OSHA must ensure that the IMIS system is kept up to date and is accurate. All Supervisors and Administrative staff responsible for IMIS data entry must utilize available management reports and follow through with timely updates to the system for all forms and changes in case status (abatement, penalties, extensions, etc.). Additional IMIS Training for staff is recommended to effectively maintain and utilize the system. OSHA Instruction ADM 1-1.31 IMIS Enforcement Data Processing Manual.	IOSHA concurs that some IMIS data may not be current or up to date. Some managers may not grasp the critical nature of having the most current information. IOSHA concurs additional training may be helpful in resolving this finding. IOSHA supervision will have a line item added to their performance agreements concerning the IMIS system, use of reports, and keeping IMIS up to date. Training for understanding reports will be done concurrently with Finding 30.	IMIS is kept up to date and accurate.	Completed
09-32	The State has not been entering health sampling information into the IMIS.	The State will need to start entering health sampling data into the IMIS.	IOSHA concurs this has generally not been completed. All levels of management and CSHOs will receive a letter with a signature page explaining the importance of entering the IH results data. Acknowledgement pages will then need to be signed and returned to the office.	Health sampling data is entered into IMIS.	Completed
09-33	Complaint information is not entered into the IMIS when received. The OSHA-7 for Signature report is not utilized. Staff interviews revealed that Complainants are allowed up to ten days to formalize a complaint.	Indiana OSHA should enter complaints into the IMIS when received. The OSHA-7 for Signature should be generated and reviewed periodically to ensure the system reflects current status of complaints. The FOM indicates that Complainants are given up to five working days to formalize nonformal complaints.	IOSHA concurs that our current timeline exceeds the 5 day limit used at the Federal level. The Duty Officer will receive revised written instruction concerning the timelines noted above.	The OSHA-7 in IMIS is to be updated and kept current.	Completed

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09-34	Only 21.22% of programmed safety inspection resulted in S/W/R citations. Of the 1,437 programmed inspections, 575 were coded as programmed planned while 852 were coded as programmed-related. This is consistent with the large number of construction inspections and associated multi-employer worksites.	Indiana OSHA must evaluate its Construction targeting system and make modifications to ensure that its limited resources are inspecting sites/locations where serious hazards are likely to be present. Indiana OSHA must also ensure that violations are being classified in accordance with the IN FOM.	IOSHA concurs that rate SWR citations for programmed inspections is too low. Our initial investigation led us to conclude part of the problem may be hazard recognition and part is coding. We have dealt with the coding issue but the hazard recognition will require additional CSHO training. IOSHA will conduct hazard recognition training for all field staff before 10/1/11. IOSHA has already taken steps to resolve the coding issues we believe are affecting the outcome numbers noted in the report. Programmed inspections are now coded in accordance with the FOM.	TBD	Completed
09-35	Indiana did not issue any willful (knowing) violations during FY2009.	Indiana OSHA should conduct an internal review of its willful (knowing) citation policy.	A review of our files confirms that there were no Knowing violations issued during the audit period. However, during the year prior and years subsequent, numerous Knowing violations were issued. IOSHA does not believe there is a policy issue. This is more likely a statistical anomaly. We do not intend to make any modifications based on the one year without any Knowing violations. No new or modified actions are planned since IOSHA does not believe there is a problem.	Any violation meeting the test of willful (knowing) will be appropriately identified.	Completed

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09-36	Indiana OSHA conducted one Follow-up inspection during FY2009. IMIS reports are not utilized to identify cases requiring follow-up inspections.	Indiana OSHA must begin using IMIS reports to identify and assign establishments requiring follow-up inspections.	IOSHA concurs that the follow-up inspection rate is too low and that a more effective strategy for using the IMIS data must be developed. As a matter of policy, all fatal injury related citations will be re-inspected (where possible). This change has already been put in place. IOSHA will develop a strategy for assigning random re-inspections of other inspection categories.	IOSHA is currently developing a strategy for assignment of random re-inspections. Due April 1, 2011.	Continuing
09-37	Electrical hazards cited were classified as serious only 48% of the time and Fire Protection in construction was classified as serious two times while being cited 71 times.	Review classification of electrical and fire hazard violations in both Construction and General Industry to ensure consistency with the Field Operations Manual and throughout IOSHA.	Upon review, we concur that this may be an issue. Generally speaking, we consider most electrical hazards to be serious in nature. This fact has been communicated to the staff via supervision. We are still reviewing the cited fire protection cases to determine if they have been classified properly. IOSHA will review the cited cases and make a final determination if the violations were cited properly. We will compare the cited cases with the FOM instructions and, as needed, issue revised instructions to staff.	Violation classification consistency. The management team has been updated on the severity of potential injuries as a result of exposure to electrical hazards. Training is scheduled for CSHOs during the spring of 2011. Due April 1, 2011.	Continuing

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Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-38	Review of the case files revealed that IOSHA's Whistleblower Protection Program has adopted its own forms rather than use the forms provided by the OSHA Whistleblower program. Case file organization does not follow DIS 0-0.9. Various cases were missing copies of administrative documents.	Follow DIS 0-0.9 for case file organization to ensure consistency with case file organization and contents.	IOSHA concurs that the state program had some differences when compared to the Federal program and some documents, although generally not critical ones, may have been missing from the file. There was room for improvement. IOSHA asked for and received assistance from the Region V whistleblower unit. During the week of July 12th a review of our procedures and re-training of our investigators was conducted. A number of significant changes came out of the review. The IOSHA program is now aligned with the Federal program. We hosted whistleblower training in Indy in July and will once again in November.	All discrimination cases are prepared in accordance with DIS 0-0.9.	Completed
09-39	OSHA would likely not have come to the same conclusion as the determinations issued by IOSHA in two of the cases reviewed. Many of the case files failed to properly test Respondent's defense or develop one or more of the prima facie elements.	Ensure that when tolling a complaint that it is appropriate and based on the exceptions for tolling a complaint as indicated in DIS 0-0.9. Also ensure that all cases are adequately investigated which includes a full analysis of prima facie elements and testing the Respondent's defense.	IOSHA understands that there may be differences of opinion on handling of cases. The finding calls out 2 cases in particular which is a small percentage of the total. We do, however, concur that a better alignment with the federal program would be helpful. IOSHA asked for and received assistance from the Region V whistleblower unit. During the week of July 12th a review of our procedures and re-training of our investigators was conducted. A number of significant changes came out of the review. The IOSHA program is now aligned with the Federal program. Please see item 38 regarding upcoming federal training in Indy.	All discrimination cases are prepared in accordance with DIS 0-0.9.	Completed

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-40	As a result of statutory mandate, Indiana code requires that suit for Whistleblower complaints must be filed in state court within 120 days from date complaint is received.	Until Indiana is able to change the 120 day restriction, it is important that complaints are properly dual-filed.	IOSHA already stresses to each "Whistleblower" why it is important to dual file. Our correspondence includes reference to dual filing with federal OSHA. IOSHA does not plan additional work on this finding. Indiana is very proud of its commitment to and success in working each and every whistleblower case in the statutorily mandated time frame, and does not believe that its efficiency in this area as compared to the federal time frames deserved to be noted as a problem. Nothing beyond what we are already doing.	Maintain merit 11(c) cases are filed in state court within 120 days from the date the complaint was received. Maintain notifying 11(c) complainants of their right to dual file with Federal OSHA.	Completed
09-41	Files for voluntary compliance programs are not organized and complete with required documentation maintained.	Create file retention system for VPP sites to ensure that appropriate and complete documentation is organized and maintained.	IOSHA does not agree that the files were unorganized. We agree that the files were not immediately available due to our prior storage practices. The files are fully organized and complete. The audit team only saw files from a number of years ago and we agree that files from that era were not as well documented as our work today. VPP files are subject to the State of Indiana file retention rules and guidelines. IOSHA has relocated files to an easily accessible location in our offices. The files have been reviewed and we believe they are complete, up to date and meet current VPP standards. These actions are complete.	Create a file retention system that ensures that appropriate and complete documentation is organized and maintained.	Completed

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-42	Medical Access Orders were not obtained and presented to the companies prior to conducting VPP onsite reviews.	Obtain Medical Access Orders and present to companies prior to conducting VPP onsite reviews per CSP 03-01-003.	Due to legal constraints, IOSHA is not able to present and enforce a medical access order. This issue falls back to the fact that some parts of the federal OSHA regulatory scheme were not adopted. We are currently determining our best course of action. In cases where needed, we will present subpoenas in lieu of the Medical Access Order. IOSHA will consult with VPP partners to determine if subpoenas are necessary in a particular case. We will continue to work with legal staff to determine if Indiana will adopt omitted sections of the regulations.	Effective program implementation.	Completed
09-43	A comprehensive tracking mechanism/database is not maintained for CSHO training.	Develop a tracking mechanism such as a database so that training records/information may be reviewed in the form of usable reports. This will assist the State with determining and maintaining compliance with OSHA Instruction TED 01-00-018, Initial Training Program for OSHA Compliance Personnel.	IOSHA concurs there is no one source for all training records that could demonstrate our compliance with TED 01-00-08. The records do exist but are located in multiple locations and timelines for upkeep are inconsistent. IOSHA has developed an access database with all staff listed. The General Industry staff training records are complete. The Construction Industry staff training records should be complete in the next 90 days. The records will now be updated quarterly.	Maintain a comprehensive tracking system for compliance officer training.	Completed

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-44	Employees are assigned fatality investigations prior to completing the Accident Investigation course.	Ensure that all CSHOs assigned to conduct fatality/catastrophe inspections have attended the Accident Investigation course.	IOSHA concurs that this is problematic. We are looking into the costs and timeline for getting anyone who has not had formal OTI training in accident investigation to OTI for class. As a stopgap, we will strive to assign cases only to those who have completed the class or the CSHO will work under the direction of and in conjunction with a trained officer or supervisor. Lack by OTI of readily available courses (on a frequent basis) that are open to state plan programs impact this finding and any ability to promptly take corrective action. We will evaluate the costs and our ability to get any remaining untrained staff through the class at OTI in the next 18 months. In the interim, only trained personnel will conduct fatal injury investigations. If that commitment is not possible, then the assigned CSHO will operate under the direct supervision of an OTI trained CSHO Supervisor.	All CSHOs assigned to conduct fatality/catastrophe investigations have completed the Accident Investigation Course.	Completed

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

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-45	Indiana OSHA is staffed well below current benchmarks for the State plan.	While the State believes that the current benchmarks are not reflective of the resources necessary to be effective, it is recommended that the State continue to work with OSHA regarding benchmarks and continue to increase staffing levels to the extent feasible.	IOSHA concurs that the current staffing is below the existing benchmark. We do not believe the benchmark accurately reflects the needs of the state. In the current budget environment, we believe it would inappropriate to seek major manpower increases as our citizens are struggling financially. Furthermore, Indiana has shown significant improvement in its outcome based metrics, including in its overall injury and illness rate, and in most every industry sector. Finally, the number of inspections being conducted has improved over the last several years, even with existing staff. No further action is planned at this time.	Maintain staffing levels for established benchmarks.	Completed

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

	IN	State Plan Total	Federal OSHA
Total Inspections	2,303	57,124	40,993
Safety	2,013	45,023	34,337
<i>% Safety</i>	87%	79%	84%
Health	290	12,101	6,656
<i>% Health</i>	13%	21%	16%
Construction	1,643	22,993	24,430
<i>% Construction</i>	71%	40%	60%
Public Sector	27	8,031	N/A
<i>% Public Sector</i>	1%	14%	N/A
Programmed	1,784	35,085	24,759
<i>% Programmed</i>	77%	61%	60%
Complaint	345	8,986	8,027
<i>% Complaint</i>	15%	16%	20%
Accident	35	2,967	830
Insp w/ Viols Cited	872	34,109	29,136
<i>% Insp w/ Viols Cited (NIC)</i>	38%	60%	71%
<i>% NIC w/ Serious Violations</i>	76.7%	62.3%	88.2%
Total Violations	2,836	120,417	96,742
Serious	1,718	52,593	74,885
<i>% Serious</i>	61%	44%	77%
Willful	5	278	1,519
Repeat	35	2,054	2,758
Serious/Willful/Repeat	1,758	54,925	79,162
<i>% S/W/R</i>	63%	46%	82%
Failure to Abate	2	460	334
Other than Serious	1,076	65,031	17,244
<i>% Other</i>	38%	54%	18%
Avg # Violations/ Initial Inspection	3.2	3.4	3.2
Total Penalties	\$2,239,617	\$ 72,233,480	\$183,594,060
Avg Current Penalty / Serious Violation	\$ 886.20	\$ 870.90	\$ 1,052.80
Avg Current Penalty / Serious Viol- Private Sector Only	\$ 895.20	\$ 1,018.80	\$ 1,068.70
% Penalty Reduced	44.2%	47.7%	40.9%
% Insp w/ Contested Viols	3.5%	14.4%	8.0%
Avg Case Hrs/Insp- Safety	10.9	16.2	18.6
Avg Case Hrs/Insp- Health	37.4	26.1	33
Lapse Days Insp to Citation Issued- Safety	30.8	33.6	37.9
Lapse Days Insp to Citation Issued- Health	40.9	42.6	50.9
Open, Non-Contested Cases w/ Incomplete Abatement >60 days	84	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: INDIANA

RID: 0551800

MEASURE	From: 10/01/2009 To: 09/30/2010	CURRENT FY-TO-DATE	REFERENCE/STANDARD	
1. Average number of days to initiate Complaint Inspections	3049 8.56 356	54 13.50 4	Negotiated fixed number for each State	
2. Average number of days to initiate Complaint Investigations	2875 8.33 345	204 10.73 19	Negotiated fixed number for each State	
3. Percent of Complaints where Complainants were notified on time	362 100.00 362	6 100.00 6	100%	
4. Percent of Complaints and Referrals responded to within 1 day -ImmDanger	6 60.00 10	0 0 0	100%	
5. Number of Denials where entry not obtained	0	0	0	
6. Percent of S/W/R Violations verified				
Private	1272 85.66 1485	38 21.84 174	100%	
Public	16 80.00 20	0 .00 2	100%	
7. Average number of calendar days from Opening Conference to Citation Issue				
Safety	33580 45.50 738	2452 49.04 50	2624646 47.3 55472	National Data (1 year)
Health	10777 54.70 197	1353 67.65 20	750805 61.9 12129	National Data (1 year)

*IN 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: INDIANA

RID: 0551800

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			
	356	38	93201
Safety	21.56 1651	32.20 118	58.4 159705
			National Data (3 years)
Health	71 64.55 110	10 66.67 15	10916 50.9 21459
			National Data (3 years)
9. Average Violations per Inspection with Violations			
S/W/R	1994 2.13 935	192 2.74 70	428293 2.1 201768
			National Data (3 years)
Other	1013 1.08 935	41 .58 70	240266 1.2 201768
			National Data (3 years)
10. Average Initial Penalty per Serious Violation (Private Sector Only)	2356784 1224.30 1925	246056 1359.42 181	509912690 1360.4 374823
			National Data (3 years)
11. Percent of Total Inspections in Public Sector	27 1.17 2303	2 9.09 22	108 1.7 6302
			Data for this State (3 yrs)
12. Average lapse time from receipt of Contest to first level decision	8854 402.45 22	0 0	3826802 217.8 17571
			National Data (3 years)
13. Percent of 11c Investigations Completed within 90 days	61 98.39 62	7 100.00 7	100%
14. Percent of 11c Complaints that are Meritorious	16 25.81 62	2 28.57 7	1461 21.2 6902
			National Data (3 years)
15. Percent of Meritorious 11c Complaints that are Settled	14 87.50 16	2 100.00 2	1256 86.0 1461
			National Data (3 years)

*IN 11.12

**PRELIMINARY DATA SUBJECT TO ANALYSIS AND REVISION

Appendix E - State Information Report (SIR)

SIR Q4 SIR18 101007 093247 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 = INDIANA

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		-----12 MONTHS-----		-----24 MONTHS-----	
	FED	STATE	FED	STATE	FED	STATE	FED	STATE
C. ENFORCEMENT (PRIVATE SECTOR)								
1. PROGRAMMED INSPECTIONS (%)								
A. SAFETY	5298	229	11403	600	21912	1565	43788	2929
	62.4	88.8	63.8	80.8	65.1	83.4	65.9	77.8
	8493	258	17860	743	33647	1877	66434	3767
B. HEALTH	488	11	1094	46	2232	96	4202	198
	30.6	34.4	33.7	38.0	35.0	38.7	35.1	37.9
	1597	32	3249	121	6378	248	11960	522
2. PROGRAMMED INSPECTIONS WITH VIOLATIONS (%)								
A. SAFETY	4663	138	9421	259	17649	485	34350	918
	72.7	34.2	71.2	31.6	69.1	26.0	67.1	27.3
	6413	404	13232	819	25525	1868	51214	3364
B. HEALTH	451	24	880	42	1756	85	3238	150
	57.8	52.2	53.9	53.2	55.4	57.0	53.4	52.4
	780	46	1632	79	3168	149	6066	286
3. SERIOUS VIOLATIONS (%)								
A. SAFETY	17341	433	33678	734	62211	1321	117447	2507
	81.6	77.3	81.5	65.5	81.0	63.1	80.1	60.1
	21261	560	41304	1121	76839	2095	146593	4174
B. HEALTH	3233	102	6183	194	11743	385	21554	647
	69.6	57.3	70.5	57.6	70.2	55.2	69.6	54.4
	4645	178	8776	337	16725	697	30947	1189

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

INTERIM STATE INDICATOR REPORT (SIR)

STATE = INDIANA

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		-----12 MONTHS-----		-----24 MONTHS-----	
	FED	STATE	FED	STATE	FED	STATE	FED	STATE
4. ABATEMENT PERIOD FOR VIOLS								
A. SAFETY PERCENT >30 DAYS	3054	212	6515	369	12732	671	25040	1040
	15.0	37.3	16.3	38.4	17.2	37.7	17.7	32.1
	20398	569	39855	960	74010	1780	141219	3235
B. HEALTH PERCENT >60 DAYS	255	27	633	61	1406	84	2977	114
	5.6	13.4	7.3	17.7	8.5	12.0	9.6	9.1
	4548	202	8681	345	16580	699	30862	1248
C. ENFORCEMENT (PRIVATE SECTOR)								
5. AVERAGE PENALTY								
A. SAFETY								
OTHER-THAN-SERIOUS	587112	7100	1106734	20502	2038916	33902	3500911	47427
	837.5	788.9	803.1	707.0	894.3	770.5	967.6	658.7
	701	9	1378	29	2280	44	3618	72
B. HEALTH								
OTHER-THAN-SERIOUS	249175	10150	434447	19650	732953	40700	1039303	57650
	817.0	441.3	801.6	531.1	835.8	515.2	842.2	480.4
	305	23	542	37	877	79	1234	120
6. INSPECTIONS PER 100 HOURS								
A. SAFETY	9778	286	20529	816	38849	2126	76136	4159
	5.8	6.2	5.7	8.9	5.5	10.7	5.5	9.6
	1679	46	3593	92	7112	198	13925	435
B. HEALTH	1864	40	3844	145	7547	299	14276	638
	2.1	1.5	2.0	2.4	1.9	2.1	1.8	2.1
	908	27	1940	61	3898	141	8070	306

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

INTERIM STATE INDICATOR REPORT

STATE = INDIANA

PERFORMANCE MEASURE	----- 3 MONTHS-----		----- 6 MONTHS-----		----- 12 MONTHS-----		----- 24 MONTHS-----	
	PRIVATE	PUBLIC	PRIVATE	PUBLIC	PRIVATE	PUBLIC	PRIVATE	PUBLIC
7. VIOLATIONS VACATED %	1123 3.7 29962	51 5.1 999	2474 4.3 57441	101 5.2 1939	5103 4.7 108213	193 5.2 3737	10425 5.0 207527	372 5.3 7081
8. VIOLATIONS RECLASSIFIED %	844 2.8 29962	31 3.1 999	1978 3.4 57441	64 3.3 1939	4276 4.0 108213	114 3.1 3737	9196 4.4 207527	245 3.5 7081
9. PENALTY RETENTION %	15767907 64.5 24439885	257975 58.9 438148	30073309 63.9 47032897	505448 58.7 860863	57457651 63.0 91194322	938740 56.7 1656063	111052615 62.8 176868726	1920899 51.2 3750892

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

CURRENT MONTH = SEPTEMBER 2010

INTERIM STATE INDICATOR REPORT

STATE = INDIANA

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	229	3	600	3	1565	8	2929	19
	88.8	100.0	80.8	60.0	83.4	44.4	77.8	42.2
	258	3	743	5	1877	18	3767	45
B. HEALTH	11	0	46	0	96	0	198	0
	34.4	.0	38.0	.0	38.7	.0	37.9	.0
	32	0	121	2	248	7	522	20
2. SERIOUS VIOLATIONS (%)								
A. SAFETY	433	0	734	4	1321	11	2507	29
	77.3	.0	65.5	80.0	63.1	84.6	60.1	87.9
	560	1	1121	5	2095	13	4174	33
B. HEALTH	102	4	194	4	385	7	647	15
	57.3	80.0	57.6	80.0	55.2	33.3	54.4	41.7
	178	5	337	5	697	21	1189	36
E. REVIEW PROCEDURES								
1. VIOLATIONS VACATED %								
	610	2	1134	29	2052	37	3827	90
	22.5	12.5	23.2	46.0	21.9	30.3	23.0	19.7
	2709	16	4888	63	9366	122	16668	457
2. VIOLATIONS RECLASSIFIED %								
	306	8	585	12	1100	27	2217	72
	11.3	50.0	12.0	19.0	11.7	22.1	13.3	15.8
	2709	16	4888	63	9366	122	16668	457
3. PENALTY RETENTION %								
	4940512	18499	7526155	66199	12856359	96524	23378285	589912
	65.3	63.1	62.3	84.0	58.1	77.4	58.4	59.9
	7563023	29325	12074308	78775	22143463	124675	40052611	985000

Appendix F – State OSHA Annual Report (SOAR)

Available Separately

Appendix G – Acronyms

ADM	Administrative
AOPO	Administrative Orders and Procedures
APP	Annual Performance Plan
ATS	Automated Tracking System
BLS	Bureau of Labor Statistics
BSR	Board of Safety Review
CAP	Corrective Action Plan
CASPA	Complaints About State Program Administration
COP	Certificate of Posting
CPL	OSHA Compliance Directive
CSHO	Compliance Safety and Health Officer
DART	Days Away, Restricted, and Transfer
EFAME	Enhanced Federal Annual Monitoring and Evaluation
EISA	Expedited Informal Settlement Agreement
FAME	Federal Annual Monitoring and Evaluation
FIR	Final Investigation Report
FOIA	Freedom of Information Act
FOM	Field Operations Manual
FPC	Federal Program Change
FY	Fiscal Year
GOCO	Government Owner Contractor Operated
IAC	Indiana Administrative Code
IC	Indiana Code
IDOL	Indiana Department of Labor
IMIS	Integrated Management Information System
IMMLANG	Immigrant Language
INSafe	Indiana’s Safety and Health Consultation Project
INSHARP	Indiana Safety and Health Achievement Recognition Program
IOSHA	Indiana Occupational Safety and Health Administration
IRT	Information Resources and Technology
MAO	Medical Access Order
NAICS	North American Industrial Classification System
NCR	OSHA Administration database
OSHA	Occupational Safety and Health Administration
OTI	OSHA Training Institute
OTS	Other than serious

PMA	Petition for Modification of Abatement
SAMM	State Activity Mandated Measures
SIEP	State Internal Evaluation Plan
SIR	State Information Report
SOAR	State OSHA Annual Report
S/W/R	Serious, Willful, Repeat
TCIR	Total Case Incidence Rate
TCR	Total Case Rate
TRC	Total Recordable Cases
TED	Training and Education Directorate
VPP	Voluntary Protection Program

Appendix G – State OSHA Annual Report (SOAR)