



**State of New Jersey
Public Employees Occupational Safety and Health
(PEOSH)**

***Federal Annual Monitoring Evaluation (FAME) Report
October 1, 2009 - September 30, 2010***

**U.S. Department of Labor
Occupational Safety and Health Administration
Region II - New York**

I. EXECUTIVE SUMMARY	3
a. Introduction.....	3
b: Summary of the report.....	7
c: Monitoring Methodology	10
II. MAJOR NEW ISSUES	11
III. ASSESSMENT OF STATE ACTION AND PERFORMANCE IMPROVEMENTS IN RESPONSE TO RECOMMENDATIONS FROM THE FY 2009 EFAME	11
IV. FY 2010 STATE PLAN ENFORCEMENT	23
V. OTHER	28
VI. ASSESSMENT OF STATE PROGRESS IN ACHIEVING ANNUAL PERFORMANCE GOALS.....	30
Appendix A New and Continuing Recommendations	
Appendix B Status of FY 2009 EFAME Findings and Recommendations (Chart)	
Appendix C New Jersey Public Employee Only State Plan FY 2010 Enforcement Activity	
Appendix D State Activity Mandated Measures (SAMM)	
Appendix E State Indicator Report (SIR) - <i>Not Applicable for NJ PEOSH</i>	
Appendix F PEOSH Federal Fiscal Year 2010 SOAR – <i>available separately</i>	

I. EXECUTIVE SUMMARY

a. Introduction

The New Jersey Public Employees Occupational Safety and Health (PEOSH) Plan is administered by the Public Safety and Occupational Safety and Health Division of the New Jersey Department of Labor and Workforce Development (LWD) in partnership with the Consumer Environmental Occupational Health Service (CEOHS) of the New Jersey Department of Health and Senior Services (DHSS). The State Plan has two offices: a labor (safety) central office, and a health central office, both in Trenton, New Jersey. These offices cover all public sector enforcement and consultation activities in New Jersey.

In the public sector, PEOSH covers both safety and health disciplines. PEOSH law requires the State to adopt all applicable Federal OSHA safety and health standards, either identically or as alternative standards “at least as effective as” the federal standards.

The PEOSH program does not contain provisions for the issuance of monetary penalties for public employers found not to be in compliance with applicable standards on a first instance basis, except in cases of willful and repeat violations. There is, however, a provision for a per diem penalty on all failure-to-correct violations issued. PEOSH’s review proceedings are similar to Federal OSHA review procedures.

The New Jersey Public Employees Occupational Safety and Health State OSHA Federal Annual Monitoring Evaluation Report for FY 2010 provides a summary of the PEOSH enforcement and consultation activities and results including those relating to the PEOSH Strategic Plan for FY2009 – FY2013. The strategic goals, objectives, and activities have provided the focus for PEOSH enforcement, education and training, outreach, and administrative programs. PEOSH strategic goals help focus resources to the more hazardous public sector workplaces to save lives and prevent workplace injuries and illnesses.

PEOSH’s FY10 Annual Performance Plan consisted of three broad-based strategic goals with complementary performance goals as follows:

Strategic Goal # 1 - The reduction of injuries, illnesses and fatalities by 1% per year from FY09 through FY13 totaling 5% for the 5-year Strategic Plan in the following industries:

- State, county and/or local agencies for the **State Support Activities in New Jersey Department of Transportation** (NAICS 488).
- State **Nursing and Residential Care Facilities** (NAICS 623
- State, county and/or local **Fire Protection** (NAICS 92216).
- State, county and/or local **Police Protection** ((NAICS 92218).

PEOSH met its goals related to reducing injury and illness in NAICS 92218 (Police Protection), but PEOSH did not meet its goals for Nursing (increased 7%) and Fire Protection (increased 8%).

Since it is early in the strategic plan, Region 2 feels that it is premature to evaluate the success, or lack thereof, of PEOSH's effect on reducing injuries and illnesses in NAICS 92216, 623, and 488 (Nursing and Fire Protection).

Strategic Goal #2 - Promoting public sector employer and worker awareness of, commitment to, and participation in workplace safety and health by:

- Performance Goal 2.1: Fostering the development of effective safety and health management systems in 100% of State Agencies by offering and delivering training programs on Safety and Health Management Systems and Development of Labor-Management and Safety and Health Committees for 20% of the agencies each year for the five year strategic plan. In addition, PEOSH planned to disseminate Guidelines for Joint Labor and Management Health Safety Committees to all New Jersey State Agencies and encourage the agencies to develop and improve Joint Labor Management Safety and Health Committees. PEOSH explained that progress on this goal was limited due to lack of available staff to conduct outreach, training, mailings and to develop alliances. This goal was not met in FY10.
- Performance Goal 2.2: The PEOSH Program was to conduct programmed inspections, and/or consultation visits, and/or provide outreach and training to 20% of New Jersey's 566 of municipal departments of public works by the end of FY2013 (4% or 22 per year). PEOSH conducted a total of 22 programmed inspections and 7 consultation visits at municipal departments of public works which met the goal of 22 interventions. This goal was met during FY10.
- Performance Goal 2.3: Achieve a customer service rating of "highly effective" (score 7 or higher, on a scale of 1 thru 10) on a customer satisfaction survey from 90% of public employers subject to an intervention. This goal was exceeded in FY10 in that 100% of public employers rated PEOSH as highly effective.
- Performance Goal 2.4: Achieve a customer service rating of "highly effective" (score of 4 or higher, on a scale of 1 thru 5) on a customer satisfaction survey which rates the quality of public sector compliance assistance interventions (e.g., outreach, seminars,

mass mailings, hazard bulletins, newsletters, etc.) conducted/distributed by PEOSH from 90% of public employers subject to a compliance assistance intervention. This goal was exceeded in FY10 in that 100% of public employers rated PEOSH as highly effective.

- Performance Goal 2.5: Achieve employee involvement in 100% of PEOSH interventions (e.g., inspections, consultations, etc.) According to PEOSH reporting there was 100% employee involvement and this goal was met during FY10. Review of a sample of enforcement and consultation case files revealed that all files contained adequate documentation of the level of employee involvement, and that employees and/or their representatives were afforded the opportunity to participate in all aspects of the interventions.
- Performance Goal 2.6: Bring 4 new public sector work sites into the Safety and Health Achievement Recognition Program (SHARP) every year for the 5 year Strategic Plan (20 new sites by 2013). Six new sites were brought into SHARP during FY10. This goal was exceeded.

Strategic Goal #3:

- Performance Goal 3.1: Initiate inspections of fatalities and catastrophes within one (1) day of notification for 95% of occurrences to prevent further injuries or deaths. All 10 (100%) of fatality investigations were initiated within one day during FY10. This goal was met.
- Performance Goal 3.2A: Initiate 95% of safety complaint inspections within five (5) working days of notification. This goal was exceeded as 100% of complaints were initiated within five working days of complaint receipt totaling 96 complaints during FY2010.
- Performance Goal 3.2B: Initiate 95% of non-IAQ/non-sanitation health complaint inspections within 5 working days of notification. For FY2010 NJDHSS PEOSH Program received 28 complaints. Twenty-six inspections were initiated within five days (average 2.6 days, range 1-9 days). The NJDHSS PEOSH Program received 86 IAQ and sanitation complaints in FY2010. The goal to initiate 95% of non-IAQ/sanitation complaints was not met. 93% (26/28) of the non-IAQ, non-sanitation complaints were initiated within five days.

New Jersey State Plan Profile

State Plan: Approved – January 11, 2001 – developmental plan

Designee - Harold J. Wirths, Commissioner
New Jersey Department of Labor and Workforce Development
Manager - Howard Black, Director
Division of Public Safety and Occupational Safety and Health

Excluded Coverage

- * Occupational Safety and Health enforcement services in the private sector
- * Occupational Safety and Health consultative services in the private sector

Employee Coverage

- 141,217 State
- 412,954 Local
- 554,171 Total State, County and Local (2008 latest data)

Operational Grant – Final FY 2010 23(g) Grant Awards

- * FY 2010 Federal Share: \$1,984,700,
- * FY 2010 State Share: \$1,984,700
- * FY 2010 100% State Funds: \$397,752
- * FY 2010 Total Grant: \$4,367,152

Plan Benchmark Enforcement Staffing

- Safety Enforcement: 20
- Health Enforcement: 7

Allocated Staff

- Total Full Time: 25
- Total Part Time: 22
- Safety Enforcement: 9
- Health Enforcement: 6
- Consultation: 7

Actual Staffing in FY 10

- Total Full Time: 21
- Total Part Time: 15
- Safety Enforcement: 9
- Health Enforcement: 5
- Health Consultation/Training: 3
- Safety Training/CAS 3

Staffing

Staffing issues were affected in part by furloughs and hiring freezes that PEOSH personnel were subject to in FY10. In FY10, PEOSH employees were furloughed for a total of 128 days. The breakdown is as follows: 63 days, safety enforcement, 25 health enforcement, and 40 training and consultation days.

The total number of furlough days constitutes approximately 49% of a full-time-equivalent employee (FTE).

In addition to the furloughs, PEOSH has continued to lose personnel due to attrition. As a result, PEOSH's staffing of safety compliance officers is now at half of their benchmark (10 vs. 20 FTEs) and staffing of Health compliance officers is short two FTE (5 vs. 7 FTEs).

PEOSHA has been implementing creative solutions to address their staffing issues. In addition to the stop-gap measure of reassigning consultation staff to enforcement that was instituted in FY 2009, PEOSH has recently begun the process of transferring their Crane Inspectors to work as PEOSH Compliance Officers on a part time basis

As with many other States, New Jersey continued to face significant fiscal challenges. OSHA continues to closely monitor the impact the State-wide hiring freeze and furloughs are having on PEOSH staffing and the PEOSH enforcement and consultation programs.

b: Summary of the report

The following summarizes the findings of the 2009 EFAME, PEOSH's response and the status of corrective actions as described in PEOSH's 2009 EFAME Corrective Action Plan. An itemized and detailed description of all findings of the 2009 EFAME, PEOSH's response and the status of corrective actions is contained in Section III of this report.

It is Region 2's assessment that PEOSH has taken appropriate and adequate steps to address all of the 20 recommendations from the 2009 EFAME report.

Case file documentation was lacking (employee exposure, employer knowledge, prima facie information, names of contacts, proof of employee representative involvement, etc.)

As of this writing all case files are reviewed to ensure that they contain OSHA 1Bs (as appropriate), narrative reports documentation of employee exposure, employer knowledge, prima facie information, proof of employee/employee representative involvement.

Managers are reviewing cases to ensure that the files document prima facie information per the FOM.

As of this writing there is a requirement that all opening conference documents include the name of employee / union representatives. Field staff has been instructed to also include employee/employer names in interview notes.

PEOSH has completed a model case file and uses this as a template for all current cases. PEOSH supervision reviews and signs off on each submitted case and maintains its case file status through its internal data base.

OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.

Fatality inspections lacked documentation as well as letters to the next of kin.

Immediately upon being advised of this issue PEOSH began ensuring that next of kin are notified of fatality investigations. Letters are sent for each file.

PEOSH insures through documentation that all fatality investigations and reports are reviewed by PEOSH management.

OSHA 36's and 170's are completed for each file. Currently hard copies are included in all fatality files.

OSHA Region 2 personnel reviewed the fatality inspections that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing these issues effectively.

Information Management Integrated System (IMIS) data not being effectively managed in both the S&H Enforcement and Consultation Programs

PEOSH is now using and printing the appropriate OSHA forms. PEOSH is entering the required data into the IMIS system.

IMIS training was conducted 11/29/10. Supervisors verify that IMIS data is being input.

Supervisory review of case files now includes assuring that appropriate PEOSH/OSHA forms are completed and included in the case file.

This issue will be reviewed after OIS deployment. It may be necessary to debug conflicts between the PEOSH data system and OIS.

There were delays in verifying abatement of serious hazards and in many cases the abatement periods granted were overlong.

As of this writing PEOSH Enforcement and Consultation Supervisors review the uncorrected hazard reports on a weekly basis to identify cases where abatement extends beyond established time frames.

PEOSH concluded that shorter abatement periods are in most cases attainable. Abatement extensions are handled appropriately through the use of PMA's and interim abatement documentation. Where appropriate, "interim" abatement measures are evaluated to determine whether the interim measure constitutes final abatement.

PEOSH and OSHA Region 2 agree that this will be an ongoing challenge. Some municipalities have funding issues which delay abatement of hazards (i.e. major construction to abate a hazard

requires the municipality to dedicate funding to the project).

PEOSH lacks a policy for targeting high hazard areas and selecting establishments for inspection.

PEOSH inspection scheduling criteria is to inspect all targeted facilities within each assigned territory.

PEOSH now has a policy that all facilities identified within specific NAICs codes as listed in the 5 year Strategic Plan are inspected, negating the need for a random selection criteria.

The sites are prioritized based on the length of time since the last inspection. This appears to be an effective method of targeting high hazard areas.

Case File Documentation - Appropriate informal conference notes were not maintained in the file.

As of this writing informal conferences include documentation of employee involvement and the outcome of the meeting. Each file contains the outcome and any further actions that were a result of the conference.

As of February 2010 the requirement that all penalty case files include informal conference notes and documentation that informal conferences are attended by field staff is in place

The issue of tracking changes to case files based on informal settlements will be reviewed after OIS deployment and corrective action may be required at that time. At a minimum PEOSH may need to develop an internal system of tracking penalty case data as its process differs from the standard OSHA procedure.

Whistle Blower Investigator Staffing

At the time of the 2009 EFAME special study there was one investigator assigned to handle discrimination complaints.

As of this writing there were no openings for the Whistleblower training at OTI. OSHA Region 2 has committed to provide assistance to ensure that PEOSH investigators can register for classes as they become available.

PEOSH is committed to having the discrimination investigators trained and provided that the budget allows and courses are offered will send staff the appropriate OTI classes as they become available. In addition OSHA Region 2 will work with PEOSH to attempt to find effective alternatives to training at OTI.

This is an on-going issue. Attempts are continually being made to bring OTI personnel to give Whistleblower training. Due to budgetary restraints and lack of course availability this issue has not been resolved.

Whistleblower Investigation Procedures - Case File Organization

The 2009 EFAME noted that there was a lack of consistency with the methods and procedures followed for the investigation of discrimination complaints - primarily related to case file organization and ensuring that all required documents were in the file and correctly filled out.

Training – Travel Restrictions

For several years prior to the 2009 EFAME special study, due to a State policy, PEOSH had not allowed staff to travel out of state to attend training (including OTI training).

The moratorium on out of state travel has been lifted. PEOSH is approving training requests for PEOSH staff to attend training at OTI as the budget allows and classes are made available.

Mandatory Training

The 2009 EFAME noted that several CSHO's had not received mandatory training.

PEOSH is scheduling staff for training required by TED 01-00-018. Since there are limited class openings, PEOSH will prioritize the training plan based on staff training needs, available space and program needs.

Budget restrictions have been lifted allowing the State to send people for training. This is evidenced by CSHO's being waitlisted and then approved to attend training outside the state.

c: Monitoring Methodology

Monitoring of the New Jersey State Plan during FY 2010 consisted of both formal and *ad hoc* meetings with PEOSH staff, as well as regular review of data from a variety of sources including the OSHA Integrated Management Information System (IMIS) and Automated Tracking System (ATS) to track the State's progress in achieving its strategic and annual performance goals and to ensure the State is meeting its mandated responsibilities under the Act. OSHA also met with key stakeholders and received their input, concerns, and recommendations with regard to PEOSH's performance. OSHA has considered this stakeholder input in when evaluating PEOSH's 2010 performance and their actions in response to the 2009 EFAME.

In addition, monitoring was conducted to specifically track PEOSH's progress toward addressing the recommendations made as a result of the special study that was included in the FY 2009 Enhanced Federal Annual Monitoring Evaluation report. This monitoring included an on-site review of twenty six case files consisting of 21 enforcement and five consultation files. The review included both safety and health cases as well as fatality investigations and Failure-To-Abate (FTA) cases.

II. MAJOR NEW ISSUES

There were no major new issues identified by PEOSH or OSHA in FY 2010.

III. ASSESSMENT OF STATE ACTION AND PERFORMANCE IMPROVEMENTS IN RESPONSE TO RECOMMENDATIONS FROM THE FY 2009 EFAME

Findings 09-1&2:

The 2009 EFAME noted that IMIS data not being managed in both the S&H Enforcement and Consultation Programs

Recommendation 09-1:

NJ PEOSH must ensure Compliance Staff and Management complete required IMIS forms and ensure IMIS standard reports are reviewed on a regular basis to ensure proper IMIS database management. Corrective actions should include comprehensive IMIS data entry training. OSHA is prepared to assist NJ PEOSH with IMIS training.

Recommendation 09-2:

PEOSH Public Sector Consultation must ensure that consultants conferring with employees properly enter this data into the IMIS system.

Corrective Actions 09-1 & 2:

As of February 2010 NJ PEOSH is using and printing OSHA forms 91A, 91B, 92, 93 and 98. The PEOSH is entering the required data into the IMIS system.

IMIS training was conducted 11/29/10. Both enforcement and consultation participated in super user training for OIS. Enforcement Super User training was completed from March 21-25 2011.

Verification that IMIS data is being input is being performed by supervisors. The PEOSH Consultation Supervisors are aware of what needs to be reviewed and ensure that case files are adequately documented.

Status 09-1 & 2:

Completed.

NJ PEOSH uses management reports to determine whether case files are being closed in a timely manner and that all case files are being transferred to the NCR.

SAMM reports are used to assess the effectiveness of the 11/29/2010 training and PEOSH managers review case files on a weekly basis to assure that the all cases are transferred and closed out within the required time frames.

Appropriate forms are completed and a copy is in the case file. Supervisor review of case files now includes assuring that appropriate OSHA forms are completed and included in the case file.

Finding 09-3:

The 2009 EFAME noted that there were delays in verifying abatement of serious hazards.

Delaying abatement verification until follow-up visits delays verification of hazards that can be abated quickly.

Recommendation 09-3:

PEOSH Consultation must improve its performance in verifying the abatement of serious hazards in a timely manner.

Corrective Action 09-3:

As of November 15, 2010 the PEOSH Consultation Supervisors review the uncorrected hazard reports on a weekly basis to identify cases where abatement extends beyond established time frames.

Status 09-3:

Completed. OSHA suggested continuing to run abatement reports using and projecting for abatement 2 weeks prior to due dates, to enable PEOSH staff have time to remind employers of abatement in advance of abatement due dates.

Finding 09-4:

The 2009 EFAME noted that case file documentation was lacking employee exposure, employer knowledge, names of contacts, etc.

Recommendation 09-4:

Provide training to all field staff, including supervisory staff, to ensure that all inspection case file documentation meets the minimum requirements set forth in PEOSH's Field Inspection Reference Manual or Field Operations Manual and institutionalize established documentation requirements.

Corrective Action 09-4:

Beginning on November 15, 2010 all case files submitted are reviewed to ensure that they contain OSHA 1Bs (as appropriate), narrative reports documentation of employee exposure. Field staff attended additional training on January 14, 2011 that was provided by OSHA Region 2 in reference to case file documentation.

All case files are required to contain all documentation outlined during the training.

Status 09-4:

Completed.

According to PEOSH, case files are improving with regards to documentation since the Jan. 14, 2011 documentation training session held by OSHA. Documentation of employer knowledge is still a concern and PEOSH managers understand that “just checking a box” is not sufficient. Managers are reviewing cases to ensure that the files document how employer knowledge was established per FOM. OSHA recommended that the quality of the files be addressed in CSHO’s performance appraisals.

OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.

Finding 09-5:

The 2009 EFAME noted that fatality inspections lacked documentation as well as letters to the next of kin.

Recommendation 09-5:

Provide training to CSHOs to reiterate the policies relating to fatality investigations including the following:

- Proper procedures relating to making the appropriate communication to the family of victims (i.e. next of kin letters, inspection findings, etc.) and the requirement of documenting such communication in the file.
- Implement internal controls to ensure that all fatality investigations are opened within a timeframe established by agency policy.
- Provide training to all field staff, including supervisory staff, to ensure that all accident/fatality investigations meet the minimum requirements of federal OSHA and the PEOSH FOM or FIRM (i.e. providing detailed narrative documenting the facts that surround the incident, field notes, evidence of employee exposure, evidence of employer knowledge and completion of the appropriate forms (i.e. OSHA 36’s and OSHA 170’s).

Corrective Action 09-5:

All next of kin are now notified of fatality investigations. Letters are sent for each file. This was implemented after the NJ PEOSH was notified at the closing conference of these requirements.

All fatality investigations are opened within 1 day of the NJ PEOSH becoming aware. All fatality investigations and reports are reviewed by NJ PEOSH management. Updates on the status of these reports are completed weekly. All fatality investigations are discussed among management and staff. Comprehensive field notes are included in all files.

OSHA 36’s and 170’s are completed for each file. Currently hard copies are included in all fatality files.

These procedures have been reinforced with all field, management and support personnel.

Immediately following the audit, NJ PEOSH implemented a procedure that requires that a letter

be sent to family of deceased employees.
This procedure was implemented in February 2010

Status 09-5:

Completed. OSHA Region 2 personnel reviewed the fatality inspections that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing these issues effectively.

Finding 09-6 & 7:

The 2009 EFAME noted that PEOSH lacked a policy for targeting high hazard areas and selecting establishments for inspection.

Recommendation 09-6 & 7:

OSHA recommended that PEOSH develop consistent inspection selection criteria for the selection of sites within targeted NAICs codes for inspection and that inspections that are opened as a result of un-programmed activity (e.g., complaints and referrals, etc.) in targeted NAICs that have not recently received a comprehensive inspection are expanded to comprehensive inspections under the program.

PEOSH should develop a formal policy relating to the industries targeted under its Strategic Plan for FY09-2013 including:

- 1) The identification and selection of sites targeted for inspection
- 2) Guidance for CSHOs on conducting inspections of sites targeted (e.g., common hazards that may be causing the high injury and illness rates, when to expand unprogrammed inspections to comprehensive, etc..)
- 3) Proper coding of targeted inspections.

Corrective Action 09-6 & 7:

PEOSH has a consistent inspection selection program and focuses on the facilities identified in the 5 year Strategic Plan. NJ PEOSH prioritizes inspections and responds to complaints, imminent danger and planned inspections as per the methodology fully explained in the PEOSH FIRM and the annual performance plan.

Compliance staff focuses on targeted facilities. The NJ PEOSH internal data base tracks these inspections.

PEOSH is developing inspection form guidance for all targeted facilities and will provide field staff with a check list for those specific targeted sites. These lists will identify common hazards in these facilities. In addition, PEOSH supervision will make copies of all assigned county log books and will direct field staff to target facilities and will monitor these audits weekly.

PEOSH inspection scheduling criteria is to inspect all targeted facilities within each assigned territory.

NJ PEOSH has a policy that all facilities identified within specific NAICs codes as listed in the 5 year Strategic Plan are inspected, negating the need for a random selection criteria.

Since the audit NJ PEOSH has instructed field staff that all inspections in targeted industries are to be comprehensive, regardless of the whether they were initiated as a programmed or un-programmed inspection.

Status of 09-6 & 7:

Completed. Programmed inspections are based on the PEOSH Strategic Plan, i.e. specific industries fire dept., police dept., etc. OSHA posed the question as to how the State is choosing a particular site for a particular day. The State's response was that every facility in a given industry within a Compliance Officer's jurisdiction needs to be inspected. The sites are prioritized based on the length of time since the last inspection. This appears to be an effective method of targeting high hazard areas.

Finding 09-8:

The 2009 EFAME noted PEOSH case file documentation is lacking, especially in safety cases. Case files reviewed lacked evidence of employee exposure, employer knowledge of the cited hazardous conditions, names and contact information for employee(s) interviewed and documentation addressing affirmative defense issues. In addition many files also did not include narratives or OSHA 1B forms or their equivalent (forms in which violations are documented).

Recommendation 09-8:

Provide additional training to all field staff, including supervisory staff, to ensure that all inspection case file documentation meets the minimum requirements of a prima facie case as set forth by federal OSHA and the State of New Jersey policy (Field Inspection Reference Manual or Field Operations Manual).

Corrective Action 09-8:

PEOSH field staff has been re-trained to document exposures in all case files. NJ PEOSH is including printed 1B forms in all files as well as the inspection narrative that documents employee exposures.

As of Nov 15, 2010 field staff has have been retrained to include evidence of employee exposure in each case file.

OSHA Region 2 provided additional case file documentation training scheduled for January 14, 2011

Status 09-8:

Completed. Beginning November 15, 2010 all case files now have documentation of employee exposure, employer knowledge and contain OSHA 1A, 1 B and inspection narrative report.

OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.

Finding 09-9:

The 2009 EFAME noted that PEOSH case files lack documentation of employer/employee representative involvement.

Recommendation 09-9:

Provide training to all field staff regarding the agency's policy of union/employee Representative involvement during and after inspections and the requirement to properly document compliance with this policy in the case file.

Corrective Action 09-9:

PEOSH asserted that 100% of all NJ PEOSH cases have always included employee /union participation. This is documented in each case file. Opening conference check sheets have always included this information. Employee and union representatives have always received copies of all orders to comply and case closing information. OSHA acknowledges that PEOSH was making contact with unions, etc., however the special study identified that PEOSH case file did not adequately document union contact.

NJ PEOSH staff have been retrained to include employee names in interview notes and include these as part of the inspection file.

All files reviewed by the audit team contained the name of the union rep. The only criticism dealt with names to be included on field notes. This has been corrected since the audit.

Status 09-9:

Completed. As of February 2010 there is a requirement that all opening conference documents include the name of employee / union representatives. Field staffs have been instructed to also include employee/employer names in interview notes.

OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.

Finding 09-10:

The 2009 EFAME noted that PEOSH case files lack documentation of employee exposure, employer knowledge of the cited hazardous conditions, names and contact information for employee(s) interviewed and documentation addressing affirmative defense issues. In addition many files also did not include narratives or OSHA 1B forms or their equivalent.

Recommendation 09-10:

Provide training to all field staff, including supervisory staff, to ensure that all inspection case files contain all of the documentation required by Federal OSHA FIRM and the equivalent requirements of the State of New Jersey FIRM. Implement internal controls to ensure that all cases are reviewed on a supervisory level to make certain that all violations issued meet the prima facie requirements.

Corrective Action 09-10:

All case files currently include hard copies of OSHA 1B's and narrative reports. These were always formerly completed, but not printed out and placed in the case files. Since the audit, case file documentation has been augmented to include evidence of exposure and employer knowledge.

NJ PEOSH has completed a model case file and uses this as a template for all current cases. NJ PEOSH supervision reviews and signs off on each submitted case and maintains its case file status through its internal data base.

Status 09-10:

Completed. OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.

Finding 09-11:

The 2009 EFAME noted that in both the health and safety cases reviewed; the overwhelming majority of violations in which abatement periods granted were given 60 day abatement periods. In many cases, given the nature of the violations, the abatement time period assessed was excessive.

Recommendation 09-11:

Provide additional training to all field staff, including supervisory staff, to ensure that abatement issues are handled in accordance with established policy including:

- Ensure appropriate abatement periods are assigned for unabated violations.
- Ensure that all abatement information accepted satisfies the order to comply prior to closing the case.
- For cases with CDI, ensure that the file documents the method of abatement and that the CSHO observed the abatement.
- Implement internal controls to ensure that all Petitions for Modification of Abatement (PMA) dates are reviewed on a supervisory level to ensure that all required information is contained in the request prior to granting the PMA.
- Ensure that Failure To Abate Notices are issued where appropriate.

Corrective Action 09-11:

NJ PEOSH is revisiting this issue and will reassess shorter time periods for abatements and also encourage abatement during inspection whenever possible.

NJ PEOSH verifies abatement for all Orders to Comply. (LWD) conducts 100% follow up inspections to verify abatement.

NJ PEOSH management monitors PMA. NJ PEOSH has received additional NCR training from Region 2 in order to aid with this process.

NJ PEOSH has a process for failure to abate. A second penalty order to comply establishing penalties is issued in these cases.

NJ PEOSH tracks all outstanding orders to comply, Employers are required to submit abatement documentation prior to the abatement date. This information is kept in each file.

Employers are required to submit PMA information in a timely manner and to supply NJ PEOSH with interim procedures prior to sending extensions.

Compliance staff is required to enter abatement information into IMIS when abatement occurs.

Since the audit NJ PEOSH management is monitoring to assure that this is occurring. NJ PEOSH has asked OSHA Region 2 for additional IMIS training in this area.

NJ PEOSH maintains an internal data base that tracks all inspections and abatements. During the audit, OSHA Region 2 did not review this data base.

Status 09-11:

Completed. PEOSH concluded that shorter abatement periods are in most cases attainable. Abatement extensions will be handled appropriately through the use of PMA's and interim abatement documentation.

PEOSH and OSHA Region 2 agree that this will be an ongoing challenge. Some municipalities have funding issues which delay abatement of hazards (i.e. major construction to abate a hazard the municipality needs to get money approval first). Supervisors are reminding their staff that violations that can be easily abated need to be done timely.

PEOSH also stated that they now evaluate "interim" abatement measure to evaluate whether the interim measure constitute final abatement.

Finding 09-12:

The 2009 EFAME noted that appropriate informal conference notes were not maintained in the files thus it was not possible to determine whether correct procedures were followed. No documentation was included in the files indicating who was present or what was discussed.

Recommendation 09-12:

PEOSH representatives must thoroughly document the following in the case file: The fact that notification to the parties was made (employee and/or employee representative notification) and the date such notification was made, time and location the informal conference was held; at the conclusion of the informal conference, all main issues and potential courses of action must be summarized and documented in accordance with PEOSH policy.

Corrective Action 09-12:

Informal conferences are attended by field staff and NJ PEOSH managers. All informal conferences include documentation of employee involvement and the outcome of the meeting. Each file contains the outcome and any further actions that were a result of the conference. This was not evident to the audit team as NJ PEOSH maintains separate files for penalty cases. The failure to abate files will be combined with the penalty files to eliminate this problem. Since penalty cases are not entered into the NCR (separate orders are issued) no tracking exists in the NCR for these cases

Status 09-12:

Completed. As of February 2010 the requirement that all penalty case files include informal conference notes and document that informal conferences are attended by field staff as well as PEOSH managers has been reiterated to the field staff.

Penalty case files are filed separately and original case files are combined with them. This procedure was instituted following the audit.

The issue of tracking changes to case files based on informal settlements will be reviewed after OIS deployment and corrective action may be required at that time. PEOSH also has an internal system of tracking penalty case data.

Finding 09-13:

The 2009 EFAME noted that IMIS data input and maintenance was not being managed in accordance with PEOSH and OSHA policy. Rejected forms were not being corrected, standard IMIS reports such as draft forms reports were not reviewed and uplinks and data transfer from the local IMIS to the NCR Host computer was not being ensured. In many instances data was not transferred from PEOSH to the host, resulting in inaccurate data available for evaluation, analysis, and review.

Recommendation 09-13:

Provide IMIS Administration training for PEOSH IT personnel, supervisors, CSHO's, consultants and Compliance Assistance Specialists and ensure appropriate IMIS management is implemented. Federal OSHA Region 2 is willing to assist in providing retraining for PEOSH personnel who use and manage the IMIS system.

Corrective Action 09-13:

NJ PEOSH continues to work with NCR issues and as of November 29, 2010 OSHA Region 2 has provided training in this area.

Status 09-13:

Completed.

IMIS training was conducted by OSHA Nov. 29, 2010.

This issue will be reviewed after OIS deployment. Debugging of the conflicts between the

PEOSH data system and OIS may be required at that time.

Finding 09-14:

The 2009 EFAME noted that prior to the study, Region 2 identified eight discrimination investigation cases which indicated an inordinate number of days open. The cases indicated the number of days pending from 377 days to 1896 days. A review of this matter revealed that the eight cases entered into the IMIS system were duplicates/triplicates that were created erroneously

Recommendation 09-14:

It is recommended that supervisors continue to review IMIS Reports in order to eliminate duplicate discrimination case reporting. (A procedure had already been put in place to address this concern.)

Corrective Action 09-14:

IMIS would not allow PEOSH managers to remove old cases which appeared to be active when they were not. This issue has been resolved and PEOSH now has the ability to manage the data.

Status 09-14:

Completed. IMIS training was conducted by OSHA Nov. 29, 2010.

Finding 09-15:

The 2009 EFAME noted that at the time of the special study there were two investigators assigned to investigate complaints within the entire state of New Jersey. One investigator had recently been promoted to Assistant Chief, leaving only one investigator assigned to handle discrimination complaints.

Recommendation 09-15:

PEOSH should review the number of discrimination investigators that are qualified and assigned to handle discrimination investigations and adjust staffing based on demand throughout the state.

Corrective Action 09-15:

PEOSH has requested additional training for discrimination officers. OTI has limited offerings and NJ PEOSH has asked Region 2 to help with this. The newly appointed Assistant Chief is continuing to handle discrimination cases as part of his duties.

Status:

As of this writing there were no openings for the Whistleblower training at OTI. OSHA Region 2 has committed to provide assistance to ensure that PEOSH investigator can register for classes as they become available.

PEOSH is committed to having the discrimination investigators trained and provided that the budget allows and courses are offered will send staff the appropriate OTI classes as they become available. In addition OSHA Region 2 will work with PEOSH to attempt to find effective alternatives to training at OTI.

This is an on-going issue. Attempts are continually being made to bring OTI persons to give Whistleblower training. Due to budgetary restraints and lack of course availability this issue has not been resolved.

Finding 09-16:

The 2009 EFAME noted that for several years prior to the special study PEOSH was unable to send Safety and Health Compliance and discrimination investigation personnel to the OSHA Training Institute for technical training. The lack of training is directly attributed to the New Jersey Department of Labor and Workforce Development's (LWD) policy that precludes state funds from being expended for employees to travel outside the state due to budgetary restrictions.

Recommendation 09-16:

PEOSH should ensure discrimination investigators assigned to the program are properly trained. Means to send investigators to required training should be developed.

Corrective Action 09-16:

OTI has limited offerings so PEOSH has decided to use local resources to bring in new training opportunities. PEOSH attends all courses offered through OSHA Region 2 and has sent compliance staff to OTI. Additional staff attended OTI in the fall of 2010 for legal aspects training.

Status 09-16:

Completed. Though the moratorium on out of state has been lifted budgetary constraints are still in place for travel. OSHA is working with PEOSH to find low cost training, such as Region 2's CSHO In-Service Training which is presented in central NJ, upstate NY and metro NY.

Finding 09-17:

The 2009 EFAME noted that there was a lack of consistency with the methods and procedures followed for the investigation of discrimination complaints.

Recommendation 09-17:

PEOSH should adopt a case file organization system such as the system which is outlined in the discrimination investigators manual.

Corrective Action 09-17:

NJ PEOSH follows OSHA's discrimination file organization form outline while conducting whistleblower investigations. PEOSH has 2 discrimination officers and following the audit, both

are following the OSHA format.

Status 09-17:

Completed. As of February 2010 NPEOSH is following the case file organization as per the discrimination investigation manual. Supervisors are verifying the forms are correctly filled out.

Finding 09-18:

The 2009 EFAME noted that at the time of the special study PEOSH used a “Discrimination Complaint Form” which was filled out by the complainant, is signed and dated and then mailed to the Office of Public Employee Safety.

This form initiated the start of an investigation. The Complaint Form aside, there was no formal documentation of interviews with either complainants, witnesses or other involved or interested parties. PEOSH did not use written or recorded statements or memorandums to file to document the underlying elements of a discrimination complaint. PEOSH did not use the Case Activity Log or any other means to document the flow of investigative activity with respect to each case.

Recommendation 09-18:

PEOSH should use either a statement form or a memorandum to file to document statements made by complainants, witnesses or other interested parties; and utilize the Case Activity Log and the Final Investigative Report format.

Corrective Action 09-18:

NJ OPEOSH is following the format as indicated by OSHA Region 2 in its assessment of the NJ OPEOSH whistleblower program.

Both discrimination investigators are *following* the same format in case files.

Status 09-18:

Completed. As of February 2010 NPEOSH is following the case file organization as per the discrimination investigation manual. Supervisors are verifying the forms are correctly filled out.

Finding 09-19:

The 2009 EFAME noted that for several years prior to the special study, PEOSH had not sent Safety and Health CSHOs or their supervisors to the OSHA Training Institute or any other out-of-state location for technical training. This is directly attributed to a State policy that prohibits state funds from being used for employee travel outside the state (ostensibly due to budgetary restrictions).

Recommendation 09-19:

PEOSH and the state of NJ should resolve the budgetary restrictions which prohibit investigators from attending courses at The OSHA Training Institute and the Annual Discrimination

Investigator Training.

Corrective Action 09-19:

PEOSH staff members are attending OTI and local and regional training when offered. OTI has severely limited course offerings and PEOSH sent staff to available courses in the summer and fall of 2010. PEOSH is using local training sources and attending courses put on by OSHA Region 2.

PEOSH is currently sending field staff to training at OTI and is also using Rutgers University to provide updated training for field/management staff.

NJ LWD is approving training requests for PEOSH staff to attend training at OTI as the budget allows and classes are made available.

Status 09-19:

Completed. Restrictions have been lifted allowing the State to send people for training. This is evidenced by CSHOs being waitlisted initially and now on the list to attend training outside the state.

Finding 09-20:

The 2009 EFAME noted that there were several CSHOs who did not receive mandatory training, for example; 50% of the enforcement staff (both safety and health) did not have Legal Aspects training.

Recommendation 09-20:

Develop and implement a comprehensive training plan to provide mandatory training to CSHOs and their supervisors to bring them up to the minimum training standards established in OSHA Instruction TED-01-00-018 "Initial Training Program for OSHA Compliance Personnel" and to provide adequate training for discrimination investigators. PEOSH must also ensure the allocation of necessary funding to accomplish the training plan.

Corrective Action 09-20:

PEOSH will schedule staff for training required by TED 01-00-018. Since there are limited class openings PEOSH will prioritize the training plan based on staff training needs available space and program needs. The training plan will be put in place by the end of November 2010.

Status 09-20:

Completed. Budget restrictions have been lifted allowing the State to send people for training. This is evidenced by CSHOs being wait-listed and then approved to attend training outside the state.

IV. FY 2010 STATE PLAN ENFORCEMENT

According to the IMIS statistical reports PEOSH conducted a total of 1330 inspections during

FY2010. This is 96% of the annual goal of 1,380 inspections. Of the 1330 inspections: 1089 were safety inspections which was 99% of the planned goal of 1,100; and 241 health inspections which was 86% of the planned goal of 280. In FY2009, PEOSH conducted a total of 1804 inspections. When comparing the total number of inspections in FY2010 (1330) to FY2009 (1804), the FY2009 total represents 74% of FY2010 total, or a decrease of 26% in total inspections. This decrease of 26% is may be due to several factors including PEOSH losing personnel. In FY 2010 the New Jersey DHSS PEOSH unit was short 2 staff from the previous year.

Also in FY 2009 NJPEOSH Safety enforcement exceeded its goal of 1100 safety inspections by 40%. This was due to a high number of partial planned inspections conducted at sites where summer youth programs were operating. NJPEOSH conducted a sweep at these locations to assure that summer youth workers were receiving proper safety training. This increase in the number of inspections in 2009 makes it appear that there was a major drop-off in inspections the following year, when in fact the totals in FY 2009 may have been artificially high.

Enforcement Measure Comparison

Of the total number of violations PEOSH issued, 78% were found to be serious in FY 2010; compared to the 44% State Plan average, and compared to 77% Federal OSHA average. This represents a slight decrease when compared to PEOSH's average of 82.2 % for FY 2009.

The percent Serious/Willful/Repeat (%S/W/R) Violations issued by PEOSH equaled 78% in FY 2010, the State Plan average was 46%, and Federal OSHA average was 82%. This represents a slight decrease when compared to PEOSH's average of 82.2 % of Serious/Willful/Repeat for FY 2009.

In percent of violations issued by PEOSH as other than serious (*% Other*) equaled 22% in FY 2010, State Plan average was 54%, and the Federal OSHA average was 18%. This indicator was a slight increase when compared to the PEOSH FY2009 percent of other than serious violations which was 17.5%.

Also, in regards to the average number of violations per initial inspection, PEOSH issued 4.4 violations per initial inspection in FY 2010, State Plan average was 3.4, and Federal OSHA issued 3.3 violations per initial inspection. This indicator was a slight increase when compared to FY2009 PEOSH average number of violations per inspection which was 4.0.

Looking at the percent of inspections with violations cited NIC (Not in compliance) (*% Insp w/Viols Cited (NIC)*) PEOSH was 45% in FY 2010, compared to the State Plan average of 60%, compared to Federal OSHA average of 71%.

Lastly, looking at the percent NIC with serious violations only for FY2010 was 69%, compared to the State Plan Total of 62.3%, compared to the Federal OSHA total of 88.2%. This indicator represents a slight increase when compared to the FY 2009 rate of 62.2%

For more information on NJ PEOSH Enforcement Activity measures please see Appendix C

State Activity Mandated Measures (Source: SAMM Report –11/12/10)

Data from the SAMM report generated by OSHA and used for this measurement, conflicts with data that PEOSH reported in their SOAR. This appears to be a data entry issue which OSHA and PEOSH will attempt to resolve. PEOSH obtains its data by tracking the number of days to initiate complaint inspections manually by separating them between safety, health and/or IAQ complaints.

SAMM 1: During FY 2010, PEOSH responded to 170 complaints with an average response time of 30.14 days from notification. For FY2009, PEOSH responded to 223 complaints with an average response time of 14.58 days from notification.

The 30.14 days to respond must further be broken down because PEOSH responds to Indoor Air Quality (IAQ) complaints. PEOSH's FOM allows them 30 to respond to OIAQ complaints. Factoring that in the breakdown is as follows

PEOSH reports that for FY 2010, the NJDLWD PEOSH received 75 safety complaints. All resulting inspections were initiated within 5 days.

For FY2010 NJDHSS PEOSH Program received 28 serious health complaints. Twenty-six inspections were initiated within five days (average 2.6 days, range 1-9 days).

The NJDHSS PEOSH Program responded to 67 IAQ inspections. Currently NJDHSS does not track this measurement. Region 2 and PEOSH have agreed that in FY 2011 they will break down the tracking into three (3) categories – safety complaints, serious health complaints and IAQ complaints which will better reflect the actual SAMM measurement.

SAMM 2: This measure does not apply to PEOSH as all complaints are handled by inspection.

SAMM 3: Both safety and health complainants were notified of the inspection results on time in 100% (171 out of 171) of all complaints received in FY 2010. Reference point is 100%.

SAMM 4: PEOSH-Safety had one imminent danger complaint/referral, which was responded to within one day at 100%. Health had no imminent danger complaint/referrals during FY 2008. Reference point is 100%.

SAMM 5: PEOSH had no denials of entry during the evaluation period.

SAMM 6: During FY 2010, the percentage of serious, willful, repeat violations cited that was verified as abated within the abatement date plus 30 days was 84.94% (1754 SWR out of 2065). Last year's indicator was 88.71%, which therefore represents a slight decrease compared to last year's performance. Reference point is 100%.

Note: A recommendation was made in the FY 2009 EFAME relating to improving in this measure. PEOSH has instituted a plan to improve in this area. Federal OSHA will continue to monitor PEOSH's progress in improving in this measure.

SAMM 7: PEOSH's citation lapse time for FY 2010 was calculated at 12.19 days for safety and 38.86 days for health. PEOSH is well below the national averages of 47.3 days for safety and 61.9 days for health. Last year's lapse time indicator was 10.40 days for safety and 28.47 days

for health.

SAMM 8: The percent of programmed inspections with S/W/R violations national averages are 58.4% for safety and 50.9% for health. PEOSH Safety S/W/R is 57.66 %, slightly below the national average while Health S/W/R is 72.41% which is almost 50% above the national average. This figure for Safety reflects an improvement from last year's 47.74 % and Health also has improved over past performance periods.

SAMM 9: The average violations per inspection with violations, performance indicators for 2010 showed an average of 4.48 S/W/R YTD and 1.23 "other" YTD. PEOSH S/W/R average is well above the national average of 2.1 for S/W/R and below the national average of 1.2 for "other."

SAMM 10: The average initial penalty per serious violation in the private sector is not applicable to PEOSH

Public Employee Program - SAMM 11

All inspections conducted by PEOSH are in the public sector (1,335) at 100%.

Review Procedures - SAMM 12

No data is reflected in the report since PEOSH has been successful in settling all cases at the informal level.

Discrimination Program - SAMMs 13, 14, 15

PEOSH conducted 11 discrimination complaint cases, 10 (90.91%) of which were completed within 90 days. Reference point is 100%. Two cases or 18% were determined to be meritorious. National Average for such cases is 21.2%. Both of these cases or 100% were settled meritorious. The national average is 86%.

Federal Program Changes

During FY 2010 Federal Standards and Federal Program Changes were published by OSHA, which required state action or intent. The majority of responses were received from PEOSH in a timely manner. Likewise, mandatory and voluntary changes were generally adopted timely as well, as follows:

Federal Standard Actions

STANDARD ACTION	FR Notice Date(s)	NJ Intent to Adopt	State Effective Date
Final Rule; Cranes and Derricks in Construction	<u>August 9, 2010</u>	Yes	2/15/2011
Final Rule; Technical Amendment concerning Safety Standards for Steel Erection	<u>May 17, 2010</u>	Yes	12/20/2010

Revising the Notification Requirements in the Exposure Determination Provisions of the Hexavalent Chromium Standards; Direct Final Rule	<u>March 14, 2010</u>	Yes	12/20/2010
Revising Standards Referenced in the Acetylene Standard; Final rule; Confirmation of effective date	<u>November 10, 2009</u>	Yes	10/18/2010

Federal Program Changes (excluding Standards)

	Intent to Adopt	Adopt Identical	State Adoption Date	Date of Directive
[10-07 (CPL 02)] - Injury and Illness Recordkeeping National Emphasis Program	Y	Y	N/A	09/28/2010
[10-05 (CPL 02)] - <u>PSM Covered Chemical Facilities National Emphasis Program</u>	NO	NO	N/A	07/08/2010
[CPL 02-00-149] - <u>Severe Violator Enforcement Program (SVEP)</u>	YES	YES	6/01/2011	06/18/2010
CPL -02(10-06) Site Specific Targeting 2010 (SST-10)	NO	NO	N/A	08/18/2010
[CPL 02-01-048] - <u>Clarification of OSHA's enforcement policies relating to floors/nets and shear connectors; Cancellation of CPL 02-01-046 (Sept. 30, 2009)</u>	NO	NO	N/A	04/30/2010
[02/23/2010] [CPL 02-02-076] - <u>National Emphasis Program - Hexavalent Chromium</u>	NO	NO	N/A	02/23/2010
[10-02 (CPL 02)] - <u>Injury and Illness Recordkeeping</u>	Y	Y	Y	02/19/2010

<u>National Emphasis Program (RK NEP) [DOC -</u>				
<u>[CPL-02-02-075] - Enforcement Procedures for High to Very High Occupational Exposure Risk to 2009 H1N1 Influenza</u>	YES	YES	12/02/2009	11/20/2009
<u>[CPL 02-00-148] - Field Operations Manual (FOM)</u>	YES	NO	11/09/2009	11/09/2009
<u>[CPL 03-00-011] - National Emphasis Program-Facilities that Manufacture Food Flavorings Containing Diacetyl</u>	NO	NO	N/A	10/30/2009

V. OTHER

Public Sector Consultation

Source: MARC Report – (10/08/2010)

PEOSH public-sector consultation conducted a total of 134 public-sector consultation visits in FY10. Included in this total is 14 safety initial consultations, 64 health initial inspections, 44 health follow-up inspections, and 12 health training and assistance visits. The total of 134 inspections is 112% percent of the total of 120.

According to the MARC Report dated 10/08/2010, PEOSH conducted a total 128 public-sector consultation visits in FY 2010, or 6% above their projected goal of 120 visits.

The following MARC statistics are provided:

MARC 1: Percent of initial visits in high-hazard establishments – PEOSH conducted 54.67% of its initial visits in high hazard establishments. The reference point is no less than 90%.

Note: A recommendation was made in the FY 2009 EFAME relating to improving in this measure and PEOSH has instituted a plan to improve in this area. Federal OSHA understands the consultation program’s performance in this area is dependent on the entities that request its services. Federal OSHA will continue to monitor PEOSH’s progress in improving in this measure.

MARC 2: Percent of initial visits in smaller business – 94.67 % of initial visits were conducted in establishments with less than or equal to 250 employees; 90.67% in establishments with less than or equal to 500 employees. The reference point is no less than 90%.

MARC 3: Percent of visits where consultants conferred with employees - in 100% of initial visits

conducted by PEOSH as well as 65.96% of follow-up and 100% of T&A (training and assistance) visits, consultants conferred with employees. Reference point is 100%.

MARC 4a: Percent of Serious Hazards Verified Corrected in a Timely Manner.

80.97 % of serious hazards were verified abated in a timely manner. Reference standard is 100%

MARC 4b: Percent of Serious Hazards not verified corrected in a timely manner

18.58 % of serious hazards were not verified corrected in a timely manner.

MARC 4c: Percent of Serious Hazards referred to enforcement.

0.44 % hazards were referred to enforcement during FY 2010.

MARC 4d: Percent of Serious Hazards verified corrected (in original time or on site)

The percent of serious hazards verified corrected in original time or on site is 37.61%. The reference standard is 65%.

Note: A recommendation was made in the FY 2009 EFAME relating to improving in this measure. PEOSH has instituted a plan to improve in this area. Federal OSHA will continue to monitor PEOSH's progress in improving in this measure.

MARC 5: Number of uncorrected serious hazards past 90 days

PEOSH noted that consultants ensured that all serious hazards identified were corrected within 90 days.

Compliance Assistance and Outreach

During FY 2010 PEOSH's Compliance Assistance Specialist participated in a number of partnership, alliance, and other outreach activities including the Highway Workzone Safety Partnership, outreach to teachers and youthful workers, safety and health outreach to municipalities, participation in the Department of Labor and Workforce Development Safety and Health Committee, and participating in radiation safety related outreach.

One of the main outreach activities PEOSH participates in is the PEOSH Advisory Board. For the year 2010, PEOSH conducted a total of 4 PEOSH Advisory Board meetings as part of their outreach program. These meetings involve employer and employee representatives from State, counties and municipalities. Several public representatives are also members. Minutes are provided to members on health and safety topics that are presented for discussion at the meetings. Ongoing data for enforcement, consultation and training services provided by PEOSH is presented to the group. Special alerts and updates on standard adoptions are also presented. Minutes are kept on file and are used to continually improve the level of service provided by PEOSH.

One function of the PEOSH Advisory Board is to form subcommittees where appropriate to address safety and health issues using a team approach, including stakeholders and experts in the field being addressed. One example of this is the Subcommittee on Workplace Violence in

Schools: This sub committee was developed in 2009 to investigate what measures can be taken to address student violence against teachers in New Jersey's public schools as a result of a workplace violence investigation conducted by NJDLW PEOSH at a North Jersey School. The subcommittee is comprised of representatives of the PEOSH Advisory Board, school board members and the NJ Education Association. The committee met 4 times in 2009. In 2010 the committee developed a list of recommendations from those meetings, current known legislation/laws, and comments submitted by subcommittee members. The finalized list has been submitted to the PEOSH Advisory Board which is currently under review to decide what recommendations should be forwarded to the Commissioner of Labor and Workforce Development to seek sponsorship for legislative action.

Variances

There were no variances applied for or granted during FY 2010.

Complaints About State Program Administration (CASPA's)

There were no CASPA's filed during FY 2010.

VI. ASSESSMENT OF STATE PROGRESS IN ACHIEVING ANNUAL PERFORMANCE GOALS

This section focuses on the PEOSH's progress toward meeting its targeted performance goals as outlined in the Program's FY 2010 Annual Performance Plan.

PEOSH Strategic Goal #1

Improve workplace safety and health for all public employees as evidenced by fewer hazards, reduced exposures and fewer injuries, illnesses, and fatalities.

Performance Goal 1.1

*Decrease work-related injuries and illnesses in state, county and/or local agencies **State Support Activities for Transportation (NAICS 488)** in the specific NAICS segments by an additional 1% (5 % total by 2*

During FY 2010, PEOSH NJLWD identified all covered worksites, sent letters to covered worksites and requested OSHA 300 data, analyzed this data to ensure that it was accurate, and developed a baseline. Specifically, letters were sent to the Turnpike Authority, South Jersey Transportation Authority and the South Jersey Port Corporation requiring them to submit NJOSH 300 data for every facility for the years 2004, 2005, 2006, 2007 and 2008. All work sites were identified. The employers are:

- New Jersey Turnpike Authority;
- South Jersey Transportation Authority; and
- South Jersey Port Corporation.

The NJOSH 300 data received from the employers was analyzed and NJDLWD has verified the

accuracy of the NJOSH 300 data. The baseline to be used is the 2008 NAICS 488 incidence rate of nonfatal occupational injuries and illnesses of 11.5 total recordable cases (Source the NJLWD, Division of Program Planning, Analysis and Evaluation)

A five percent decrease from the baseline of 11.5 percent will result in a rate of 10.9 recordable cases. The latest A&E data is for the year 2009. The 2009 total recordable cases for Support Activities for Transportation increased from the baseline of 11.5 to 12.3; therefore, this goal was not met. However, the overall trend for NAICS 488 is down 36.9 % from the 2005 rate of 19.5.

DEPARTMENT OF TRANSPORTATION – NAICS 488

Year	TCIR	% Change from Baseline (2008)	% Change from 2005
2005	19.5	N/A	N/A
2006	20.9	N/A	Increase 7.2%
2007	17.4	N/A	Decrease 10.8%
2008 Baseline	11.5	N/A	Decrease 41.0%
2009	12.3	7% Increase	Decrease 36.9%

NJ PEOSH will be meeting with NJ Department of Treasury, Division of Risk Management which recently began using a new computer data system which tracks the nature of accidents that result in lost work time claims by state employees. NJ PEOSH expects to have access to this data to focus on the facilities and job duties within the subject NAICS where the majority of injuries are occurring with the expectation of decreasing the injury and illness rates.

Also, in regards to outreach, LWD identified outreach materials, made outreach materials available, conducted outreach for their training and consultative services, and identified potential alliance partners.

FY 2010 ACTUAL ACTIVITIES (SOAR) VS. FY 2010 APP PROJECTIONS NAICS 488

(Source: FY 2010 APP and FY 2010 SOAR))

Activity Measure	FY 2010 Projected	FY 2010 Actual
Decrease injuries and illnesses in state, county and/or local agencies in NAICS code 488 by 5% by 2013 as follows (1% per year) from 2008 baseline:	11.4 TCIR 2009	12.3 TCIR 2009 – Or 7% Increase from baseline - Goal Not Met
# of Inspections Conducted	23 Total for NAICS 488 and NAICS 623	9 NAICS 488 - Goal Not Met
# of Consultation Visits Conducted	5 Total for NAICS 488 and NAICS 623	0 – NAICS 488 - Goal Not Met
# of Outreach/Training and Education Seminars conducted	7 Total for NAICS 488 and NAICS 623	0 for NAICS 488; 20 Total for NAICS 488 and NAICS 623 -- Goal Met
Outreach materials distributed at all above	Outreach materials distributed at all above	2 - Number of Outreach Materials distributed in NAICS 488 – Goal Met

Promote alliances/partnerships with Stake holders	Promote alliances/partnerships with Stake holders	0 – NAICS 488 – Goal Not Met
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Performance Goal 1.2

Decrease work-related injuries and illnesses in State Nursing and Residential Care Facilities (NAICS 623) by an additional 1% (5 % total by 2013).

- During FY 2010, PEOSH NJLWD identified all worksites covered by NAICS 623, sent letters to covered worksites and requested OSHA 300 data, analyzed this data to ensure that it was accurate, and developed a baseline. Specifically, letters were sent to various departments, centers, and offices of the **NJ Department of Corrections, NJ Department of Human Services, NJ Department of Law and Public Safety, and NJ Department of Military and Veterans Affairs, and specific worksites were identified.** These letters required them to submit NJOSH 300 data for every facility for the years 2004, 2005, 2006, 2007 and 2008.

The NJOSH 300 data received from the employers was analyzed and NJDLWD has verified the accuracy of the NJOSH 300 data. The baseline used is the 2008 NAICS 623 incidence rates of non-fatal occupational injuries and illnesses of 15.5 total recordable cases (Source the NJLWD, Division of Program Planning, Analysis and Evaluation)

A five percent decrease from the baseline of 15.5 will result in a rate of 14.7 total recordable cases. The 2009 total recordable case rate increased from the baseline of 15.5 to 16.6; therefore, this goal was not met. Extrapolating back further to 2005 we see that the TCIR has continued to remain relatively high and continued efforts are needed to continue to try to drive these rates down.

Specifically, PEOSH Program consultation staff initiated a consultation to reduce the injuries and illnesses related to workplace violence and lifting (safe patient handling). These facilities have recorded high injury and illness rates. The PEOSH Program will evaluate rates, evaluate the workplace and make recommendations to reduce injuries and illnesses related to workplace violence.

NURSING AND RESIDENTIAL CARE – NAICS 623

Year	TCIR	% Change from Baseline (2008)	% Change from 2005
2005	15.1	N/A	N/A
2006	17.6	N/A	Increase 16.6%
2007	16.7	N/A	Increase 10.6%
2008 Baseline	15.5	N/A	Increase 2.6%
2009	16.6	7% Increase	Increase 9.9%

With regard to outreach; LWD identified outreach materials, made outreach materials available, conducted outreach for their training and consultative services, and identified potential alliance partners.

The NJ PEOSH Safety Training Unit conducted eighteen training classes in topics including Confined Space Awareness, Forklift Safety, Personal Protective Equipment, and Lock Out / Tag Out. Out of the ten listed facilities, PEOSH Safety Trainers worked with five of them. In all, two hundred and six employees were trained in these sessions.

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS NAICS 623
 (Source: FY 2010 APP and FY 2010 SOAR))

Activity Measure	FY 2010 Projected	FY 2010 Actual
Decrease injuries and illnesses in state, county and/or local agencies in NAICS code 623 by 5% by 2013 as follows (1% per year) from 2008 baseline:	15.4 TCIR 2009	16.6 TCIR 2009 - Goal Not Met
# of Inspections Conducted	23 Total for NAICS 488 and NAICS 623	7 NAICS 623 - Goal Not Met
# of Consultation Visits Conducted	5 Total for NAICS 488 and NAICS 623	3 – NAICS 623 - Goal Not Met
# of Outreach/Training and Education Seminars conducted	7 Total for NAICS 488 and NAICS 623	20 for NAICS 623; 20 Total for NAICS 488 and NAICS 623 -- Goal Met
Outreach materials distributed at all above	Outreach materials distributed at all above	235 - Number of Outreach Materials distributed in NAICS 623 – Goal Met
Promote alliances/partnerships with Stake holders	Promote alliances/partnerships with Stake holders	1 – NAICS 623 – Goal Met

Performance Goal 1.3

*Decrease non-fatal occupational injury and illness incident rates in state, county and/or local **Fire Protection (NAICS 92216)** agencies in the specific NAICS segments by an additional 1% (5 % total by 2013).*

The baseline to be used is the 2008 NAICS 92216 incidence rate of nonfatal occupational injuries and illnesses of 11.7 total recordable cases (Source the NJLWD, Division of Program Planning, Analysis and Evaluation).

A five percent decrease from the baseline of 11.7 will result in a rate of 11.1 total recordable cases. The latest A&E data is for the year 2009. The 2009 total recordable cases for Fire Protection increased from the baseline of 11.7 to 12.7. The overall trend for NAICS 92216 is down 8% however, from the 2005 rate of 13.8 National Institute of Occupational Safety and Health (NIOSH) statistics for the fire service identify cardiac arrest and motor vehicle accidents as the predominant cause of firefighter injuries/illnesses and fatalities which are largely beyond the control of NJ PEOSH’s enforcement capabilities.

FIRE PROTECTION – NAICS 92216

Year	TCIR	% Change from Baseline (2008)	% Change from 2005
2005	13.8	N/A	N/A
2006	11.8	N/A	Decrease 14.5%
2007	14.0	N/A	Increase 1.4 %
2008 Baseline	11.7	N/A	Decrease 15.2%
2009	12.7	8 % Increase	Decrease 8.0 %

Please see the Planned vs. Actual Results Summary at the end of Performance Goal 1.2 which summarizes performance goal 1.3 and 1.4 results, respectively.

Also, in regards to training, PEOSH Safety Training Unit conducted six training sessions at the Somerset County Fire Academy in FY2010. Courses that were offered included Work Zone Safety, Flagger Safety, Personal Protective Equipment, and Hazard Communication. These classes were provided to firefighters as part of their training through the academy.

Outreach was performed as representatives of PEOSH promoted PEOSH services at the Professional Firefighters Association of New Jersey's Annual Convention and the Cape May Fire Chiefs Association Meeting. At both events presentations were delivered explaining the different parts of PEOSH including enforcement, consultation and training. It also allowed PEOSH staff to discuss the New Jersey Firefighter Standards in great detail. These events have provided leads for both the consultation and training units.

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS NAICS 92216
 (Source: FY 2010 APP and FY 2010 SOAR))

Activity Measure	FY 2010 Projected	FY 2010 Actual
Decrease injuries and illnesses in state, county and/or local agencies in NAICS code 92216 by 5% by 2013 as follows (1% per year) from 2008 baseline:	11.6 TCIR 2009	12.7 TCIR 2009 – 8% Increase from baseline - Goal Not Met
# of Inspections Conducted	311 Total for NAICS 92216 and NAICS 92212	177 NAICS 92216; 328 Total for NAICS 92216 and NAICS 92212- Goal Met
# of Consultation Visits Conducted	20 Total for NAICS 92216 and NAICS 92212	20 NAICS 92216 - Goal Met
# of Outreach/Training and Education Seminars conducted	30 Total for NAICS 92216 and NAICS 92212	10 NAICS 92216; 15 Total for NAICS 92216 and NAICS 92212 -- Goal Not Met
Outreach materials distributed at all above	Outreach materials distributed at all above	504 - Number of Outreach Materials distributed in NAICS 92216 – Goal Met
Promote alliances/partnerships with Stake holders	Promote alliances/partnerships with Stake holders	0 – NAICS 92216 – Goal Not Met

Performance Goal 1.4 – Local Police Protection (NAICS 92212)

Decrease non-fatal occupational injury and illness incident rates in state, county and/or local Police Protection (NAICS 92212) agencies in the specific NAICS segments by an additional 1% (5 % total by 2013).

The baseline to be used is the 2008 NAICS 92212 incidence rate of nonfatal occupational injuries and illnesses of 11.4 total recordable cases (Source the NJLWD, Division of Program Planning, Analysis and Evaluation).

A five percent decrease from the baseline of 11.4 will result in a rate of 10.8 total recordable cases. The 2009 total recordable cases for the local police protection decreased from the baseline of 11.7 to 10.4

LOCAL POLICE – NAICS 92212

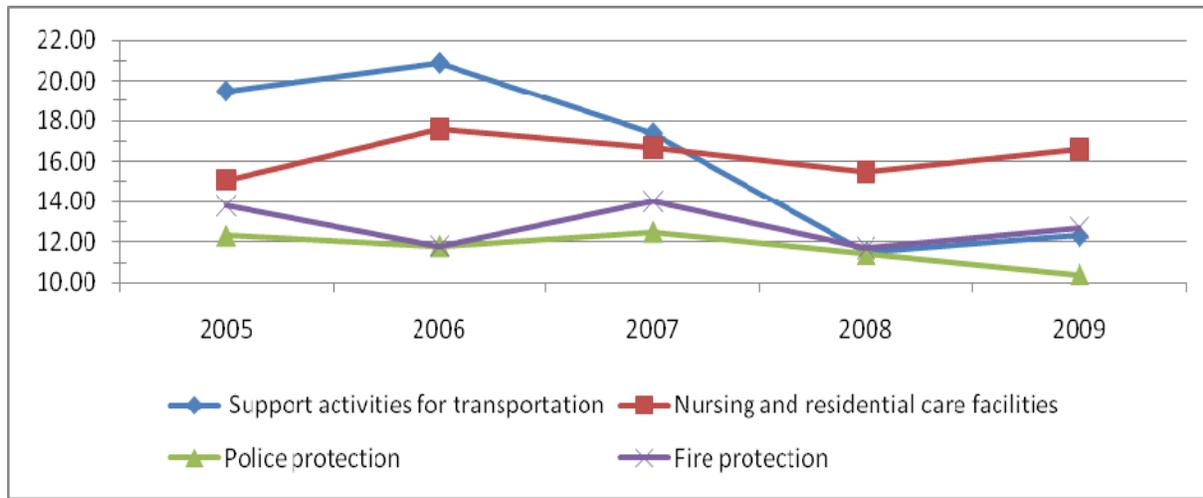
Year	TCIR	% Change from Baseline (2008)	% Change from 2005
2005	12.3	N/A	N/A
2006	11.8	N/A	Decrease 4.1%
2007	12.5	N/A	Increase 1.6%
2008 Baseline	11.4	N/A	Decrease 7.3%
2009	10.4	Decrease 9%	Decrease 15.4

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS NAICS 92212
(Source: FY 2010 APP and FY 2010 SOAR))

Activity Measure	FY 2010 Projected	FY 2010 Actual
Decrease injuries and illnesses in state, county and/or local agencies in NAICS code 92212 by 5% by 2013 as follows (1% per year) from 2008 baseline:	11.3 TCIR 2009	10.4 TCIR 2009 – Decrease 9% form baseline - Goal Met
# of Inspections Conducted	311 Total for NAICS 92216 and NAICS 92212	151 NAICS 92212; 328 Total for NAICS 92216 and NAICS 92212- Goal Met
# of Consultation Visits Conducted	20 Total for NAICS 92216 and NAICS 92212	11 – NAICS 92212; Total of 31 NAICS 92216 and NAICS 92212 - Goal Met
# of Outreach/Training and Education Seminars conducted	30 Total for NAICS 92216 and NAICS 92212	5 for NAICS 92212; 15 Total for NAICS 92216 and NAICS 92212 -- Goal Not Met
Outreach materials distributed at all above	Outreach materials distributed at all above	184 - Number of Outreach Materials distributed in NAICS 92212 – Goal Met

Promote alliances/partnerships with Stake holders	Promote alliances/partnerships with Stake holders	0 – NAICS 92212 – Goal Not Met
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The following is a graphical representation of these four sector above from 2005-2009 showing the Non-Fatal Occupational Injury and Illness Incident Rates for these Industry Sectors Covered by PEOSH 5-Year Strategic Plan



Strategic Goal #2

To promote safety and health values in New Jersey’s public sector workplaces.

***Performance Goal 2.1** – Foster the development of effective health and safety management systems in 100% State Agencies by offering and delivering training programs on Safety and Health Management Systems and development of Labor-Management Safety and Health Committees to 20 % of the agencies each year.*

During FY 2010 – PEOSH identified appropriate materials and drafted a form letter to be sent to state agencies. The FY2010 goal was not met because of a lack of available staff to conduct outreach, training, mailing and to develop alliances.

Also during this fiscal year the PEOSH Compliance Assistance staff member participates in all NJLWD safety committee meetings. These meetings are held once a month and rotate to a different NJLWD location each month. The advantage of holding these meetings at the different locations is the participation of local union representatives and visibility of the joint labor management safety committee to local office NJLWD employees.

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
Training Programs for SHIMS	6	0 - Goal Not Met
Educational Materials	All	0 - Goal Not Met

distributed at each visit		
# of Part/Alliances established	5	0 - Goal Not Met
# of Consultation Visits	7	0 - Goal Not Met

Performance Goal 2.2 – *The NJDHSS PEOSH Program will conduct programmed inspections, and/or consultation visits, and/or provide outreach and training to 20% (110) of municipal departments of public works by the end of FY2013 (4% or 22 per year).*

During FY 2010, NJDHSS PEOSH Program conducted 23 programmed inspections and 7 consultations at municipal departments of public works. At each programmed inspection and consultation, education/outreach materials were provided. In addition 5 training programs were conducted at municipal departments of public works. The annual goal of 22 programmed inspections and consultations was met.

FY 2010 ACTUAL ACTIVITIES (SOAR) VS. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
Programmed Inspections	22	23 - Goal Met
# of Consultation Visits	5	7 - Goal Met
# of Outreach/Training Seminars Conducted	5	5 - Goal Met

Performance Goal 2.3: Achieve a customer service rating of “highly effective” (score 7 or higher, on a scale of 1 thru 10) on a customer satisfaction survey from 90% of public employers subject to an intervention.

During FY2010, public employers who received consultation visits rate their intervention; (a highly effective score is 7 or higher, on scale of 1 through 10 on the customer satisfaction survey). 100 % of public employers responding (42 out of 42) to the PEOSH Consultation survey rated the intervention as highly effective which exceeds the goal of 90% customer satisfaction.

FY 2010 ACTUAL ACTIVITIES (SOAR) VS. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
# of Consultation Visits	120	77 - Goal Not Met
# of Survey Distributed/Received	120	42 - Goal Met

Performance Goal 2.4: Achieve a customer service rating of “highly effective” (score of 4 or higher, on a scale of 1 thru 5) on a customer satisfaction survey which rates the quality of public sector compliance assistance interventions (e.g., outreach, seminars, mass mailings, hazard bulletins, newsletters, etc.) conducted/distributed by PEOSH from 90% of public employers subject to a compliance assistance intervention.

For NJLWD PEOSH Safety Trainers, a new questionnaire was developed with a scale of 1 to 10. Fifty four questionnaires were returned in FY2010. All ninety employers surveyed rated the experience as 7 or higher which according to the scale in the questionnaire was “very good” to “excellent”. Many of the public employers that filled out the survey provided more detailed feedback that helped the PEOSH Safety Trainers refine their curriculum. Based on these results, 100% of those surveyed rated the experience as highly effective.

FY 2010 ACTUAL ACTIVITIES (SOAR) VS. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
# of Education/Training Seminars Conducted	175	204 - Goal Met
# of Compliance Assistance Interventions	5	90 - Goal Met

Performance Goal 2.5: Achieve employee involvement in 100% of PEOSH interventions (e.g., inspections, consultations, etc.)

During FY2010 PEOSH planned to have 100% of PEOSH interventions (e.g., inspections, consultations, etc.) include employee involvement. Onsite review of a sample of enforcement and consultation case files revealed that all files contained adequate documentation of the level of employee involvement, and those employees and/or their representatives were afforded the opportunity to participate in all aspects of the interventions.

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
# of Enf. Inspections	1020	1335 - Goal Met
# of Enf. Inspections where Employees were conferred with	1020	1335 - Goal Met
# of Consultation Visits	120	162- Goal Met
# of Consultation Visits where Employees were conferred with	120	162 - Goal Met

Performance Goal 2.6: Bring 4 new public sector work sites into the Safety and Health Achievement Recognition Program (SHARP) every year for the 5 year Strategic Plan (20 new sites by 2013). Six new sites were brought into SHARP during FY10. This goal was exceeded

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
# of Safety and Health Achievement Recognitions awarded	4	0 - Goal Not Met

Strategic Goal 3

Performance Goal 3.1: Initiate inspections of fatalities and catastrophes within one (1) day of notification for 95% of occurrences to prevent further injuries or deaths. All 10 (100%) of fatality investigations were initiated within one day during FY10. This goal was met.

There were 10 fatalities in FFY 2010. All investigations were initiated within one day of notification exceeding the Strategic Goal of 95%.

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
Number of fatalities investigated within one day of notification	100%	100% (10 out of 10) - Goal Met

Performance Goal 3.2A: Initiate 95% of safety complaint inspections within five (5) working days of notification. This goal was exceeded as 100% of complaints were initiated within five working days of complaint receipt totaling 96 complaints during FY2010.

For FFY 2010, the NJDLWD received 75 complaints. All resulting inspections were initiated within 5 days. NJDLWD 100% of the complaint investigations were initiated within 5 days.

FY 2010 ACTUAL ACTIVITIES (SOAR) vs. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
Number of safety complaints initiated within five (5) working days of notification	100%	100% (75 out of 75) - Goal Met

Performance Goal 3.2B: Initiate 95% of non-IAQ/non-sanitation health complaint inspections within 5 working days of notification.

For FFY2010 NJDHSS PEOSH Program received 28 complaints. Twenty-six (26) inspections were initiated within five days (average 2.6 days, range 1-9 days). The NJDHSS PEOSH Program received 86 IAQ and sanitation complaints in FFY2010. The goal to initiate 95% of non-IAQ/sanitation complaints was not met. 93% (26/28) of the non-IAQ, non-sanitation complaints were initiated within five days.

The small sample size renders the percent that PEOSH fell short somewhat inconsequential and as a practical matter this goal was met.

FY 2010 ACTUAL ACTIVITIES (SOAR) VS. FY 2010 APP PROJECTIONS

(Source: FY 2010 APP and FY 2010 SOAR)

Activity Measure	FY 2010 Projected	FY 2010 Actual
# of health Complaints received	140	114
# of Non-IAQ, sanitation health complaints initiated within 5 working days	40	26 Out of 28 – 93% Goal Met

Appendix A

FY 2010 EFAME Findings and Recommendations

N/A – New Jersey PEOSH has adequately addressed all recommendations from the FY 2009 EFAME Report and no new issues have been identified.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
<p>09-1 09-2</p>	<p>The 2009 EFAME noted that IMIS data was not being managed in both the S&H Enforcement and Consultation Programs</p>	<p>09-1: NJ PEOSH must ensure Compliance Staff and Management complete required IMIS forms and ensure IMIS standard reports are reviewed on a regular basis to ensure proper IMIS database management. Corrective actions should include comprehensive IMIS data entry training. OSHA is prepared to assist NJ PEOSH with IMIS training.</p> <p>09-2: PEOSH Public Sector Consultation must ensure that consultants conferring with employees properly enter this data into the IMIS system.</p>	<p>See State Action Taken.</p>	<p>As of February 2010 NJ PEOSH is using and printing OSHA forms 91A, 91B, 92, 93 and 98. The PEOSH is entering the required data into the IMIS system.</p> <p>IMIS training was conducted 11/29/10. Both enforcement and consultation will be sending super users to OIS training scheduled. PEOSH Consultants (21D) took the OIS Super User training. Enforcement Super User training was March 21 – 25, 2011. Verification that IMIS data is being input is being performed by supervisors. The PEOSH Consultation Supervisors are aware of what needs to be reviewed and ensures that case files are adequately documented. NJ PEOSH uses management reports to determine whether case files are being closed in a timely manner and that all case files are being transferred to the NCR.</p>	<p>Completed.</p>

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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				<p>SAMM reports are used to assess the effectiveness of the 11/29/2010 training and PEOSH managers review case files on a weekly basis to assure that the all cases are transferred and closed out within the required time frames.</p> <p>Appropriate forms are completed and a copy is in the case file. Supervisor review of case files now includes assuring that appropriate OSHA forms are completed and included in the case file.</p>	
09-3	<p>The 2009 EFAME noted that there were delays in verifying abatement of serious hazards.</p> <p>Delaying abatement verification until follow-up visits delays verification of hazards that can be abated quickly.</p>	<p>PEOSH Consultation must improve its performance in verifying the abatement of serious hazards in a timely manner. OSHA suggested continuing to run abatement reports using and projecting for abatement 2 weeks prior to due dates, to enable PEOSH staff time to remind employers of abatement in advance of abatement due dates.</p>		<p>As of November 15, 2010 the PEOSH Consultation Supervisors review the uncorrected hazard reports on a weekly basis to identify cases where abatement extends beyond established time frames.</p>	Completed.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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09-4	The 2009 EFAME noted that case file documentation was lacking employee exposure, employer knowledge, names of contacts, etc.	Provide training to all field staff, including supervisory staff, to ensure that all inspection case file documentation meets the minimum requirements set forth in PEOSH's Field Inspection Reference Manual or Field Operations Manual and institutionalize established documentation requirements.		<p>Beginning on November 15, 2010 all case files submitted are reviewed to ensure that they contain OSHA 1Bs (as appropriate), narrative reports documentation of employee exposure. Field staff attended additional training on January 14, 2011 that was provided by OSHA Region 2 in reference to case file documentation.</p> <p>All case files are required to contain all documentation outlined during the training.</p>	<p>Completed.</p> <p>According to PEOSH; case files are improving with regards to documentation since the Jan. 14, 2011 documentation training session held by OSHA. Documentation of employer knowledge is still a concern and PEOSH managers understand that "just checking a box" is not sufficient. Managers are reviewing cases to ensure that the files document how employer knowledge was established per FOM. OSHA recommended that the quality of the files be addressed in CSHO's performance</p>

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

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					<p>appraisals.</p> <p>OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.</p>
09-5	<p>The 2009 EFAME noted that fatality inspections lacked documentation as well as letters to the next of kin.</p>	<p>Provide training to CSHOs to reiterate the policies relating to fatality investigations including the following:</p> <ul style="list-style-type: none"> ▪ Proper procedures relating to making the appropriate communication to the family of victims (i.e. next of kin letters, inspection findings, etc.) and the requirement of documenting such communication in the file. ▪ Implement internal 		<p>All next of kin are now notified of fatality investigations. Letters are sent for each file. This was implemented after the NJ PEOSH was notified at the closing conference of these requirements.</p> <p>All fatality investigations are opened within 1 day of the NJ PEOSH becoming aware. All fatality investigations and reports are reviewed by NJ PEOSH management. Updates on the status of these reports are completed</p>	<p>Completed.</p> <p>OSHA Region 2 personnel reviewed the fatality inspections that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing these issues effectively.</p>

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

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		<p>controls to ensure that all fatality investigations are opened within a timeframe established by agency policy.</p> <ul style="list-style-type: none"> ▪ Provide training to all field staff, including supervisory staff, to ensure that all accident/fatality investigations meet the minimum requirements of federal OSHA and the PEOSH FOM or FIRM (i.e. providing detailed narrative documenting the facts that surround the incident, field notes, evidence of employee exposure, evidence of employer knowledge and completion of the appropriate forms (i.e. OSHA 36's and OSHA 170's). 		<p>weekly. All fatality investigations are discussed among management and staff. Comprehensive field notes are included in all files. OSHA 36's and 170's are completed for each file. Currently hard copies are included in all fatality files. These procedures have been reinforced with all field, management and support personnel.</p> <p>Immediately following the audit, NJ PEOSH implemented a procedure that requires that a letter be sent to family of deceased employees. This procedure was implemented in February 2010</p>	

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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09-6 09-7	The 2009 EFAME noted that PEOSH lacked a policy for targeting high hazard areas and selecting establishments for inspection.	<p>OSHA recommended that PEOSH develop consistent inspection selection criteria for the selection of sites within targeted NAICS codes for inspection and that inspections that are opened as a result of unprogrammed activity (e.g., complaints and referrals, etc.) in targeted NAICS that have not recently received a comprehensive inspection are expanded to comprehensive inspections under the program.</p> <p>PEOSH should develop a formal policy relating to the industries targeted under its Strategic Plan for FY09-2013 including:</p> <ol style="list-style-type: none"> 1) The identification and selection of sites targeted for inspection 2) Guidance for CSHOs on conducting inspections of sites targeted (e.g., common hazards that may be causing the high injury and illness rates, when to expand unprogrammed 		<p>PEOSH asserted that they have a consistent inspection selection program and focuses on the facilities identified in the 5 year Strategic plan. NJ PEOSH prioritizes inspections and responds to complaints, imminent danger and planned inspections are per the methodology fully explained in the PEOSH FIRM and the annual performance plan. Compliance staff focuses on targeted facilities. The NJ PEOSH internal data base tracks these inspections.</p> <p>PEOSH is developing inspection form guidance for all targeted facilities and will provide field staff with a check list for those specific targeted sites. These lists will identify common hazards in these facilities. In addition, PEOSH supervision will make copies of all assigned county log books and will direct field staff to target facilities and will monitor these audits weekly.</p>	<p>Completed.</p> <p>Programmed inspections are based on the PEOSH Strategic Plan, i.e. specific industries fire dept., police dept., etc. OSHA posed the question as to how the State is choosing a particular site for a particular day. The State's response was that every facility in a given industry within a Compliance Officer's jurisdiction needs to be inspected. The sites are prioritized based on the length of time since the last inspection. This appears to be an effective method of targeting high hazard areas.</p>

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

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		<p>inspections to comprehensive, etc..) 3) Proper coding of targeted inspections.</p>		<p>PEOSH's inspection scheduling criteria is to inspect all targeted facilities within each assigned territory.</p> <p>NJ PEOSH has a policy that all facilities identified within specific NAICS codes as listed in the 5 year strategic plan are inspected, negating the need for random selection criteria.</p> <p>Since the audit NJ PEOSH has instructed field staff that all inspections in targeted industries are to be comprehensive, regardless of the whether they were initiated as a programmed or unprogrammed inspection.</p>	
09-8	<p>The 2009 EFAME noted PEOSH case file documentation is lacking, especially in safety cases. Case files reviewed lacked evidence of employee exposure, employer knowledge of the cited hazardous conditions, names and contact information for</p>	<p>Provide additional training to all field staff, including supervisory staff, to ensure that all inspection case file documentation meets the minimum requirements of a prima facie case as set forth by federal OSHA and the State of New Jersey policy</p>	<p>PEOSH field staff will be re-trained to ensure document exposures are in all case files. NJ PEOSH will include printed 1B forms in all files as well as the inspection narrative that documents employee exposures.</p>	<p>As of Nov 15, 2010 field staff has have been retrained to include evidence of employee exposure in each case file. OSHA Region 2 provided additional case file documentation training scheduled for January</p>	<p>Completed. OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were</p>

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

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	employee(s) interviewed and documentation addressing affirmative defense issues. In addition many files also did not include narratives or OSHA 1B forms or their equivalent (forms in which violations are documented).	(Field Inspection Reference Manual or Field Operations Manual).	.	14, 2011 Beginning November 15, 2010 all case files now have documentation of employee exposure, employer knowledge and contain OSHA 1A, 1 B and inspection narrative report.	opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively
09-9	The 2009 EFAME noted that PEOSH case files lack documentation of employer/employee representative involvement.	Provide training to all field staff regarding the agency's policy of Union/Employee Representative involvement during and after inspections and the requirement to properly document compliance with this policy in the case file.	PEOSH asserted that 100% of all NJ PEOSH cases have always included employee /union participation. This is documented in each case file. Opening conference check sheets have always included this information. Employee and union representatives have always received copies of all orders to comply and case closing information. OSHA acknowledges that PEOSH was making contact with unions, etc., however the special study identified that PEOSH case file did not adequately document union contact. NJ PEOSH staff has been retrained to include employee names in interview notes and include these as part of the inspection file.	As of February 2010 there is a requirement that all opening conference documents include the name of employee / union representatives. Field staffs have been instructed to also include employee/employer names in interview notes.	Completed. OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

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			All files reviewed by the audit team contained the name of the union rep. The only criticism dealt with names to be included on field notes. This has been corrected since the audit.		
09-10	The 2009 EFAME noted that PEOSH case files lack documentation of employee exposure, employer knowledge of the cited hazardous conditions, names and contact information for employee(s) interviewed and documentation addressing affirmative defense issues. In addition many files also did not include narratives or OSHA 1B forms or their equivalent.	Provide training to all field staff, including supervisory staff, to ensure that all inspection case files contain all of the documentation required by Federal OSHA FIRM and the equivalent requirements of the State of New Jersey FIRM. Implement internal controls to ensure that all cases are reviewed on a supervisory level to make certain that all violations issued meet the prima facie requirements.	All case files currently include hard copies of OSHA 1B's and narrative reports. These were always formerly completed, but not printed out and placed in the case files. Since the audit, case file documentation has been augmented to include evidence of exposure and employer knowledge.	NJ PEOSH has completed a model case file and uses this as a template for all current cases. NJ PEOSH supervision reviews and signs off on each submitted case and maintains its case file status through its internal data base.	Completed. OSHA Region 2 personnel reviewed a sample of PEOSH enforcement and consultation case files that were opened subsequent to the 2009 EFAME and verified that that PEOSH is addressing this issue effectively
09-11	The 2009 EFAME noted that in both the health and safety cases reviewed; the overwhelming majority of violations in which abatement periods granted were given 60 day abatement periods. In many cases, given the nature of the violations, the abatement time period assessed was excessive.	Provide additional training to all field staff, including supervisory staff, to ensure that abatement issues are handled in accordance with established policy including: <ul style="list-style-type: none"> ▪ Ensure appropriate abatement periods are assigned for unabated 	NJ PEOSH is revisiting this issue and will reassess shorter time periods for abatements and also encourage abatement during inspection whenever possible. NJ PEOSH verifies abatement for all Orders to Comply. (LWD) conducts 100% follow up inspections to verify abatement.	PEOSH concluded that shorter abatement periods are in most cases attainable. Abatement extensions will be handled appropriately through the use of PMA's and interim abatement documentation. PEOSH and OSHA Region 2 agree that this	Completed.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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		<ul style="list-style-type: none"> violations. ▪ Ensure that all abatement information accepted satisfies the order to comply prior to closing the case. ▪ For cases with CDI, ensure that the file documents the method of abatement and that the CSHO observed the abatement. ▪ Implement internal controls to ensure that all Petitions for Modification of Abatement (PMA) dates are reviewed on a supervisory level to ensure that all required information is contained in the request prior to granting the PMA. ▪ Ensure that Failure to Abate Notices are issued where appropriate. 	<p>NJ PEOSH management monitors PMA. NJ PEOSH has received additional NCR training from Region 2 in order to aid with this process.</p> <p>NJ PEOSH has a process for failure to abate. A second penalty order to comply establishing penalties is issued in these cases.</p> <p>NJ PEOSH tracks all outstanding orders to comply. Employers are required to submit abatement documentation prior to the abatement date. This information is kept in each file.</p> <p>Employers are required to submit PMA information in a timely manner and to supply NJ PEOSH with interim procedures prior to sending extensions.</p> <p>Compliance staff is required to enter abatement information into IMIS when abatement occurs.</p>	<p>will be an ongoing challenge. Some municipalities have funding issues which delay abatement of hazards (i.e. major construction to abate a hazard the municipality needs to get money approval first). Supervisors are reminding their staff that violations that can be easily abated need to be done timely.</p> <p>PEOSH also stated that they now evaluate "interim" abatement measure to evaluate whether the interim measure constitute final abatement.</p> <p>Since the audit NJ PEOSH management is monitoring to assure that this is occurring. NJ PEOSH has asked OSHA Region 2 for additional IMIS training in this area.</p> <p>NJ PEOSH maintains an internal data base that tracks all inspections and abatements.</p>	

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
				During the audit, OSHA Region 2 did not review this data base.	
09-12	The 2009 EFAME noted that appropriate informal conference notes were not maintained in the files thus it was not possible to determine whether correct procedures were followed. No documentation was included in the files indicating who was present or what was discussed.	PEOSH representatives must thoroughly document the following in the case file: The fact that notification to the parties was made (employee and/or employee representative notification) and the date such notification was made, time and location the informal conference was held; at the conclusion of the informal conference, all main issues and potential courses of action must be summarized and documented in accordance with PEOSH policy.	Informal conferences are attended by field staff and NJ PEOSH managers. All informal conferences include documentation of employee involvement and the outcome of the meeting. Each file contains the outcome and any further actions that were a result of the conference. This was not evident to the audit team as NJ PEOSH maintains separate files for penalty cases. The failure to abate files will be combined with the penalty files to eliminate this problem. Since penalty cases are not entered into the NCR (separate orders are issued) No tracking exists in the NCR for these cases	As of February 2010 the requirement that all penalty case files include informal conference notes and document that informal conferences are attended by field staff as well as PEOSH managers has been reiterated to the field staff. Penalty case files are filed separately and original case files are combined with them. This procedure was instituted following the audit.	Completed. The issue of tracking changes to case files based on informal settlements will be reviewed after OIS deployment and corrective action may be required at that time. At a minimum PEOSH may need to develop an internal system of tracking penalty case data as its process differs from the standard OSHA procedure.
09-13	The 2009 EFAME noted that IMIS data input and maintenance was not being managed in accordance with PEOSH and OSHA policy.	Provide IMIS Administration training for PEOSH IT personnel, Supervisors, CSHO's, Consultants and	See State Action Taken.	NJ PEOSH continues to work with NCR issues and as of November 29, 2010 OSHA Region 2 has provided training in	Completed. This issue will be reviewed after OIS deployment.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	Rejected forms were not being corrected, standard IMIS reports such as draft forms reports were not reviewed and uplinks and data transfer from the local IMIS to the NCR Host computer was not being ensured. In many instances data was not transferred from PEOSH to the host resulting inaccurate data available for evaluation, analysis, and review.	Compliance Assistance Specialists and ensure appropriate IMIS management is implemented. Federal OSHA Region II is willing to assist in providing retraining for PEOSH personnel who use and manage the IMIS system.		this area	Debugging of the conflicts between the PEOSH data system and OIS may be required at that time
09-14	The 2009 EFAME noted that prior to the study; Region II identified eight discrimination investigation cases which indicated an inordinate number of days open. The cases indicated the number of days pending from 377 days to 1896 days. A review of this matter revealed that the eight cases entered into the IMIS system were duplicates/triplicates that were created erroneously	It is recommended that supervisors continue to review IMIS Reports in order to eliminate duplicate discrimination case reporting. (A procedure had already been put in place to address this concern.)	See State Action Taken.	IMIS would not allow PEOSH managers to remove old cases which appeared to be active when they were not. This issue has been resolved and PEOSH now has the ability to manage the data. IMIS training was conducted by OSHA Nov. 29, 2010.	Completed.
09-15	The 2009 EFAME noted that at the time of the special study there were two investigators assigned to investigate complaints within the entire state of New Jersey. One investigator had recently been promoted to Assistant Chief, leaving only	PEOSH should review the number of discrimination investigators that are qualified and assigned to handle discrimination investigations and adjust staffing based on demand throughout the state.	See Action Taken.	PEOSH has requested additional training for discrimination officers. OTI has limited offerings and NJ PEOSH has asked Region 2 to help with this. The newly appointed Assistant Chief is continuing to handle	Completed. As of this writing there were no openings for the Whistleblower training at OTI. PEOSH. OSHA Region 2 has

Appendix B
New Jersey PEOSH State Plan
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	one investigator assigned to handle discrimination complaints.			discrimination cases as part of his duties.	<p>committed to provide assistance to ensure that PEOSH investigators can register for classes as they become available.</p> <p>PEOSH is committed to having the discrimination investigators trained and provided that the budget allows and courses are offered will send staff the appropriate OTI classes as they become available. In addition OSHA Region 2 will work with PEOSH to attempt to find effective alternatives to training at OTI.</p> <p>This is an on-going issue.</p>

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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					Attempts are continually being made to bring OTI persons to give Whistleblower training. Due to budgetary restraints and lack of course availability this issue has not been resolved.
09-16	The 2009 EFAME noted that for several years prior to the special study PEOSH was unable to send Safety and Health Compliance and discrimination investigation personnel to the OSHA Training Institute for technical training. The lack of training is directly attributed to the New Jersey Department of Labor and Workforce Development's (LWD) policy that precludes state funds from being expended for employees to travel outside the state due to budgetary restrictions.	PEOSH should ensure discrimination investigators assigned to the program are properly trained. Means to send investigators to required training should be developed.	See State Action Taken.	OTI has limited offerings so PEOSH has decided to use local resources to bring in new training opportunities. PEOSH attends all courses offered through OSHA Region 2 and has sent compliance staff to OTI. Additional staff attended OTI in the fall of 2010 for legal aspects training.	Completed. Though the moratorium on out of state has been lifted budgetary constraints are still in place for travel. OSHA is working with PEOSH to find low cost training, such as Region 2's CSHO In-Service Training which is presented in central NJ, upstate NY and metro NY.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
Status of Findings, Recommendations, and Corrective Actions

Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-17	The 2009 EFAME noted that there was a lack of consistency with the methods and procedures followed for the investigation of discrimination complaints.	PEOSH should adopt a case file organization system such as the system which is outlined in the discrimination investigators manual.	NJ PEOSH follows OSHA's discrimination file organization form outline while conducting whistleblower investigations. PEOSH has 2 discrimination officers and following the audit, both are following the OSHA format	As of February 2010 PEOSH is following the case file organization as per the discrimination investigation manual. Supervisors are verifying the forms are correctly filled out.	Completed.
09-18	<p>The 2009 EFAME noted that at the time of the special study PEOSH used a "Discrimination Complaint Form" which was filled out by the complainant, is signed and dated and then mailed to the Office of Public Employee Safety.</p> <p>This form initiated the start of an investigation. The Complaint Form aside there was no formal documentation of interviews with either complainants, witnesses or other involved or interested parties. PEOSH did not use written or recorded statements or memorandums to file to document the underlying elements of a discrimination complaint. PEOSH did not use the Case Activity Log or any other means to document the flow</p>	PEOSH should use either a statement form or a memorandum to file to document statements made by complainants, witnesses or other interested parties; and utilize the Case Activity Log and the Final Investigative Report format.	NJ PEOSH is following the format as indicated by OSHA Region 2 in its assessment of the NJ PEOSH whistleblower program. Both discrimination investigators are <i>following</i> the same format in case files.	As of February 2010 PEOSH is following the case file organization as per the discrimination investigation manual. Supervisors are verifying the forms are correctly filled out.	Completed.

Appendix B
New Jersey PEOSH State Plan
FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	of investigative activity with respect to each case.				
09-19	<p>The 2009 EFAME noted that for several years prior to the special study, PEOSH had not sent Safety and Health CSHOs or their supervisors to the OSHA Training Institute or any other out-of-state location for technical training. This is directly attributed to a State policy that prohibits state funds from being used for employee travel outside the state (ostensibly due to budgetary restrictions).</p>	<p>PEOSH and the state of NJ should resolve the budgetary restrictions which prohibit investigators from attending courses at The OSHA Training Institute and the Annual Discrimination Investigator Training.</p>	<p>See State Action Taken.</p>	<p>PEOSH staff members are attending OTI and local and regional training when offered. OTI has severely limited course offerings and PEOSH sent staff to available courses in the summer and fall of 2010. PEOSH is using local training sources and attending courses put on by OSHA Region 2.</p> <p>PEOSH is currently sending field staff to training at OTI and is also using Rutgers University to provide updated training for field/management staff.</p> <p>NJ LWD is approving training requests for PEOSH staff to attend training at OTI as the budget allows and classes are made available</p>	<p>Completed.</p> <p>Restrictions have been lifted allowing the State to send people for training. This is evidenced by CSHOs being waitlisted initially and now on the list to attend training outside the state.</p>

Appendix B
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FY 2010 Enhanced FAME Follow-up Report Prepared by Region 2
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Rec #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
09-20	The 2009 EFAME noted that there were several CSHOs who did not receive mandatory training, for example; 50% of the enforcement staff (both safety and health) did not have Legal Aspects training.	Develop and implement a comprehensive training plan to provide mandatory training to CSHOs and their supervisors to bring them up to the minimum training standards established in OSHA Instruction TED-01-00-018 "Initial Training Program for OSHA Compliance Personnel" and to provide adequate training for discrimination investigators. PEOSH must also ensure the allocation of necessary funding to accomplish the training plan.	PEOSH will schedule staff for training required by TED 01-00-018. Since there are limited class openings PEOSH will prioritize the training plan based on staff training needs available space and program needs. The training plan will be put in place by the end of November 2010.	See Corrective Action Plan.	Completed. Budget restrictions have been lifted allowing the State to send people for training. This is evidenced by CSHO's being wait-listed and then approved to attend training outside the state.

Appendix C
New Jersey Public Employee Only State Plan
FY 2010 Enforcement Activity

	NJ*	State Plan Total	Federal OSHA
Total Inspections	1,330	57,124	40,993
Safety	1,089	45,023	34,337
% Safety	82%	79%	84%
Health	241	12,101	6,656
% Health	18%	21%	16%
Construction	50	22,993	24,430
% Construction	4%	40%	60%
Public Sector	1,330	8,031	N/A
% Public Sector	100%	14%	N/A
Programmed	586	35,085	24,759
% Programmed	44%	61%	60%
Complaint	147	8,986	8,027
% Complaint	11%	16%	20%
Accident	8	2,967	830
Insp w/ Viols Cited	600	34,109	29,136
% Insp w/ Viols Cited (NIC)	45%	60%	71%
% NIC w/ Serious Violations	69%	62.3%	88.2%
Total Violations	2,570	120,417	96,742
Serious	2,013	52,593	74,885
% Serious	78%	44%	77%
Willful	-	278	1,519
Repeat	-	2,054	2,758
Serious/Willful/Repeat	2,013	54,925	79,162
% S/W/R	78%	46%	82%
Failure to Abate	3	460	334
Other than Serious	554	65,031	17,244
% Other	22%	54%	18%
Avg # Violations/ Initial Inspection	4.4	3.4	3.2
Total Penalties	\$38,985	\$ 72,233,480	\$ 183,594,060
Avg Current Penalty / Serious Violation	\$ 6.80	\$ 870.90	\$ 1,052.80
Avg Current Penalty / Serious Viol- Private Sector Only	N/A	\$ 1,018.80	\$ 1,068.70
% Penalty Reduced	0.0%	47.7%	40.9%
% Insp w/ Contested Viols	0.0%	14.4%	8.0%
Avg Case Hrs/Insp- Safety	-	16.2	18.6
Avg Case Hrs/Insp- Health	-	26.1	33
Lapse Days Insp to Citation Issued- Safety	9.3	33.6	37.9
Lapse Days Insp to Citation Issued- Health	29.7	42.6	50.9
Open, Non-Contested Cases w/ Incomplete Abatement >60 days	6	1,715	2,510

Appendix D

FY 2010 State Activity Mandated Measures (SAMM) Report For NJ PEOSH

State Activity Measures (SAMMs)		Samm run date 11/12/2010	Samm run date 01/28/2011
Measure	Reference	FY10	FY11 1 st Quarter
1. Avg days to Initiate Cmp Inspections	5 days/ 5 days Strat Goal	LWD 100% 5 days DHSS 93% non IAQ 5days	66.31
2. Average days to Initiate Cmp Investigations	1 day	0.0	0.0
3. % Complaints where complainants were notified on time	100%	100%	100%
4. % Complaints/referral responded within 1 day - Imminent Danger	100%	0	100%
5. # Denials where entry not obtained	0	0	0
6. % SWR verified abated within abatement date plus 30 days			
Private	100%	0	0
Public	100%	84.94	83.36
7. Avg. days from opening conference to Citation Issuance			
Safety	47.3	12.19	14.33
Health	61.9	38.86	52.28
8. % Programmed Inspections with SWR Violations			
Safety	58.4%	57.66	86.55
Health	50.9%	72.41	72.73
9. Avg. Violations per inspections with violations			
S/W/R	2.1	4.48	4.77
Other	1.2	1.23	2.10

Appendix D

FY 2010 State Activity Mandated Measures (SAMM) Report For NJ PEOSH

State Activity Measures (SAMMs)			
Measure	Reference	FY10	FY11 1 st Quarter
10. Avg. Initial Penalty per Serious (Private Sector Only)	\$1,360.4	0	0
11. % of Total Inspections in Public Sector	100%	100%	100%
12. Avg. Contest Lapse Time	217.8	0	0
13. % 11c Cases completed within 90 days	100%	90.91	0.00
14. % 11c meritorious cases	21.2%	18.18	0.00
15. % 11c meritorious cases settled	86.0%	0.00	0.00

Appendix E

FY 2010 State Indicator Report (SIR) --
Not Applicable for New Jersey Public Employee Only State Plan

Appendix F

NJ PEOSH Federal Fiscal Year 2010 State OSHA Annual Report (SOAR)

(available separately)