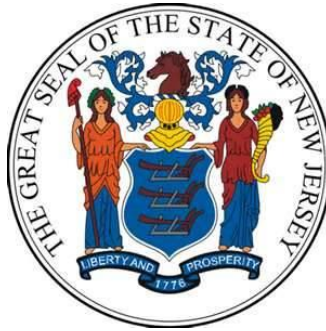


FY 2012 Abridged Federal Annual Monitoring and Evaluation (FAME) Report

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



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**Prepared by:
U. S. Department of Labor
Occupational Safety and Health Administration
Region 2
New York, New York**



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I. Executive Summary

The New Jersey's 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 (DOH). The Commissioner overseeing the State Plan is Harold J. Wirths. 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.

PEOSH covers both safety and health disciplines. Private sector enforcement is retained under federal jurisdiction, while private sector consultative services are provided by the NJLWD Consultation Services Bureau under section 21(d) of the OSH Act. Private sector consultation services are administered under a separate grant and a review of that program is not included in this report. The New Jersey State plan agreement 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 or repeat violations. There is, also a provision for penalties on all failure to correct violations. PEOSH's review proceedings are similar to Federal OSHA review procedures.

For FY 2012, PEOSH's initial total 23(g) grant amount was \$5,062,883, which included federal/state matching funds of \$1,984,700 and state overmatch funds of \$1,093,483. Staffing continues to be a concern with multiple vacancies within PEOSH. The total FTE allocated for PEOSH is 49. PEOSH currently has 33 FTE's on board – of which 22 fall under enforcement and five (5) are under consultation (23(g) public sector only) and the remaining six (6) are managers or administrative staff. PEOSH is making credible efforts to effectively hire new staff. Part of this effort includes the hiring of two new safety compliance officers. Currently interviews and selection has been made for two (2) new safety CSHOs, however the process takes a considerable amount of time as they are required to go through civil service screening. PEOSH is confident that these two (2) new hires will be on board before the end of FY 2013.

The purpose of this report is to assess the State's progress related to enforcement activities and progress towards achieving their annual performance goals established in their FY 2012 Annual Performance Plan. This report incorporates the findings of the 2011 Federal Annual Monitoring Evaluation (FAME) for the State's 23(g) program.

PEOSH continues to have a significant enforcement presence in the workplace through its inspection activity despite a decrease in the number of inspections conducted during FY 2012. Overall, PEOSH reported in their SOAR, a total of 1,236 inspections conducted during

FY 2012; this number is slightly down from 1,279 in FY 2011. The 1,236 inspections during FY 2012 included 1,022 safety inspections and 214 health inspections. Outreach and training by PEOSH also continues to excel. PEOSH's compliance assistance and training staff have conducted significant outreach to targeted high hazard agencies. The training unit for PEOSH (both labor and health) conducted 318 training classes, exceeding the goal of 150 training classes by 52%.

PEOSH's 2011 FAME noted six (6) recommendations. It is OSHA Region 2's assessment that PEOSH in its 2011 Corrective Action Plan (CAP) adequately addressed all items.

Complaint Processing Timeliness Issue: The FY 2011 FAME noted that in the health case files reviewed, there was an excessive time period between receipt of the complaint to initiation of IAQ inspections; as well as an excessive time period between the closing conference and sending a letter to the complainant advising them of the complaint inspection findings.

NJ DOH established a policy in August of 2012, to handle many of the IAQ complaints as non-formals. The policy mirrors Federal OSHA's policy on responding to non-formal complaints. Complainants are notified of the employer's response and if they are not satisfied with their employer's response DOH will conduct an on-site inspection. The health response time to complaints has been reduced to 48.82 days (56%) compared to the FY 2011 response time of 111.75 days.

Complaint Processing Issue: The FY 2011 FAME noted that in the safety case files reviewed, letters to the complainants were missing in the file.

PEOSH has committed to ensuring that an acknowledgement letter to the complainant shall be issued. The complainant will receive a cover letter addressing the completion of the inspection and the results of the inspection. A copy of the Order-To-Comply (OTC) will be included.

Forms Processing Issue: The FY 2011 FAME noted that safety case files did not contain an OSHA 1 when follow-up inspections had been conducted.

Staff received instructions to include OSHA 1s in all follow-up inspections. Case files will also include a "Follow-up Inspection File Documentation Checklist" that addresses the inclusion of an OSHA 1.

Lack of Case File Documentation: The FY 2011 FAME noted that case files lacked *prima facie* evidence to support the specific citations issued. Crucial documentation such as employee exposure, a description of the hazard and how employees are exposed to the hazard, as well as failing to specify the location of the hazard on the OSHA 1b was missing in the case files.

PEOSH will be utilizing new Inspection Field Notes/OSHA 1b worksheet that includes the necessary information to satisfy the OSHA 1b information requirements. Staff was

instructed that all fields of information on the field notes/worksheet must be filled in on the OSHA 1b form. The staff also received a sample of a completed OSHA 1b that contained the appropriate/acceptable entries.

Excessive Abatement Dates: The FY 2011 FAME revealed that abatement time periods proposed were excessive.

Field staff were instructed to propose appropriate and reasonable abatement time periods as it relates to the hazard being cited. 60 day abatement periods should no longer be assigned unless warranted. Staff have been instructed to encourage employers to correct all violations at the time of the inspection when feasible.

Inadequate Abatement Documentation: The FY 2011 FAME noted that specific documentation as to how violations were corrected was not documented in case files.

Documentation of the specific means of abatement performed by the employer is required in the case files. As stated above a "Follow-up Inspection File Documentation Checklist" is required to be submitted with each close-out file. The checklist addresses required documented means of abatement.

II. Major New Issues

PEOSH has adequately addressed all recommendations from the FY 2011 FAME and no new issues have been identified.

III. State Progress in Addressing FY 2011 FAME Report Recommendations

PEOSH's 2011 FAME noted six (6) recommendations. It is OSHA Region 2's assessment that PEOSH in its 2011 FAME Corrective Action Plan adequately addressed all items.

Finding 11-01 Complaint Processing Timeliness Issue

The health case files that were reviewed revealed an excessive time period between receipt of the complaint to initiation of IAQ inspections (120+ days) - 6/6 IAQ Health cases; and an excessive time period between the closing conference and sending a letter to the complainant advising them of the complaint inspection findings (50+ days); 6/18 Health cases.

Recommendation 11-01

Ensure timely response to complaints and complainants in accordance with PEOSH's Field Operations Manual (FOM).

Status 11-01

PEOSH policy requires that complaints alleging serious violations be opened within five (5) days and those alleging non-serious hazards must be opened within 120 days. (Federal OSHA requires all formal complaints to be opened within five (5) work days)

PEOSH – DOH established a policy in early 2012 to handle many of the Indoor Air Quality (IAQ) complaints as non-formal in an attempt to reduce the IAQ backlog. The policy mirrors Federal OSHA’s policy on responding to non-formal complaints. Employers are contacted by letter re: complaint items and given five (5) days to respond back as to the status of the complaint items. The complainant is then notified of the employer’s response and if they are not satisfied with their employer’s response DOH will conduct an on-site inspection. The complaint processing response time continues to improve – in FY 2012 the health response time to complaints was 48.82 days compared to 111.75 days in FY 2011. (SAMM report 11-14-12 – SAMM #1) OSHA considers this item to be completed.

Finding 11-02 Complaint Processing Issue

Letters to the complainants were missing in 35% of the safety case files (seven (7) of 20) reviewed. Documentation in the files referred to letters to complainants but no letters were in the case files.

Recommendation 11-02

Ensure case files include all required forms and all letters or communications related to the complaint

Status 11-02

All existing protocols/procedures in accordance with the PEOSH FOM and office directives shall remain in effect. In addition, PEOSH committed to ensuring that an acknowledgement letter from the LWD office to the complainant shall be issued. The complainant will receive a cover letter addressing the completion of the inspection and the results of the inspection. A copy of the Order-To-Comply (OTC) will be included. All staff received an email with the new sample cover letter that is to be sent to the complainant and were instructed to include the letter in correspondence to the complainant. This was accomplished by October 1, 2012. OSHA considers this item to be completed.

Finding 11-03 Forms Processing Issue

Safety case files (10 of 35) did not contain an OSHA 1 when follow-up inspections had been conducted

Recommendation 11-03

Ensure case files include all forms as required.

Status 11-03

Staff has been instructed to include OSHA 1s in all follow-up inspections. For staff stationed at field report offices that do not have a Federal NCR system printer, they will need to print them at the Trenton LWD location. Field staff shall call Trenton LWD and have the follow-up OSHA 1 faxed/scanned to their location for inclusion in case files prior

to submitting to the office. This was accomplished by October 1, 2012. Case files will also include a "Follow-up Inspection File Documentation Checklist" that addresses the inclusion of an OSHA 1. OSHA considers this item to be completed.

Finding 11-04 Lack Of Case File Documentation:

The audit revealed that case files lacked *prima facie* evidence to support the specific citations issued. For example, of the 26 safety case files reviewed, 23 (88%) continued to lack crucial documentation such as employee exposure, while all 26 lacked a description of the hazard and how employees are exposed to the hazard, as well failing to specify the location of the hazard on the OSHA 1b. Very little improvement was noted during this review compared to the FY 2009 report when 100% of the safety case files lacked case file documentation as well as lacking OSHA 1b forms. The health case files showed improvement. Only eight (8) of the 18 case files reviewed (44%) lacked the required evidence to support the citations issued compared to 100% of the case files reviewed in FY 2009.

Recommendation 11-04

Document case files in accordance with PEOSH Field Operations Manual FOM

Status 11-04

To ensure compliance that PEOSH is meeting the *prima-facie* requirements for hazard description, employee exposure, and employer knowledge, etc.; PEOSH will be utilizing a new Inspection Field Notes/OSHA 1b worksheet that includes the necessary information to satisfy the OSHA 1b information requirements.

The staff were informed that all fields of information on the field notes/worksheet must be documented at the time of the inspection for citation of violations and then transferred to the OSHA 1b form when entering the violations into the system. All staff received a sample of a completed OSHA 1b that contained the appropriate/acceptable entries. An email that included the new field note/OSHA 1b worksheet page was sent to all field staff. This was accomplished by October 1, 2012. OSHA considers this item to be completed.

Finding 11-05 Excessive abatement time periods specified for correction (Excessive Abatement Dates)

Though improved from FY 2009 when a majority of the proposed abatement dates were excessive, the audit revealed that in both the safety and health case files, abatement time periods proposed continue to be excessive.

Some examples during this review included 30 days abatement for respirators being removed from service, 60 days for an exit blocked by a fire hose and 60 days for an electrical panel to be labeled.

Recommendation 11-05

Ensure appropriate time periods are established for all abatement.

Status 11-05

As of October 1, 2012, field staff was instructed to propose appropriate and reasonable abatement time periods as it relates to the hazard being cited. 60 day abatement periods should no longer be assigned unless warranted. Staff is to encourage employers to correct all violations at the time of the inspection when feasible – i.e., blocked exits, cords used beyond a temporary basis etc. For OTC's that have multiple abatement dates, the CSHO must explain to the employer when abatement is due and have the employer acknowledge the agreed upon abatement dates at the time of the inspection. The OTC must indicate that documentation is required for all citation abatement. Staff was instructed to check the box relating to employers submitting abatement documentation when entering the violation in the oracle application. Follow-up inspections shall be scheduled in accordance with the longest abatement period listed on the OTC.

Management is auditing all case files to assure that unreasonable abatement dates are not being granted. OSHA considers this item to be completed.

Finding 11-06 Inadequate Abatement Documentation

Twenty percent (20%) of safety case files reviewed (seven (7) of 35) lacked specific documentation as to how violations were corrected. Abatement documentation in the health files was adequate

Recommendation 11-06

Ensure all case files contain all required abatement documentation.

Status 11-06

Follow-up inspections are conducted to assure abatement. The staff, particularly safety, is required to document in the case file the specific means of abatement performed by the employer. A follow-up inspection checklist is submitted with each close-out file. This checklist will be used as a tool by the supervisor to ensure that required follow-up abatement documentation is in the case file. Staff has also been instructed to enter a Petition to Modify Abatement (PMA) on the NCR when an employer has requested an extension on the abatement. This was accomplished by October 1, 2012. OSHA considers this item to be completed.

IV. Assessment of FY 2012 State Enforcement Measures

Inspection Activity

The FY 2012 Inspection Activity micro-to-host report (INSP8 report 1-24-13) shows that PEOSH OSHA conducted a total of 1,300 inspections during the fiscal year: 1,081 safety inspections and 219 health inspections. This represents 128 inspections below their Planned vs. Actual (PVA) projections of 1,428 inspections.

*** PEOSH reported that they didn't meet the inspection goals due to two (2) safety enforcement staff retiring in FY 2012.*

A. Enforcement

1. Complaints

During this evaluation period, NJ PEOSH responded to 218 complaints with an average response time of 40.13 days from notification. This is decrease from 83.58 days in FY 2011. (SAMM report 11-09-12 – SAMM #1)

PEOSH policy requires that complaints alleging serious violations be opened within five (5) days and those alleging non-serious hazards must be opened within 120 days. (Federal OSHA requires all formal complaints to be opened within five (5) work days)

The FY 2011 FAME **(11-01)** noted that complaint processing timeliness was an issue particularly with the health cases. There was an excessive time period between receipt of a complaint to initiation of IAQ inspections as well as excessive time between the closing conference and sending the letter to the complainant advising them of the inspection findings.

PEOSH – DOH established a policy in early 2012 to handle many of the Indoor Air Quality (IAQ) complaints as non-formal in an attempt to reduce the IAQ backlog. The policy mirrors Federal OSHA's policy on responding to non-formal complaints. Employers are contacted by letter re: complaint items and given five (5) days to respond back as to the status of the complaint items. The complainant is then notified of the employer's response and if they are not satisfied with their employer's response DOH will conduct an on-site inspection. The complaint processing response time continues to improve. OSHA considers this item to be completed.

Of all complaints processed in FY 2012, 100% of the complainants were notified on time. This is the same percentage as in FY 2011. (SAMM report 11-09-12 – SAMM#3)

Finding **11-02** in the FY 2011 FAME noted that letters to complainants were missing in 35% of the safety case files reviewed.

In accordance with PEOSH's FOM and office directives, PEOSH has committed to ensuring that an acknowledgment letter from the LWD office to the complainant shall be issued. The complainant will receive a cover letter addressing the completion of the inspection and the results of the inspection. A copy of the Order-To-Comply (OTC) will be included. All staff received an email with the new sample cover letter that is to be sent to the complainant and were instructed to include the letter in correspondence to the complainant. An inspection file documentation checklist has been created and is to be submitted with each case file. The complaint acknowledgment letter as well as the cover letter addressing the completion of the inspection is part of this checklist. This was accomplished by October 1, 2012. OSHA considers this item to be completed.

2. Fatalities

PEOSH recorded 10 fatalities for FY 2012 an increase of three (3) from the FY 2011 total of seven (7) fatalities. It should be noted that five (5) of the 10 fatalities for FY 2012 were determined to be “not work-related.” Responses to all fatalities were within established timeframes.

No findings or issues were found in the FY 2011 FAME audit regarding fatalities.

3. Targeting and Programmed Inspections

PEOSH conducted a total of 1,300 inspections during FY 2012 – 1,081 were safety inspections and 219 were health inspections. Of the 1,300 inspections: 705 were unprogrammed inspections. The unprogrammed inspections included five (5) accident investigations, 148 complaint inspections, 48 referral inspections, 16 monitoring inspections, and 484 follow-up inspections. (INSP8 report 1-24-13)

Of the 590 inspections classified as programmed, 580 were planned, five (5) were program related and five (5) were classified as “other.”

Inspections by industry: one (1) inspection was in the construction industry and the remaining 1,299 were classified as other inspections.

PEOSH focused programmed inspection resources based on historical incidence of recordable injuries and illness cases. Under this program PEOSH conducted inspections within the four (4) public sector agencies targeted for enforcement interventions as follows:

- Transportation Support Services – seven (7) inspections
- State Nursing and Residential Care Facilities – 11 inspections
- Local Fire Protection – 337 inspections
- Local Police Protection – 60 inspections

Based on inspection results PEOSH’s targeting appears to be appropriate.

The FY 2011 FAME **(11-03)** noted that case files did not contain an OSHA 1 for follow-up inspections most notably in the safety case files.

Staff has been instructed to include OSHA 1s in all follow-up inspections. For staff stationed at field report offices that do not have a Federal NCR system printer, they will need to print them at the Trenton LWD location. Field staff shall call Trenton LWD and have the follow-up OSHA 1 faxed/scanned to their location for inclusion in case files prior to submitting to the office. This was accomplished by October 1, 2012. Case files will also include a “Follow-up Inspection File Documentation Checklist” that addresses the inclusion of an OSHA 1. OSHA considers this item to be completed.

4. Citations and Penalties

Citations/Notices of Violations:

In FY 2012, PEOSH issued 3,598 violations (INSP8 report 1-24-13) compared to 2,535 issued in FY 2011 an “increase of 1,063 violations.” Of the 3,598 violations issued, 2,274 were Serious, one (1) was Repeat, one (1) was Willful, there were no Failure to Abates and the remaining 1,322 were Other-than-Serious.

The percent of inspections with serious/willful/repeat (S/W/R) violations is 84.21% for safety inspections and 78.18% for health inspections, both well above the national averages of 58.5% (S) and 53% (H). (SAMM report 11-09-12 – SAMM #8)

PEOSH issued an average of 3.41 S/W/R violations per inspection and 1.99 for “other-than-serious” violations per inspection. PEOSH continues to be above the national average of 2.1 for S/W/R and slightly above the national average of 1.2 for “other-than-serious.” (SAMM report 11-09-12-SAMM #9)

The FY 2011 FAME (**11-04**) noted that case files lacked *prima facie* evidence to support the specific citations. PEOSH will be utilizing a new Inspection Field Notes/OSHA 1b worksheet that includes the necessary information to satisfy the information requirements.

The staff were informed that all fields of information on the field notes/worksheet must be filled in at the time of the inspection for citation of violations and then transferred to the OSHA 1b form when entering the violations into the system. All staff received a sample of a completed OSHA 1b that contained the appropriate/acceptable entries. An email that included the new field note/OSHA 1b worksheet page was sent to all field staff. This was accomplished by October 1, 2012. OSHA considers this item to be completed.

Penalties:

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 or repeat violations. There is, also a provision for per diem penalties on all failure-to-correct violations issued. During FY 2012, the monetary penalties assessed by PEOSH were \$63,383.26.

Lapse Time:

PEOSH’s citations lapse time (the average number of calendar days from opening conference to citation issuance) for FY 2012 was calculated at 16.11 days for safety, an increase from 12.77 days in FY 2011 but still below the national average of 55.9 days. The lapse time for health was 64.52 days, an increase from 57.47 days in FY 2011 and slightly below the national average of 67.9 days. (SAMM report 11-09-12-SAMM #7)

5. Abatement

During FY 2012, the percentage of serious, willful, repeat violations cited that was verified as abated within the abatement date plus 30 days was 76.60 % instead of 100% (1,745 SWR out of 2,278). The 76.60% is below the 85% value for FY 2011. (SAMM report-11-09-12-SAMM #6)

The FY 2011 FAME (**11-05** and **11-06**) noted two (2) findings related to Abatement.

a) Excessive Abatement Periods (**11-05/09-11**): Though improved from FY 2009 when a majority of the proposed abatement dates were excessive, the audit revealed that in both the safety and health case files, abatement time periods proposed continue to be excessive. It was frequently found that 60-day abatement periods were assigned for violations that should be able to be abated within one to two business days.

Staff was instructed that appropriate and reasonable abatement time periods shall be proposed as it relates to the hazard being cited. Staff is to encourage employers to correct all violations at the time of the inspections that are feasible. For OTC's that have multiple abatement dates, the CSHO must explain to the employer when abatement is due and have the employer acknowledge the agreed upon abatement dates at the time of the inspection. The OTC must indicate that documentation is required for all citation abatement. Staff was instructed to check the box relating to employers submitting abatement documentation when entering the violation in the oracle application. Follow-up inspections shall be scheduled in accordance with the longest abatement period listed on the OTC. Management is auditing all case files to assure that unreasonable abatement dates are not being granted. OSHA considers this item to be completed.

b) Abatement Documentation (**11-06/09-11**): Inadequate documentation (no specifics given) on how violations were abated was noted in 20% of safety cases (seven (7) of 35). Abatement documentation in the health case files was adequate.

PEOSH conducts follow-up inspections to assure abatement. The staff, particularly safety, received instructions regarding proper documentation in the case file i.e., the specific means of abatement performed by the employer. A follow-up inspection checklist has been created and is to be submitted with each close-out file. This checklist will be used as a tool by the supervisor to ensure that required follow-up abatement documentation is in the case file. Staff has also been instructed to enter a Petition to Modify Abatement (PMA) on the NCR when an employer has requested an extension on the abatement. This was accomplished by October 1, 2012. OSHA considers this item to be completed.

6. Employee and Union Involvement

OSHA is confident that PEOSH continues, as they did in FY 2011, to follow proper procedures outlined in their FOM with regards to appropriate notifications being delivered to employees and their union representatives and that all were afforded an opportunity to participate in the inspection process.

B. Review Procedures

Under PEOSH's state plan, employers, employees and other affected parties may seek informal review with the Department of Labor relative to a Notice of Violation/Order to Comply, the reasonableness of the abatement period, and penalties(if any). The parties noted above may seek formal administrative review with the New Jersey Occupational Safety and Health Review Commission, a board appointed by the Governor and authorized under section 34:6A.42 of the New Jersey Public Employees' Occupational Safety and Health Act to hear and rule on appeals of orders to comply and any penalties proposed. Any employer, employee or employee representative affected by a determination of the Commissioner may file a contest within 15 working days of the issuance of an Order to Comply. The Review Commission will issue an order, based on a finding of fact, affirming, modifying, or vacating the commissioner's Order to Comply or the proposed penalty, or directing other appropriate relief, and the order becomes final 45 days after its issuance. Judicial review of the decision of the Review Commission may be sought at the Appellate Division of the Superior Court.

1. Informal Conferences

PEOSH has no first instance sanctions and therefore conducts very few informal conferences. During FY 2012, PEOSH held four (4) informal conferences. Three (3) of the four (4) employers agreed to full comprehensive safety and health consultation visits in exchange for a penalty reduction. One (1) employer could not reach an agreement and the file was forwarded to the Review Commission for a determination.

2. Formal Review of Citations

Issues could not be resolved with the one (1) employer noted above and subsequently the file was forwarded to the Review Commission for a determination. Because there are other actions involving this employer, such as a whistleblower investigation, the PEOSH Review Commission forwarded the case to the Office Administrative Law (OAL) for consolidation of the related cases to be heard and resolved based on one determination. The issue is still pending.

Contested cases were not logged into the IMIS database, so no data was available on average lapse time from receipt of contest to first level decision (SAMM report 11-09-12-SAMM #12). Once the new OSHA Information System (OIS) is rolled out, PEOSH anticipates being able to log the information needed to evaluate this measure.

C. Standards and Federal Program Changes Adoption

1. Standards Adoption

A total of two (2) Federal Standards were issued during FY 2012. The notice of intent to adopt was timely for both standards.

2. Federal Program/State Initiated Changes

During FY 2012 there were a total of six (6) Federal Program Changes that required a notice of intent to adopt. PEOSH responded in a timely manner with their intent.

*** Although PEOSH responded in a timely manner there is still one (1) outstanding issue regarding the Global Hazard Communication directive. PEOSH responded that they will be adopting the GHS standard however they currently have a State Standard (NJAC 12:100 Subchapter 7) for hazard communication that covers both employees and the communities under DEP's Right to Know. To adopt this directive NJ will have to go through legislation and possibly through the governor which will require an extension for the adoption. At no time during this extension will NJ public employees not be covered by a hazard communication.*

D. Variances

There were no variances requests received or processed during FY 2012.

E. Public Employee Program

One hundred percent (100%) of all inspections conducted by PEOSH occurred in the public sector.

F. Discrimination Program

PEOSH continues to have two (2) investigators who are trained to conduct discrimination complaints. During FY 2012, PEOSH conducted eight (8) discrimination complaint investigations, three (3) of which were completed within 90 days. Four (4) cases were determined to be meritorious and three (3) cases were not meritorious. Four (4) of the cases (one (1) merit and three (3) non-merit) were forwarded to the Office of Administrative Law and are pending at this time.

The FY 2011 review of NJ PEOSH's Whistleblower Program, determined that the program is in conformance with guidelines and meets the objectives of the guidelines effectively.

G. Voluntary Compliance Program

Although PEOSH does not have a Voluntary Compliance Program, it does have a Safety and Health Achievement Recognition Program (SHARP) which is comparable to a Voluntary Compliance Program. See page 20 under Section VI, Other Areas of Note.

H. Program Administration

Staffing:

Staffing continues to be a concern with multiple vacancies within PEOSH. Enforcement staffing continues to fall short on the safety side with 11 safety compliance officers

compared to the 15 that were allocated, and on the health side with five (5) industrial hygienists compared to the seven (7) that were allocated. PEOSH is making credible efforts to effectively hire new staff. Part of this effort includes the hiring of two (2) new safety compliance officers. Currently interviews and selection has been made for two (2) new safety CSHOs, however the process takes a considerable amount of time as they are required to go through civil service screening. PEOSH is confident that these two (2) new hires will be on board before the end of FY 2013.

Training:

PEOSH continues to provide CSHOs the opportunity to attend the OSHA Training Institute (OTI) for the much needed safety and health technical training. In addition PEOSH took advantage of a number of local training opportunities. During FY 2012 PEOSH personnel attended OSHA's Senior CSHO training, as well as various training classes provided by the Atlantic OSHA Training Center. PEOSH has also taken full advantage of applicable OSHA in- house webinars conducted by OTI.

Funding:

PEOSH did not return any 23(g) funding during FY 2012.

Information Management (IMIS):

PEOSH continues to use IMIS system for information management.

State Internal Evaluation Program (SIEP):

The New Jersey State Internal Evaluation Program (SIEP) consists of field audits conducted to evaluate CSHO performance to key job elements. This program was initiated to determine if program operations conform to policies and procedures established by the State Plan.

V. State Progress in Achieving Annual Performance Goals

PEOSH's FY 2012 Annual Performance Plan consisted of three (3) fundamental goals to reduce workplace injuries, illnesses and fatalities in New Jersey.

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- State Support Activities for Transportation (NAICS488)
(Source: FY 2012 APP and FY 2012 SOAR)

Entities targeted under this emphasis include:

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

A five percent decrease from the baseline of 11.5 percent will result in a rate of 10.9 recordable cases. The latest Division of Program Planning, Analysis and Evaluation data is for the year 2011. The 2011 total recordable cases for Support Activities for Transportation decreased from the baseline of 12.3 to 12.0; however, the 12.0 does not meet the 5% goal of 10.9.

Performance Goal 1.2- State Nursing and Residential Care Facilities (NAICS623)
(Source: FY 2012 APP and FY 2012 SOAR)

Entities targeted under this emphasis include:

- NJ Department of Corrections
- NJ Department of Human Services
- NJ Department of Law and Public Safety
- NJ Department of Military and Veterans Affairs

The baseline used is the 2009 NAICS 623 incidence rates of non-fatal occupational injuries and illnesses of 16.6 total recordable cases (Source the NJDLWD, Division of Program Planning, Analysis and Evaluation) The 2011 total recordable case rate decreased from the baseline of 16.6 to 10.6. PEOSH exceeded the goal of a 5% decrease.

Performance Goal 1.3- Local Fire Protection (NAICS 92216)
(Source: FY 2012 APP and FY 2012 SOAR)

The baseline to be used is the 2009 NAICS 92216 incidence rate of nonfatal occupational injuries and illnesses of 12.7 total recordable cases (Source the NJDLWD, Division of Program Planning, Analysis and Evaluation). A five percent decrease from the baseline of 12.7 will result in a rate of 12.1 total recordable cases.

The latest Division of Program Planning, Analysis and Evaluation data is for the year 2011. The 2011 total recordable cases for Fire Protection decreased from 12.8 to 12.7.

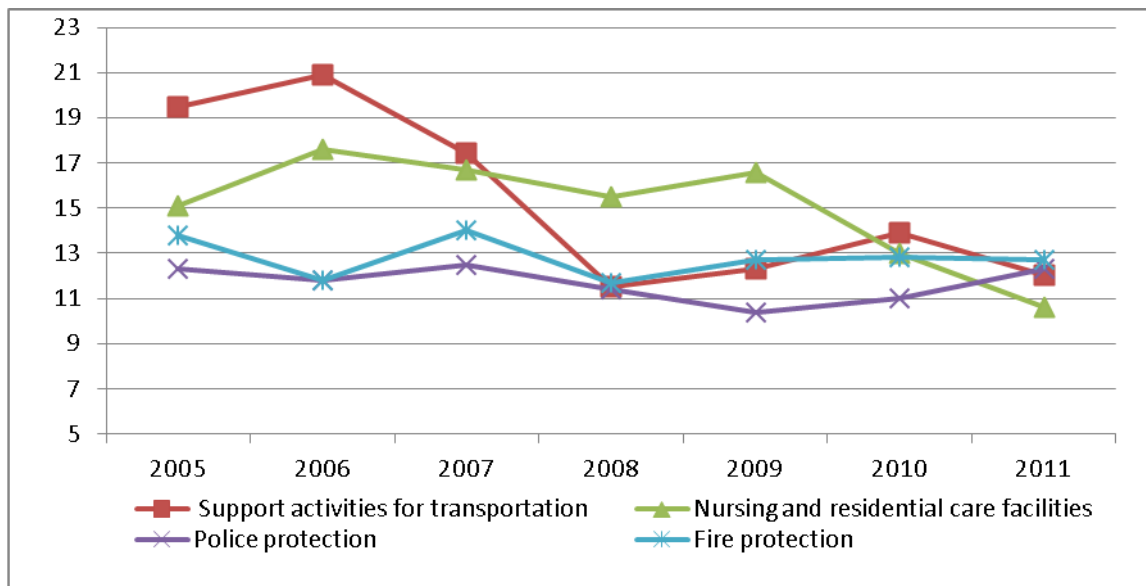
National Institute of Occupational Safety and Health (NIOSH) statistics for the fire service identify cardiac arrest and motor vehicle accidents as the predominant cause of firefighter injuries/illnesses and fatalities which are largely beyond the control of NJ PEOSH's enforcement capabilities.

Performance Goal 1.4 – Local Police Protection (NAICS 92212)
(Source: FY 2012 APP and FY 2012 SOAR)

The baseline to be used is the 2009 NAICS 92212 incidence rate of nonfatal occupational injuries and illnesses of 10.4 total recordable cases (Source the NJDLWD, Division of Program Planning, Analysis and Evaluation). A five percent (5%) decrease from the baseline of 10.4 will result in a rate of 9.9 total recordable cases.

The 2011 total recordable cases for the local police protection increased from the baseline of 10.4 to 12.3. PEOSH will continue to focus on inspection activities in NAICS 92212 for FFY 2013. It should be noted that a number of injuries in this sector occur to be assaults on police officers.

The following is a graphical representation of PEOSH’s progress toward reducing the Non-Fatal Occupational Injury and Illness Incident Rates for the Industry Sectors Covered by the PEOSH 5-Year Strategic Plan Goal #1.



PEOSH Strategic Goal #2: To promote safety and health values in New Jersey’s public sector workplaces.

Performance Goal 2.1- Disseminate Guidelines for Joint Labor Management Health and Safety Committees to all New Jersey State Agencies. Encourage public New Jersey State Agencies to develop and implement or improve Joint Labor Management Safety and Health Committees.

(Source: FY 2012 APP and FY 2012 SOAR)

The FY2012 goal was not met because staff retired and were not replaced. NJ PEOSH has requested that this goal be removed from the strategic plan due to lack of resources. Region 2 is reviewing this request.

Performance Goal 2.2- The NJDOH-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). (Source: FY 2012 APP and FY 2012 SOAR)

During FY 2012, NJDOH PEOSH Program conducted 33 programmed inspections and nine (9) consultations at municipal department of public works. In addition three (3) outreach and training/education seminars were conducted. The annual goal of 22 programmed inspections was exceeded as was the goal of five (5) consultation visits. The goal of five (5) outreach and training/education seminars was not met.

Performance Goal 2.3- Customer Satisfaction (Consultation)
(Source: FY 2012 APP and FY 2012 SOAR)

During FY 2012, public employers who received consultation visits rate their intervention; (a highly effective score is seven (7) or higher, on scale of one (1) through 10 on the customer satisfaction survey). One hundred percent (100%) of public employers responding to the PEOSH Consultation survey rated the intervention as highly effective which exceeds the goal of 90% customer satisfaction.

Performance Goal 2.4 - Customer Satisfaction – (Education and Training)
(Source: FY 2012 APP and FY 2012 SOAR)

For FY 2012, PEOSH planned to have 90% of compliance assistance interventions (e.g., outreach, seminars, mass mailings, hazard bulletins, newsletters, etc.) conducted/distributed in the public sector have rated the intervention as highly effective. (For NJDOH a score three (3) or higher, on a scale of one (1) through five (5) on the customer satisfaction survey, and for NJDLWD a score of seven (7) or higher on a scale of one (1) through 10 on the customer satisfaction survey.)

Of those who responded to the survey, 100% rated the compliance assistance as highly effective.

Performance Goal 2.5 - Employee Involvement
(Source: FY 2012 APP and FY 2012 SOAR)

There was 100% employee involvement.

In addition, PEOSH is involved in other activities that include involvement of employees or their representative including: PEOSH Advisory Board Subcommittee on workplace violence in Schools and the American Lung Association, Pediatric/Adult Asthma Coalition (IAQ related).

Performance Goal 2.6 - Safety and Health Achievement Recognition (SHARP)
(Source: FY 2012 APP and FY 2012 SOAR)

As stated the FY 2012 Annual Plan, PEOSH planned to award four (4) worksites the Safety and Health Achievement Recognition (SHARP). This goal was not met; three (3) new worksites received SHARP recognition as well as one (1) worksite receiving a SHARP renewal consultation visit.

PEOSH Strategic Goal #3: Fatality Investigations/Inspections

Performance Goal 3.1 - Initiate inspections of fatalities and catastrophes within one (1) day on notification for 95% of occurrences to prevent further injuries or deaths by the end of FFY 2012.

(Source: FY 2012 APP and FY 2012 SOAR)

There were 10 fatalities (five (5) work-related) in FY 2012. All investigations were initiated within one (1) day of notification exceeding the Strategic Goal of 100%.

Performance Goal 3.2A - Safety Complaints Received – Initiate 95% of safety complaint inspections within five (5) working days of notification.

(Source: FY 2012 APP and FY 2012 SOAR)

During FY 2012, the NJDLWD received 48 complaints. All resulting inspections were initiated within five (5) days exceeding the goal.

Performance Goal 3.2B – Health Complaints Received – Initiate 95 % of non-IAQ/non-sanitation health complaint inspections within five (5) working days of notification.

(Source: FY 2012 APP and FY 2012 SOAR)

For FY 2012, NJDOH-PEOSH Program received 27 complaints. Twenty seven (27) inspections were initiated within five (5) days (average 3.1 days, range 1-5days). The NJDOH-PEOSH Program received 150 IAQ and sanitation complaints in FY 2012. One hundred percent (100%) of the non-IAQ/sanitation complaints were initiated within five (5) days exceeding the 95% goal.

VI. Other Areas of Note

1- Public Sector On-Site Consultation Program (MARC report 11-07-12)

During FY 2012, PEOSH's public sector consultation program conducted a total of 114 consultation visits, 24 visits above their projected 90 visits outlined in the Annual Performance Plan. Included in this total are 82 safety and health full service visits, 21 limited service visits and nine (9) training and assistance visits. The total of 114 visits was 126% of the total projected goal of 90.

2- Safety and Health Achievement Recognition Program (SHARP)

PEOSH renewed approval for the following three (3) sites under SHARP:

- ☐ Township of Raritan Police Department - renewal approved 6/14/2012 - granted until 6/14/2014
- ☐ Township of Raritan Municipal Complex - renewal approved 6/14/2012 - granted until 6/14/2014
- ☐ Bellmawr Fire Station 2 & Bellmawr Fire Station 3 (treated as one SHARP for Department) - renewal approved 9/7/2011 - granted until 9/7/2013

3- Complaint About State Program Administration (CASPA)

A CASPA was submitted to the Regional office September 28, 2011 with an investigation into the items being completed during FY 2012. The CASPA contained six (6) items pertaining to the PEOSH program and relating to staffing issues and the return of grant money. The CASPA was deemed significant and was reviewed by the National office.

Below is a list of each CASPA complaint item and the status (as of 10/05/2012) of the item following the investigation:

Complaint Item 1:

Staffing for PEOSH is inadequate --specifically, the lack of hiring additional safety and health inspectors and returning grant money to the US Dept. of Labor.

Status:

NJDOH currently has five (5) of seven (7) Industrial Hygienist compliance positions filled and has hired an entry level Industrial Hygienist who, though not a field inspector, is responsible for administrative duties, thus freeing field inspectors for enforcement activity.

PEOSH LWD currently has 12 of 15 safety compliance positions filled and has been authorized to hire two (2) more safety compliance staff, bringing the total number of Safety Compliance Officers to 14 out of a maximum of 15. The Region continues to address staffing as part of its regular monitoring activities in accordance with the State Plan Policies and Procedures Manual (SPPPM). It is Region 2's determination that both PEOSH LWD and DOH have acted in accordance with the SPPPM and the grant agreement and are currently making progress in filling vacancies.

Complaint Item 2:

Reassign staff to address 6-month backlog of Indoor Air Quality (IAQ) and Sanitation Complaints

Status:

PEOSH's Indoor Air Quality standard goes beyond federal requirements. PEOSH DOH recognized that they were experiencing an unacceptable backlog for IAQ and sanitation complaints. Rather than let the backlog increase, PEOSH decided to develop and implement a procedure akin to OSHA's non-formal complaint investigation procedure in an effort to reduce or eliminate hazards in the most efficient and effective way practical.

As of August 15, 2011, two hundred nineteen (219) letters have been sent to employers. Of the 219 letters sent to employers – 104 have been assigned to CSHOs for inspection, 1 was withdrawn (no jurisdiction), 86 were closed by letter with an ok from the complainant, leaving 28 letters waiting for a response from the employer. This item continues to be addressed as part of its regular monitoring activities. Region 2 is satisfied that PEOSH acted in accordance with the SPPPM and the FOM and at this point no further action is required by PEOSH.

Complaint item 3:
Declining number of enforcement inspections

Status:
PEOSH was estimated to conduct 1,265 inspections in 2011. PEOSH actually conducted 1,188 inspections in 2011. The goal was based on a staff of 22 compliance officers. PEOSH had 17 compliance officers. In addition, because certain travel restrictions were lifted, PEOSH sent a number of compliance officers for training in FY 2011, which took away from time that could have been spent on field inspections.

In consideration of PEOSH staffing levels, PEOSH's training schedule, feedback received during regular monitoring activities, Region 2 is satisfied that the numbers of inspections conducted fulfilled the requirements of the 23(g) grant and that PEOSH will conduct an increased amount of inspections proportional to onboard staff in FY 2012.

Complaint Item 4:
Declining number of educational and consultation services to unions. Note the consultation services at issue are funded under the 23(g) grant for consultation services to the public sector.

Status:
PEOSH consultation services are generally provided to public employers.

As a result of the hiring freeze, NJLWD PEOSH Consultation faced staffing challenges in FY 2010. As of October 1, 2011 two NJLWD Employees have been reassigned to spend 50% of their time completing PEOSH Consultations. Also in FY 2010 PEOSH began training its PEOSH trainers and compliance assistance specialist to assist in performing PEOSH consultations as needed. With the addition of two 50% PEOSH consultants, NJLWD will continue to utilize other PEOSH staff to assist with consultation.

Most public facilities employ union workers; therefore NJLWD PEOSH Consultation is provided almost exclusively to union employees. Region 2 is satisfied that the numbers of training and consultation visits conducted by PEOSH fulfilled the requirements of the 23(g) grant. However, OSHA has encouraged PEOSH to periodically reach out to the public employee unions to listen to their concerns and recommendations as they relate to PEOSH.

Complaint Item 5:
Lack of "Customer Satisfaction Surveys" from actual inspections conducted.

Status:

As background, PEOSH distributes customer satisfaction surveys at consultation and training sessions to employers and training attendees. The purpose of the surveys is to gather information as to where process improvements are needed. Given the fact that customer satisfaction surveys are not required by the grant agreement, the SPPPM or PEOSH's FOM, OSHA cannot require PEOSH to perform customer satisfaction surveys following inspections. However, OSHA has encouraged PEOSH to periodically reach out to the public employee unions to listen to their concerns and recommendations as they relate to PEOSH.

Complaint Item 6:

Returning federal "matching dollars" in the amount of \$332,535.17 which when matched by the State of New Jersey would total \$665,000.

Status:

As indicated in the previous responses, there were several vacancies that were not filled during the fiscal year 2011. These vacancies contributed to some of the surplus funds. In accordance with the SPPPM and the 2011 23(g) grant agreement, PEOSH acted appropriately by returning unused grant money. No further action is necessary.

Appendix A – New and Continued Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

There are no new or continued findings and recommendations for FY 2012.

Appendix B – Observations Subject to Continued Monitoring
FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

There are no Observations for FY 2012.

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
11-01	<p>Complaint Processing Timeliness Issue The health case files that were reviewed revealed an excessive time period between receipt of the complaint to initiation of IAQ inspections (120+ days) - 6/6 IAQ Health cases; and an excessive time period between the closing conference and sending a letter to the complainant advising them of the complaint inspection findings (50+ days); 6/18 Health cases.</p>	<p>Ensure timely response to complaints and complainants in accordance with PEOSH's Field Operations Manual (FOM).</p>	<p>The NJ Department of Health PEOSH Program continues to respond to all serious complaints within five working days. Indoor Air Quality and Sanitation complaints are addressed within five (5) days using a letter. The complainants are kept informed of the activities and responses of their employers. If they are not satisfied with their employer's response an on-site inspection is conducted. Our complaint processing response time continues to improve.</p>	<p>PEOSH policy requires that complaints alleging serious violations be opened within five (5) days and those alleging non-serious hazards must be opened within 120 days. (Federal OSHA requires all formal complaints to be opened within five (5) work days). PEOSH – DOH established a policy in early 2012 to handle many of the Indoor Air Quality (IAQ) complaints as non-formal in an attempt to reduce the IAQ backlog. The policy mirrors Federal OSHA's policy on responding to non-formal complaints. Employers are contacted by letter re: complaint items and given five (5) days to</p>	Completed

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
				respond back as to the status of the complaint items. The complainant is then notified of the employer's response and if they are not satisfied with their employer's response DOH will conduct an on-site inspection. The complaint processing response time continues to improve – in FY 2012 the health response time to complaints was 48.82 days compared to 111.75 days in FY 2011.	
11-02	Complaint Processing Issue Letters to the complainants were missing in 35% of the safety case files (seven (7) of 20) reviewed. Documentation in the files referred to letters to	Ensure case files include all required forms and all letters or communications related to the complaint.	PEOSH was unaware that complaint letters were required to be sent to employees. PEOSH contacts all complainants and provides them with copies of orders to comply, close out and no hazard letters. The	All existing protocols/procedures in accordance with the PEOSH FOM and office directives shall remain in effect. In addition, PEOSH has committed to ensuring that an acknowledgement	Completed

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	complainants but no letters were in the case files.		Region provided PEOSH with complaint letter templates. PEOSH will modify these templates for State use.	letter from the LWD office to the complainant shall be issued. The complainant will receive a cover letter addressing the completion of the inspection and the results of the inspection. A copy of the Order-To-Comply (OTC) will be included. All staff received an email with the new sample cover letter that is to be sent to the complainant and were instructed to include the letter in correspondence to the complainant. This was accomplished by October 1, 2012.	
11-03	Forms Processing Issue Safety case files (10 of 35) did not contain an OSHA 1 when follow-up inspections had been	Ensure case files include all forms as required.	PEOSH will include of the OSHA 1 in each follow up case file.	Staff has been instructed to include OSHA 1s in all follow-up inspections. For staff stationed at field	Completed

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	conducted			report offices that do not have a Federal NCR system printer, they will need to print them at the Trenton LWD location. Field staff shall call Trenton LWD and have the follow-up OSHA 1 faxed/scanned to their location for inclusion in case files prior to submitting to the office. This was accomplished by October 1, 2012.	
11-04	Lack Of Case File Documentation: The audit revealed that case files lacked <i>prima facie</i> evidence to support the specific citations issued. For example, of the 26 safety case files reviewed, 23 (88%) continued to lack crucial documentation such as employee exposure, while all 26 lacked a description of the hazard and how	Document case files in accordance with PEOSH Field Operations Manual FOM	Employee exposure information will be listed in accordance with recommendations per the FOM. PEOSH will require all field staff to list employees who are at any given time exposed to workplace hazards through their assignments to machines, vehicles and other	To ensure compliance that PEOSH is meeting the <i>prima-facie</i> requirements for: hazard description, employee exposure, and employer knowledge...etc., PEOSH will be utilizing a new Inspection Field Notes/OSHA 1b worksheet that includes the necessary information to satisfy	Completed

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	employees are exposed to the hazard, as well failing to specify the location of the hazard on the OSHA 1b. Very little improvement was noted during this review compared to the FY 2009 report when 100% of the safety case files lacked case file documentation as well as lacking OSHA 1b forms. The health case files showed improvement. Only eight (8) of the 18 case files reviewed (44%) lacked the required evidence to support the citations issued compared to 100% of the case files reviewed in FY 2009.		equipment. Descriptions of hazards are currently listed in field notes and also on the orders to comply. PEOSH will list this information on the OSHA 1b in accordance with samples that were provided by Federal OSHA. All case files will contain the OSHA 1b.	the OSHA 1b information requirements. The staff was informed that all fields of information on the field notes/worksheet must be filled in at the time of the inspection for citation of violations and then transferred to the OSHA 1b form when entering the violations into the system. All staff received a sample of a completed OSHA 1b that contained the appropriate/acceptable entries. An email that included the new field note/OSHA 1b worksheet page was sent to all field staff. This was accomplished by October 1, 2012.	
11-05	Excessive abatement time periods specified for correction (Excessive	Ensure appropriate time periods are established for all	NJ PEOSH management is auditing all case files when received in the	As of October 1, 2012, field staff was instructed to propose	Completed

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	<p>Abatement Dates]</p> <p>Though improved from FY 2009 when a majority of the proposed abatement dates were excessive, the audit revealed that in both the safety and health case files, abatement time periods proposed continue to be excessive.</p> <p>Some examples during this review included 30 days abatement for respirators being removed from service, 60 days for an exit blocked by a fire hose and 60 days for an electrical panel to be labeled.</p>	<p>abatement.</p>	<p>office to assure that unreasonable abatement dates are not being granted. NJ PEOSH continues to encourage abatement during inspection whenever possible.</p> <p>NJ PEOSH agrees with the Region that that several items mentioned in the audit had unreasonable abatement periods.</p>	<p>appropriate and reasonable abatement time periods as it relates to the hazard being cited. 60 day abatement periods should no longer be assigned unless warranted. Staff is to encourage employers to correct all violations at the time of the inspection that are feasible – i.e. blocked exits, cords used beyond a temporary basis...etc. For OTC's that have multiple abatement dates, the CSHO must explain to the employer when abatement is due and have the employer acknowledge the agreed upon abatement dates at the time of the inspection. The OTC must indicate that documentation is</p>	

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
				<p>required for all citation abatement. Staff was instructed to check the box relating to employers submitting abatement documentation when entering the violation in the oracle application. Follow-up inspections shall be scheduled in accordance with the longest abatement period listed on the OTC.</p> <p>Management is auditing all case files to assure that unreasonable abatement dates are not being granted.</p>	
11-06	<p>Inadequate Abatement Documentation Twenty percent of safety case files reviewed (seven (7) of 35) lacked specific documentation as to how violations were corrected.</p>	<p>Ensure all case files contain all required abatement documentation.</p>	<p>NJPEOSH conducts follow up inspections to assure abatement.</p> <p>NJPEOSH will require that safety compliance staff provide additional</p>	<p>Follow-up inspections are conducted to assure abatement. The staff, particularly safety, is required to document in the case file the specific means</p>	Completed

Appendix C - Status of FY 2011 Findings and Recommendations

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

Rec. #	Findings	Recommendations	Corrective Action Plan	State Action Taken	Status
	Abatement documentation in the health files was adequate		<p>abatement documentation information for all safety case files.</p> <p>Currently PEOSH includes a follow up inspection sheet for each follow up inspection documenting that violations have been abated.</p>	<p>of abatement performed by the employer. A follow-up inspection checklist is submitted with each close-out file. This checklist will be used as a tool by the supervisor to ensure that required follow-up abatement documentation is in the case file. Staff has also been instructed to enter a Petition to Modify Abatement (PMA) on the NCR when an employer has requested an extension on the abatement. This was accomplished by October 1, 2012.</p>	

Appendix D - FY 2012 State Activity Mandated Measures (SAMM) Report

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

NOV 09, 2012
RID: 0253400

MEASURE	From: 10/01/2011 To: 09/30/2012	CURRENT FY-TO-DATE	REFERENCE/STANDARD
1. Average number of days to initiate Complaint Inspections	8750 40.13 218	217 21.70 10	Negotiated fixed number for each state
2. Average number of days to initiate Complaint Investigations	0 0	0 0	Negotiated fixed number for each state
3. Percent of Complaints where Complainants were notified on time	204 100.00 204	10 100.00 10	100%
4. Percent of Complaints and Referrals responded to within 1 day -ImmDanger	1 100.00 1	0 0 0	100%
5. Number of Denials where entry not obtained	0	0	0
6. Percent of S/W/R Violations verified			
Private	0 0	0 0	100%
Public	1745 76.60 2278	119 26.10 456	100%
7. Average number of calendar days from Opening Conference to Citation Issue			
Safety	8249 16.11 512	286 16.82 17	2032800 55.9 36336
Health	8647 64.52 134	809 47.58 17	647235 67.9 9527

0*NJ FY12

**PRELIMINARY DATA SUBJECT TO ANALYSIS AND REVISION

Appendix D - FY 2012 State Activity Mandated Measures (SAMM) Report

FY 2012 New Jersey Public Employees Occupational Safety and Health (PEOSH) State Plan Abridged FAME Report

NOV 09, 2012
RID: 0253400

MEASURE	From: 10/01/2011 To: 09/30/2012	CURRENT FY-TO-DATE	REFERENCE/STANDARD
8. Percent of Programmed Inspections with S/W/R Violations			
	432	15	76860
Safety	84.21	75.00	58.5
	513	20	131301
	43	12	9901
Health	78.18	100.00	53.0
	55	12	18679
9. Average Violations per Inspection with Violations			
	2203	167	367338
S/W/R	3.41	4.91	2.1
	646	34	175950
	1291	61	216389
Other	1.99	1.79	1.2
	646	34	175950
10. Average Initial Penalty per Serious Violation (Private Sector Only)	0	0	624678547
	0	0	1990.5
	0	0	313826
11. Percent of Total Inspections in Public Sector	1254	52	3946
	100.00	100.00	100.0
	1254	52	3946
12. Average lapse time from receipt of Contest to first level decision	0	0	3197720
	0	0	187.0
	0	0	17104
13. Percent of 11c Investigations Completed within 90 days*	1	0	100%
	14.29	.00	100%
	7	1	
14. Percent of 11c Complaints that are Meritorious*	2	1	1619
	28.57	100.00	23.4
	7	1	6921
15. Percent of Meritorious 11c Complaints that are Settled*	1	1	1444
	50.00	100.00	89.2
	2	1	1619

*Note: Discrimination measures have been updated with data from SAMM reports run on 1/3/2013

0*NJ FY12

**PRELIMINARY DATA SUBJECT TO ANALYSIS AND REVISION

Appendix E - State OSHA Annual Report (SOAR)

FY 2012 New Jersey Public Employee Occupational Safety and Health (PEOSH) State Plan
Abridged FAME Report

[Available Upon Request]