

FY 2015 Comprehensive Federal Annual Monitoring and Evaluation (FAME) Report

Hawaii Occupational Safety and Health (HIOSH)



Evaluation Period: October 1, 2014 – September 30, 2015

Initial Approval Date: December 28, 1973

State Plan Certification Date: April 26, 1978

Final Approval Date: April 30, 1984 (voluntarily withdrawn September 21, 2012)

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



Contents

I.	Executive Summary.....	3
	A. State Plan Activities, Trends, and Progress.....	3
	B. State Plan Introduction.....	3
	C. Data and Methodology.....	4
	D. Findings and Recommendations.....	4
II.	Major New Issues.....	5
III.	Assessment of State Plan Performance.....	5
	A. State Plan Administration.....	5
	B. Enforcement.....	6
	C. Review Procedures.....	10
	D. Standards and Federal Program Changes (FPCs) Adoption.....	11
	E. Variances.....	14
	F. State and Local Government Worker Program.....	14
	G. Workplace Retaliation Program.....	14
	H. Complaints About State Program Administration (CASPA's).....	16
	I. Voluntary Compliance Program.....	16
	J. State and Local Government 23(g) On-Site Consultation Program.....	17
IV.	Assessment of State Plan Progress in Achieving Annual Performance Goals.....	17
V.	Other Special Measures of Effectiveness and Areas of Note.....	20

Appendices

Appendix A	– New and Continued Findings and Recommendations	A-1
Appendix B	– Observations Subject to New and Continued Monitoring.....	B-1
Appendix C	– Status of FY 2014 Findings and Recommendations.....	C-1
Appendix D	– FY 2015 State Activity Mandated Measures (SAMM) Report.....	D-1

I. Executive Summary

A. State Plan Activities, Trends, and Progress

This report assesses the Hawaii Occupational Safety and Health (HIOSH) program during Fiscal Year (FY) 2015. The criteria used to measure performance included those mandated by the Occupational Safety and Health Administration (OSHA), progress toward resolving FY 2014 FAME recommendations, and achievement of the annual performance plan and five-year strategic goals. As part of this comprehensive evaluation, OSHA reviewed workplace retaliation and enforcement case files.

In FY 2015, HIOSH had enforcement authority over all industries except for refineries and other private sector facilities that include processes covered by the Process Safety Management (PSM) standard (29 CFR 1910.119). This transfer of authority is in alignment with the Occupational Status Agreement (OSA), signed on July 12, 2012, which temporarily suspended enforcement authority in specific industries until HIOSH was able to be “a least as effective” as OSHA. HIOSH has progressively resumed authority as it has rebuilt staffing capacity.

HIOSH’s enforcement and workplace retaliation programs showed improvement in FY 2015, and all enforcement-related corrective actions from the previous FAME were completed. While progress was made toward addressing workplace retaliation-related corrective actions, OSHA identified areas that could be enhanced. Standards and Federal Program Changes (FPCs) were not adopted in a timely manner, and HIOSH did not make progress to improve its Voluntary Protection Program (VPP). HIOSH has not filled its consultation program manager position; therefore, efforts to market the program as well as conducting on-site consultation visits, have not occurred.

The hiring and retention of qualified staff continues to be a problem for the Hawaii State Plan. While action was taken to fill vacancies, the inability to retain staff has continued to be a challenge as the program worked to regain capacity. Recent hiring activity should allow the benchmark of nine safety and nine health compliance officers to be reached. The designee and the acting program manager are working on different strategies to improve hiring and retention.

B. State Plan Introduction

The Hawaii State Plan is administered by HIOSH under Hawaii’s Department of Labor and Industrial Relations (DLIR). Linda Chu Takayama replaced Dwight Y. Takamine as the State Plan Designee and Director of DLIR, and Diantha M. Goo was the Administrator until she resigned on October 30, 2015. As of May 12, 2016, Norman Ahu has been appointed as the new Program Administrator for HIOSH. He was previously the Administrator of DLIR’s Administrative Services Office.

HIOSH is comprised of two major sections: the Occupational Safety and Health (OSH) Division administers the Hawaii Occupational Safety and Health Law, and the Boiler and Elevator Safety Division administers the Hawaii Boiler and Elevator Safety Law. The Boiler

and Elevator Safety Division is not part of the OSHA grant. The OSH Division is comprised of the Administration and Technical Support, Occupational Safety, Occupational Health, and Consultation and Training branches.

The initial award to fund the program was \$2,914,000 (\$1,457,000 federal and \$1,457,000 State Plan funds). An additional \$7,000 was added to the federal base on April 14, 2015. The Hawaii State Plan matched this increase bringing the total final award to \$2,928,000. No funds were lapsed in FY 2015. The grant provided funding for full-time staff which was comprised of four managers, nine occupational safety and health compliance officers, nine environmental health specialists, one state and local government safety and health consultant, four clerical staff members, and one program specialist.

State and local government consultation is provided under the 23(g) grant and private sector consultation is provided under the 21(d) cooperative agreement. The private sector consultation performance results are covered in the FY 2015 Regional Annual Consultation Evaluation Report (RACER).

C. Data and Methodology

OSHA performed on-site case file reviews to determine the effectiveness of the HIOSH program, to ensure HIOSH is following policies and procedures, and to review any outstanding items from the HIOSH FY 2014 Corrective Action Plan (CAP). Information and data referenced in this report were derived from the Computerized State Activity Mandated Measures (SAMMs) attached as Appendix D; the State Plan FY 2015 23(g) Grant; Integrated Management Information System (IMIS) reports; OSHA Information System (OIS) reports; discussions with state staff during the quarterly meetings, and the on-site comprehensive case file review and evaluation.

The sample size for this comprehensive on-site case file review was based on the overall number of inspections opened and closed during FY 2015. Programmed and un-programmed inspections were reviewed based on the ratio of programmed and un-programmed inspections conducted. Inspections were selected randomly. In addition, all fatality inspection case files closed during FY 2015 were added to the sample for review. A total of 62 enforcement case files were reviewed. An additional 10 randomly selected older case files (open longer than one year) were reviewed to determine any valid reason/s for the case remaining open.

Nine of 13 workplace retaliation investigations closed during FY 2015 were chosen for review based upon the following criteria: cases that involved CAP items to assess verification, cases to include each of the three determinations of dismissed/non-merit, settled, and settled other (there were no merit cases), and at least one case completed by each of the five investigators.

D. Findings and Observations

A total of nine findings were identified; three new and six continued from previous FAMES. Two of the three new findings related to enforcement and one to workplace retaliation. Of

the six findings carried over, three related to other programs (VPP and the State and Local Government On-Site Consultation Program), two to standard changes, and one to workplace retaliation. Seven findings from last year's FAME were closed and one observation was identified.

Specific details of the findings and recommendations are provided in Appendix A of this report, observations are provided in Appendix B; and the status of the FY 2014 Findings and Recommendations are provided in Appendix C.

II. Major New Issues

The program administrator position had been vacant since November 2015 but was filled as of May 12, 2016, by Norman Ahu. The program administrator is critical to the success of the HIOSH program because he/she ensures the stability of the program, works with stakeholders to better protect Hawaii's workers, and makes critical decisions to move the program forward.

III. Assessment of State Plan Performance

A. STATE PLAN ADMINISTRATION

1) Training

Of the 13 compliance officers, six had less than one year experience at the start of FY 2015. As part of the OSA, staff was given priority in registering for OSHA Training Institute (OTI) classes. OSHA also provided enhanced case file documentation training for compliance staff, OSHA Information System (OIS) training, and on-the-job training investigative techniques training for enforcement safety and health officers. The enhanced case file documentation training provided occupational safety and health compliance officers (OSHCs) with the knowledge and skills to understand what was needed to develop willful, egregious, and significant cases. As a result, HIOSH issued two high penalty inspections in November 2015 – one for \$94,500 and the other for \$200, 200. The OSHA #1420 Basic Whistleblower Investigations and OSHA #3190 Electrical Power Generation, Transmission, and Distribution classes were held in Hawaii which increased the number of OSHCs that could be trained while saving on travel costs. Under the OSA, in order for HIOSH to resume jurisdiction over refineries and other private sector facilities that include processes covered by the PSM standard (29 CFR 1910.119), HIOSH compliance staff must receive additional on-the-job training from federal OSHA.

2) Funding

A program specialist with an accounting background monitored grant fund expenditures. OSHA provided training to HIOSH's financial staff to assist in their understanding of sound fiscal practices and grant regulations. HIOSH improved its tracking of funds spent with budget reports from the Administrative Services Office (ASO) being submitted in a timely manner. Previous Observation FY 2014-OB-01

regarding HIOSH not having an adequate method of tracking the current status of the budget was addressed and completed. In addition, grant documents were submitted for review in accordance with the State Plan Policies and Procedures Manual. These actions resulted in the completion of previous Finding FY 2014-07.

3) Staffing

Attracting and retaining a full workforce has been difficult and continued to be a challenge. At the start of FY 2015, there were two vacant positions in safety and two in health. At the end of FY 2015, there were four vacant safety positions. Currently one safety officer and one health officer is needed to reach the required benchmark. The Consultation Program Manager position, partially funded by the 23(g) grant, continues to be vacant.

The State Designee and Acting Program Administrator are working diligently to fill all vacant positions and developing strategies to retain staff. OSHA has provided resources to assist in the efforts to develop alternate solutions.

4) Information Management

Managers were trained on the variety of OIS reports available. Using these reports enabled them to manage their work which resulted in less time to issue inspection reports and respond to complaints.

5) State Internal Evaluation Program (SIEP) Report

A written, three-phase, on-the-job evaluation checklist was used as an internal evaluation tool. The first phase covers entry procedures, opening conference, and review of documentation. Phase Two covers worker interviews, note taking, hazard identification, photo evidence, and the use of test/measuring equipment. Phase Three covered the closing conference and recommendations to the employer. Managers conduct at least one documented on-the-job evaluation for each OSHCO annually to ensure the quality and consistency of the work is maintained. Additionally, senior compliance officers and/or managers also conduct up to three additional on-the-job evaluations of OSHCO trainees. As a result of this program, case files reviewed during the on-site appeared to be very well-documented with all apparent violations cited.

B. ENFORCEMENT

There were 386 safety inspections and 274 health inspections conducted. The safety inspections were just under of the goal of 390, and the health inspections exceeded the goal of 250. Overall, 660 inspections were conducted (SAMM 7), achieving 103% of the negotiated inspection goal of 640. The HIOSH program showed considerable improvement in the number of inspections conducted since 2012 (see Table 1).

**Table 1
Total Number of Inspections**

	FY 2012	FY 2013	FY 2014	FY 2015
Goal	566	300	480	640
Actual	325	477	522	660
Percentage of Goal Met	57.4%	159%	109%	103%

1) Complaints

All (100%) of the imminent danger complaints and referrals were responded to within one workday (SAMM 3). A total of 64 complaint inspections were initiated within an average of 3.4 days, and 164 complaint investigations were initiated on average in less than one day. Both of these measures were well within the negotiated reference standard (SAMM 1 and SAMM 2). This decrease in response times addresses and completes previous Finding FY 2014-01. There has been a continued downward trend in days to initiate both inspections and investigations (see Table 2).

**Table 2
Complaints (SAMM 1 and SAMM 2)**

	FY 2013	FY 2014	FY 2015	Goal
Days to Initiate Inspection (SAMM 1)	5.20 days	12.95 days	3.38 days	7 days
Days to Initiate Investigation (SAMM 2)	1.38 days	.82 days	.69 days	2 days

2) Fatalities

Five reported fatality inspections were opened within one day (SAMM 10). The three closed fatality inspections contained thoroughly documented violations. Family members had been appropriately notified of enforcement action. This action closes finding and recommendation FY 2014-02.

3) Targeting and Programmed Inspections

Of the 660 inspections conducted, 53% (350) were programmed inspections. The in-compliance rate decreased to 15.25% for safety cases and was 27.40% in health cases. This was less than the national average of 28.47% for safety cases and 33.58% for health cases.

Worker compensation data was used to select the industries with the highest number of injury and illnesses. This year 348 programmed inspections were conducted. Approximately 68% of those inspections were in high-hazard industries. This is a low percentage for focused high-hazard inspections. Local and National Emphasis

Programs were not utilized. The method for effectively targeting high-hazard industries has not been documented, making it difficult to evaluate the success of the program toward reaching high-hazard industries. Since the HIOSH program is not reaching a high percentage of high-hazard industries, the lack of documentation makes it difficult to evaluate what process and/or procedures need revisions. It is also important to have a documented program in the event entry is challenged by employers and to ensure internal quality and consistency.

Observation 2015-OB-01 (FY 2014-OB-02): Policies and procedures for targeting high hazard industries for inspections were not documented and only 68% of programmed inspections were focused in high-hazard industries.

Federal Monitoring Plan 2015-OB-01 (FY 2014-OB-02): In FY 2016, the Region will closely monitor this issue to assess HIOSH's progress in developing policies and procedures for documenting high hazard targeting process.

There were no denials of entry experienced (SAMM 4).

4) Citations and Penalties

HIOSH's average current penalty per serious violation in the private sector (SAMM 8: 1-250+ workers) was \$1,262.47 in FY 2015. The Further Review Level (FRL) is - 25% of the National Average (\$2,002.86) which equals \$1,502.14. Penalty levels are at the core of effective enforcement and State Plans are therefore required to adopt penalty policies and procedures that are "at least as effective as" (ALAE) those contained in the FOM, which was revised on October 1, 2015, to include changes to the penalty structure in Chapter 6 – Penalty and Debt Collection.

Note that with the passage of the Bipartisan Budget Bill on November 2, 2015, OSHA is now required to raise its maximum penalties in 2016 and to increase penalties according to the Consumer Price Index (CPI) each year thereafter. State Plans are required to follow suit. As a result of this increase in maximum penalties, OSHA will be revising its penalty adjustment factors in Chapter 6 of the FOM. Following completion of the FOM revision and after State Plans have the opportunity to adopt the required changes in a timely manner, OSHA will be moving forward with conducting ALAE analysis of State Plan penalty structures, to include evaluation of average current penalty per serious violation data.

All 62 case files reviewed were well organized and documentation adequately supported the violations cited. However, 14 of the 33 casefiles of employers who were required to maintain the OSHA 300 log did not contain copies of the OSHA 300. Injury and illness data was not being entered into the OIS system, nor was the log being used during inspections to identify operations or locations in the facility where work-related injuries were occurring.

Finding 2015-01: Fourteen of 33 (42%) of the case files of employers who were

required to maintain the OSHA 300 log did not contain copies of the OSHA 300 log, nor was the data entered into OIS.

Recommendation 2015-01: HIOSH should ensure that every inspection of an employer who maintains the 300 log includes an assessment of trends, potential hazards, types of operations and work-related injuries.

The average number of serious, willful, and repeat violations cited per inspection (2.2) has remained fairly consistent over the past three years and is above the national average of 1.9 (SAMM 5). This is notable, given the turnover of the compliance staff.

In FY 2015 the average initial penalty assessed was \$1,629 which was less than the average initial penalty of \$3,146 in FY 2014. HIOSH retained 77.08% of penalties and exceeded the further review level of 67.9% (SAMM 12). The average current penalty per serious for all employers was \$1,262.47, which is lower than the reference standard of \$2,002.86 (SAMM 8). This penalty difference is consistent among all sizes of businesses.

During the case file review, in 16 of the 49 inspections with violations, the employer was given a 10% reduction for history, but there was no documentation to support the reduction in either the narratives or evidence of an establishment search.

Finding 2015-02: Penalty reductions for history were not documented in 16 of 49 (33%) of case files where a reduction was given.

Recommendation 2015-02: HIOSH should ensure penalty reductions for history are documented in the case file.

The lapse time from the inspection to the issuance of the inspection reports have decreased over the previous four fiscal years (SAMM 11). For FY 2015, both the safety and health lapse times are below the national averages (Tables 3 and 4). Finding 2014-04 was adequately addressed and completed.

Table 3
Average Safety Citation Lapse Time (SAMM 11)

	FY 2012	FY 2013	FY 2014	FY 2015
HIOSH Average	76.32	82.18	85.68	38.29
National Average	55.9	43.4	55.7	42.78

Table 4
Average Health Citation Lapse Time (SAMM 11)

	FY 2012	FY 2013	FY 2014	FY 2015
HIOSH Average	77	78.43	91.57	44.64
National Average	67.9	57.05	67.4	53.48

5) Abatement

Of the 62 case files reviewed, 49 had citations. All of these had the required abatement documentation included in the file. Follow-up inspections were conducted in 2.1% (14) of the 660 total inspections conducted resulting in five Failure-to-Abate (FTA) citations issued. Previous Observation FY 2014-OB-02 for verification of abatement was adequately addressed and completed.

6) Worker and Union Involvement

There was one inspection where worker interviews (SAMM 13) were not conducted. In this inspection, the OSHCO documented the hazards that were in plain view before entering the worksite. Worker interviews could not be conducted because all the workers left the site by the time the OSHCO initiated the inspection. After identifying the contractor, the OSHCO was able to adequately support the violation with the photographs and the employer interview.

The case file review showed excellent documentation of interviews. The number of workers interviewed in these inspections was commensurate with the complexity of the inspection. A worker interview sheet, included in the majority of case files, listed all the workers contacted during the inspection. This provided management a means of easily identifying workers interviewed and involved in the inspection. All worker interviews were well-documented and copies were maintained in the case file.

C. REVIEW PROCEDURES

1) Informal Conferences

Of the 62 case files reviewed, 24 had informal conferences, and all but one of these 24 cases documented the rationale for changes and used appropriate settlements. Informal settlement provisions provided employers the right of review and, workers or their representatives, the opportunity to participate in the proceedings. The penalty retention rate was 77.08% of the assessed penalties which is higher than the national rate of 67.96% (SAMM 12).

2) Formal Review of Citations

Once a notice of contest is filed, the case is transferred to the State Attorney General's Office. Every attempt to settle the case, such as working with the HIOSH Administrator and the employer, is made before the case is heard by the Hawaii Labor Relations Board. The Board consists of three individuals appointed by the Governor. Of the 62 case files reviewed, three were contested inspections and all three were formally settled by the State Attorney General's Office.

D. STANDARDS AND FEDERAL PROGRAM CHANGES (FPCs) ADOPTION

1) Standards Adoption

Prior to holding a public hearing, standards are reviewed and edited by HIOSH management, the Designee, the Attorney General's Office, the Department of Business, Economic Development and Tourism, and Budget and Finance. Once everyone has approved the standard, a notice is published in the newspaper 30 days in advance of the public hearing. Testimony from the hearing is summarized and added to a letter to the governor requesting permission to adopt the standard. After the governor grants permission, the documents are sent to the lieutenant governor's office for filing. The standard becomes final 10 days after filing.

The promulgation and effective dates continued to lag past the six months allowed for adoption of standards changes. This results in the enforcement of standards that are not at least as effective as the federal standard (Table 5). Three standards changes are currently overdue. A response to the notification has not yet been received for two of those changes. This is a repeat finding from the FY 2011, FY 2012, FY 2013, and FY 2014 FAMEs.

Finding 2015-03 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19): Three standards have not been responded to and adopted in a timely manner to include Occupational Injury and Illness Recording and Reporting Requirements; NACIS Update and Reporting Revisions that was due for adoption on March 19, 2015.

Recommendation 2015-03 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19): Ensure Standards are responded to and adopted within the required timeframes.

**Table 5
Standards Adoption**

Standard	State Plan Response Date	Intent to Adopt	Adopt Identical	Adoption Due Date	State Plan Adoption Date
Occupational Injury and Illness Recording and Reporting Requirements; NACIS Update and Reporting Revisions (09/19/2014)		Yes	No	03/19/2015	Pending
Cranes and Derricks in Construction - Operator Certification Final Rule (09/26/2014)	Pending (Response due 11/26/2014)	Pending	Pending	03/26/2015	Pending
Final Rule for Confined Spaces in Construction (5/04/2015)	Pending (Response due 07/04/2015)	Pending	Pending	02/04/2016	Pending

2) Federal Program Changes (FPCs) Adoption

HIOSH’s response and adoption of FPCs continued to be untimely. The Field Operations Manual (due for adoption on September 26, 2009) revisions have yet to be adopted by HIOSH, and the Whistleblower Manual (due for adoption on March 22, 2012) has also not been adopted. HIOSH has not submitted a response showing intent for 11 other standards issued in FY 2014 and FY 2015 (Table 6).

Finding 2015-04 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19):

Fifteen Federal Program Changes have not been responded to and adopted in a timely manner to including the Field Operations Manual that was due for adoption September 26, 2009, and the Whistleblower Manual, that was due for adoption on March 22, 2012.

Recommendation 2015-04 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19):

HIOSH should ensure Federal Program Changes are responded to and/or adopted within the required timeframes.

**Table 6
Federal Program Changes**

FPC Directive/Subject	State Plan Response Date	Intent to Adopt	Adopt Identical	Adoption Due Date	State Plan Adoption Date
CPL 02-00-148 Field Operations Manual (03/26/2009)	05/21/2009	Yes	No	09/26/2009	Pending (Draft in progress)
CPL 02-00-148 Revisions to FOM November 2009 (11/09/2009)	11/30/2009	Yes	Yes	05/09/2009	Pending (Draft in progress)
CPL 02-00-150 Revisions to Field Operations Manual - April 2011 (04/22/2011)	09/20/2011	Yes	Yes	10/22/2011	Pending (Draft in progress)
CPL 02-03-003 Whistleblower Investigations Manual	09/22/2011	Yes	No	03/22/2012	Pending (Draft in progress)
TED 01-00-019 Mandatory Training Program for OSHA Compliance Personnel (09/21/2014)	Pending (Response due 09/21/2014)	Pending	Pending	N/A	Pending
CPL 02-01-056	Pending	Pending	Pending	N/A	Pending

Inspection Procedures for Accessing Communication Towers by Hoist (07/17/2014)	(Response due 09/17/2014)				
CPL 02-00-158 Inspection Procedures for the Respiratory Protection Standard (09/05/2014)	Pending (Response due 09/05/2014)	Pending	Pending	N/A	Pending
CPL 03-00-019 National Emphasis Program on Amputations (08/13/2015)	Pending (Response due 10/30/2015)	Pending	Pending	08/13/2015	Pending
CSP-03-01-004 Special Government Employee Program Policies and Procedures Manual for the OSHAs Voluntary Protection Programs Directive (07/30/2015)	Pending (Response due 09/30/2015)	Pending	Pending	N/A	Pending
CSP 04-01-002 OSHA Alliance Program Directive (09/29/2015)	Pending (Response due 09/29/2015)	Pending	Pending	N/A	Pending
CPL 02-02-079 Inspection Procedures for the Hazard Communication Standard (HCS 2012) (07/09/2015)	Pending (Response due 09/09/2015)	Pending	Pending	N/A	Pending
CPL 02-02-078 Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis (06/30/2015)	Pending (Response due 08/30/2015)	Pending	Pending	N/A	Pending

CPL 02-03-005 Whistleblower Investigations Manual (04/21/2015)	Pending (Response due 07/21/2015)	Pending	Pending	N/A	Pending
CPL 03-00-018 Revision - National Emphasis Program - Primary Metal Industries (10/20/2014)	Pending (Response due 12/20/2014)	Pending	Pending	N/A	Pending
CPL 02-01-057 Compliance Directive for the Cranes and Derricks in Construction Standard	Pending (Response due 12/17/2014)	Pending	Pending	N/A	Pending

E. VARIANCES

There was one active variance approved prior to FY 2015 for fall protection during home tenting operations when conducting termite extermination. There were no new variances requested or granted during the performance period.

F. STATE AND LOCAL GOVERNMENT WORKER PROGRAM

According to Bureau of Labor Statistics, approximately 14% of Hawaii's workers are based in state and local government workplaces. HIOSH projected to perform 40 inspections in state and local government workplaces this fiscal year which accounts for about 4% of their inspections. According to the OIS data generated on March 13, 2016, HIOSH exceeded this target by conducting 42 of their 660 (6%) inspections in state and local government establishments (SAMM 6). Twenty-eight (28) inspections were programmed. Serious violations were discovered in 87.5% of the state and local government inspections conducted, and a total of 59 serious and 15 other-than-serious violations were identified and corrected.

G. WORKPLACE RETALIATION PROGRAM

Claims of workplace retaliation for reporting occupational safety and health issues are investigated under Chapter 396-8(e)(4) in their 2015 Discrimination Investigation Manual (DIM). One supervisor and four OSHCO/investigators conducted workplace retaliation investigations. Prior to March 2, 2015, HIOSH investigated workplace retaliation claims according to its November 2011 DIM. Beginning on March 2, 2015, HIOSH followed its revised Discrimination Investigation Manual (2015 DIM). Depending on when HIOSH closed the cases reviewed, either the 2011 DIM or 2015 DIM is referenced in this FAME report.

Based on the evidence collected in the case files, they appear to have followed their

policies and procedures in conducting whistleblower retaliation investigations. The onsite review resulted in one new technical finding.

In two dismissed cases, there was evidence complainants had also filed claims with the Equal Employment Opportunity Commission (EEOC). There was no evidence EEOC was contacted to determine to the nature, status, or results of those complaints. Had these agencies been contacted, new information may have been disclosed that could have affected the decision to dismiss these cases.

Finding FY 2015-05: There was no evidence HIOSH coordinated with other agencies during the retaliation investigation in two cases reviewed and dismissed on their merits, as required by 2015 Discrimination Investigation Manual (DIM) Chapter 3(IV)(B)(1)(h), 3(IV)(E)(4), and 3(IV)(F).

Recommendation FY 2015-05: HIOSH should follow its own procedures to ensure that if information received during the investigation indicates the complainant has filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator should attempt to determine the nature, status, or results of that complaint.

Two open findings from the FY 2014 FAME report (FY 2014-10 and FY 2014-12) were completed due to the absence of evidence of their re-occurrence during the on-site review. Both of these findings referenced a thorough investigation of nexus, protective activity, employer knowledge, and adverse action.

Finding FY 2014-09 remained open due to not timely docketing new cases into IMIS. The issue in the present FAME does not involve a failure to timely enter information into IMIS, but rather the accuracy of the information entered. Because the original finding involved both the accuracy and timeliness of the data entered, the finding has been reworded to reflect only accuracy and remains open.

Several cases showed IMIS deficiencies. In two complaints, the filing date was either unknown or incorrect. In one settled case the written complaint was not date stamped and no envelope was retained in the case file. As such the filing date was unknown. If the postmark is absent or illegible, the date filed is the date the complaint is received. In another case that settled, the filing date used was the day the written complaint was received rather than the earlier date the complainant orally filed the complaint. One case had an adverse action date incorrectly cited in the Report of Investigation (ROI) but not in IMIS. In two other cases the date the ROI was submitted to the supervisor was incorrect. These mistakes can negatively impact management of the program or even affect the decision to close a case. It is critical to correctly document the date of filing so to not dismiss a case for being untimely.

Finding FY 2015-06 (FY 11-22, 12-12, 13-06, and 14-09): Information was incorrectly entered in IMIS for whistleblower retaliation investigations, including the filing date, adverse action date, the date the Report of Investigation (ROI) was submitted to the

supervisor, and the date the supervisor approved the ROI, as required by 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A).

Recommendation FY 2015-06 (FY 11-22, 12-12, 13-06, and 14-09): HIOSH should follow its own procedures to ensure whistleblower retaliation investigation information is accurately entered into IMIS.

OSHA could not evaluate Finding FY 2014-11 which addressed the issuance of merit determinations without the State Plan litigating, because there were no litigation/merit cases closed in FY 2015 to review. HIOSH indicated during the FY 2014 FAME that it has written procedures equivalent to the WIM to ensure meritorious cases are formerly referred to the state's Attorney General's Office for review prior to litigating a claim. OSHA has never received these written procedures and therefore cannot verify their existence. As a result, this finding remains open.

All three retaliation SAMM indicators while within range, and slightly better than the national average are not reliable until the data is accurately entered into the system as discussed in Finding FY 2015-06.

H. COMPLAINTS ABOUT STATE PROGRAM ADMINISTRATION (CASPA)

There were no CASPAs filed in FY 2015 or FY 2014, and since there was no way to assess the observation originally identified in FY 2013, Observation FY 2014-OB-04 that CASPAs are not formally responded to in a timely manner, will be closed.

I. VOLUNTARY COMPLIANCE PROGRAM

The Voluntary Protection Program (VPP) is managed out of the 23(g) branch. There were four active sites in Hawaii at the beginning of FY 2015. There were no new site audits or recertification audits conducted. One of the grant goals was to add one new employer to the program. However, no applications were received. The grant also established a goal to develop one partnership and one alliance, and, while there was interest from members of the HIOSH Advisory Committee to establish alliances and partnerships with HIOSH, no further action was taken. The Corrective Action Plan set a date of May 31, 2016, as the completion date.

Finding 2015-07 (FY 2014-02): HIOSH VPP is not an active, viable program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures Instruction (CSP 03-01-003).

Recommendation 2015-07 (FY 2014-02): HIOSH should establish an active voluntary compliance program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures instruction CSP 03-01-003.

J. STATE AND LOCAL GOVERNMENT 23(g) ON-SITE CONSULTATION PROGRAM

Although consultation services were encouraged during informal conferences, there were no proactive efforts to promote the consultation program to state and local government workplaces. A goal of conducting four state and local government consultation visits was established and according to the MARC report, only three were conducted. The three visits were conducted by a consultant 100% funded under the 21(d) Cooperative Agreement that resulted in comingling of grant funds.

The Consultation Program Manager position was filled for a couple months at the start of FY 2015 after being vacant for nearly two years, and is currently vacant again. The Program Manager is responsible for conducting state and local government visits. With the absence of the Consultation Program Manager, the on-site consultation program was not sufficiently available to state and local government employers.

Finding 2015-08 (FY 2013-14 and 2014-08): State and local government on-site consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.

Recommendation 2015-08 (FY 2013-14 and 2014-08): HIOSH should ensure the appropriate grant fund is charged for public sector on-site consultation visits.

Finding 2015-09 (FY 2012-10, 2013-13 and 2014-13): HIOSH did not use adequate marketing strategies to promote its on-site consultation program to state and local government employers.

Recommendation 2015-09 (FY 2012-10, 2013-13 and 2014-13): HIOSH should develop consultation program marketing strategies that target state and local government employers.

IV. Assessment of State Plan Progress in Achieving Annual Performance Goals

This was the fifth year of the Five-year Strategic Plan. The FY 2015 Annual Performance Plan was developed and submitted as part of HIOSH's grant application for federal funds.

Five-year Strategic Goal 1: Reduce the number of workplace injuries and illnesses in construction, general industry, and government by focusing on industries with the highest rate of reported injury/illness cases.

Annual Performance Goal 1.1: Reduce the number of injuries in the specialty trade contractors industry by 1% (The 2008 baseline is 2,671 reported workers compensation cases).

Intermediate Outcome Measures:

- Conduct 250 inspections within NAICS code 238.
- Average over 3.4 violations per inspection.
- Percent of in-compliance inspections is equal or less than 15%.
- Programed inspections with S/W/R violations greater than 65%.

Primary Outcome Measure:

The annual change in the reported cases of injuries and illness increased from 1384 in 2013 to 1511 in 2014 (2015 not included since there is a lag in compiling statistics).

Assessment:

The annual performance goal to increase enforcement activity in the specialty trade contractors industry, which has a high rate of injuries, was not met. There were 226 (90%) of the projected 250 inspections conducted of specialty trade contractors. The 226 inspections averaged 1.8 violations per inspection, an in-compliance rate of 33% and the percent of the programed inspections with serious, willful, or repeat violations was 49%. Further, the number of the reported cases of injuries and illness increased from 1,384 in 2013 to 1,511 in 2014.

Annual Performance Goal 1.2: Reduce the number of injuries in the general industry establishments under HIOSH jurisdiction. (The 2008 baseline is 6,148 reported workers compensation cases.)

Intermediate Outcome Measures:

- Conduct 180 inspections within NAICS codes 48 – 49, 30-33, and 72.
- Average over 3.4 violations per inspection.
- Percent of in-compliance inspections is equal or less than 15%.
- Programed inspections with S/W/R violations greater than 65%.

Primary Outcome Measure:

Year-over-year change in the reported cases of injuries increased from 5,506 in 2013 to 5,579 in 2014 (2015 was not included since there is a lag in compiling statistics).

Assessment:

The annual performance goal was not met to increase enforcement activity in general industry establishments. There were 104 (58%) of the projected 180 inspections conducted of the manufacturing, transportation and warehousing, accommodation, and food service industries. The 104 inspections averaged 2.5 violations per inspection and an in-compliance rate of 34%. The percent of the programed inspections with serious, willful, or repeat violations (S/W/R) was 63%. Furthermore, the number of the reported cases of injuries and illness increased from 5,506 in 2013 to 5,579 in 2014.

Annual Performance Goal 1.3: Increase enforcement and consultation activity and emphasize MUTCD regulations with those establishments with motor pools. (The 2008 baseline is 4,188 reported workers compensation cases in the public administration industry.)

Intermediate Outcome Measures:

- Conduct 40 inspections in state and local government.
- Average over 3.4 violations per inspection.
- Percent of in-compliance inspections is equal or less than 15%.
- Programed inspections with S/W/R violations greater than 65%.

Primary Outcome Measure:

The annual change in the state and local government workplaces reported cases of injuries and illness decreased from 3,767 in 2013 to 3,751 in 2014 (2015 not included since there is a lag in compiling statistics).

Assessment:

The annual performance goal was partially met to increase enforcement activity in state and local government agencies. There were 42 (105%) of the projected 40 inspections conducted of state and local government agencies. The 42 inspections averaged less than one violation per inspection and an in-compliance rate of 73%. The percent of the programed inspections with S/W/R was 67%. However, the number of the reported cases of injuries and illness decreased from 3,767 in 2013 to 3,751 in 2014.

Five-year Strategic Goal 1 Assessment:

Although injuries increased during 2013, the overall average showed a decrease in reported injuries in all three areas targeted. This decrease occurred while the number of workers remained stable for all industries except construction where the number of workers decreased.

Based on the 2008 baseline of 2,671 claims in the specialty trade contractors industry, the cumulative 1% reduction calculates to 2,514 claims for 2014. The construction industry workers compensation claims dropped to 1,511 claims. Based on the 2008 baseline of 6,148 claims in general industry, the cumulative 1% reduction calculates to 5,789 claims for 2014. The general industry workers compensation claims dropped to 5,579 claims. Based on the 2008 baseline of 4,188 claims in the public administration industry, the cumulative 1% reduction calculates to 3,944 claims for 2014. The public administration industry workers compensation claims dropped to 3,751 claims.

Five-year Strategic Goal 2: Reduce the number of fatalities associated with the leading causes of workplace death in construction, transportation, and warehousing and in manufacturing by 10%.

Annual Performance Goal 2: Reduce the number of fatalities associated with the leading causes of workplace deaths in construction, transportation and warehousing, and manufacturing by 2%. (The 2008 baseline is nine fatalities.)

Intermediate Outcome Measures:

- Conduct 300 inspections construction, transportation and warehousing, and manufacturing.
- Average over 3.4 violations per inspection.
- Percent of in-compliance inspections is equal or less than 15%.

- Programed inspections with S/W/R violations greater than 65%.

Primary Outcome Measure:

The annual change in the reported cases of fatalities was three fatalities in FY 2015 compared to 12 in FY 2014.

Assessment:

The annual performance goal was partially met to reduce the number of fatalities associated with the leading causes of workplace deaths. There were 483 (161%) of the projected 300 inspections conducted for industries that have experienced fatalities in the past 25 years. The 483 inspections averaged 1.5 violations per inspection and an in-compliance rate of 31%. The percent of the programed inspections with serious, willful, or repeat violations was 38%. There were three fatalities in FY 2015 compared to 12 in FY 2014.

Five-Year Strategic Goal 2 Assessment:

The five-year goal was a 10% reduction in fatalities from the baseline established in FY 2008 of nine fatalities. In FY 2011, 11 fatalities occurred; in FY 2012, six fatalities occurred; in FY 2013, five fatalities occurred; in FY 2014, 12 fatalities occurred; and in FY 2015, three fatalities occurred. The average number of fatalities for the five year period was 7.4. This is a reduction in the number of fatalities from the 2008 baseline of nine fatalities. HIOSH successfully achieved this goal.

V. Other Special Measures of Effectiveness and Areas of Note

N/A

Appendix A – New and Continued Findings and Recommendations
FY 2015 Hawaii Comprehensive FAME Report

FY 2015-#	Finding	Recommendation	FY 20XX-# or FY 20XX-OB-#
FY 2015-01	Fourteen of 33 (42%) of the case files of employers who were required to maintain the OSHA 300 log did not contain copies of the OSHA 300 log, nor was the data entered into OIS.	HIOSH should ensure that every inspection of an employer who maintains the 300 OSHA log includes an assessment of trends, potential hazards, types of operations and work-related injuries.	New
FY 2015-02	Penalty reductions for history were not documented in 16 of 49 (33%) case files where a reduction was given.	HIOSH should ensure penalty reductions for history are documented appropriately in the case file.	New
FY 2015-03	Three standards have not been responded to and adopted in a timely manner to include Occupational Injury and Illness Recording and Reporting Requirements; NACIS Update and Reporting Revisions that was due for adoption on March 19, 2015.	HIOSH should ensure standards are responded to and adopted within the required timeframes.	FY 2014-05, FY 2013-05, FY 2012-09, FY 2011-18 & FY 2011-19
FY 2015-04	Fifteen Federal Program Changes have not been responded to and adopted in a timely manner to including the Field Operations Manual that was due for adoption September 26, 2009, and the Whistleblower Manual, that was due for adoption on March 22, 2012.	HIOSH should ensure Federal Program Changes are responded to and/or adopted within the required timeframes.	FY 2014-05, FY 2013-05, FY 2012-09, FY 2011-18 & FY 2011-19
FY 2015-05	There was no evidence HIOSH coordinated with other agencies during the retaliation investigation in two cases reviewed and dismissed on their merits, as required by 2015 Discrimination Investigation Manual (DIM) Chapter 3(IV)(B)(1)(h), 3(IV)(E)(4), and 3(IV)(F).	HIOSH should follow its own procedures to ensure that if information received during the investigation indicates the complainant has filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator should attempt to determine the nature, status, or results of that complaint.	New

Appendix A – New and Continued Findings and Recommendations
FY 2015 Hawaii Comprehensive FAME Report

FY 2015-#	Finding	Recommendation	FY 20XX-# or FY 20XX-OB-#
FY 2015-06	Information was incorrectly entered in IMIS for whistleblower retaliation investigations including the filing date, adverse action date, the date the Report of Investigation (ROI) was submitted to the supervisor, and the date the supervisor approved the ROI, as required by 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A).	HIOSH should follow its own procedures in accordance with 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A) to ensure whistleblower retaliation investigation information is accurately entered into IMIS.	FY 2014-09, FY 2013-06, FY 2012-12 & FY 2011-22
FY 2015-07	HIOSH VPP is not an active, viable program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures Instruction (CSP 03-01-003).	HIOSH should establish an active voluntary compliance program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures Instruction (CSP 03-01-003).	FY 2014-02
FY 2015-08	State and local government on-site consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.	HIOSH should ensure grant funds are used appropriately in regard to state and local government on-site consultation visits.	FY 2014-08 & FY 2013-14
FY 2015-09	HIOSH did not use adequate marketing strategies to promote its on-site consultation program to state and local government employers.	HIOSH should develop on-site consultation program marketing strategies that target state and local government employers.	FY 2014-13, FY 2013-13 & FY 2012-10

Appendix B – Observations Subject to New and Continued Monitoring
FY 2015 Hawaii Comprehensive FAME Report

Observation # FY 20XX-OB-#	Observation# FY 20XX-OB-#	Observation	Federal Monitoring Plan	Current Status
FY 2015-OB-01	FY-2014-OB-02	Policies and procedures for targeting high-hazard industries for inspections were not documented, and only 68% of programmed inspections were focused in high-hazard industries.	In FY 2016, the Region will closely monitor this issue to assess HIOSH's progress in developing policies and procedures for documenting high-hazard targeting process.	Continuing

Appendix C – Status of FY 2014 Findings and Recommendations
FY 2015 Hawaii Comprehensive FAME Report

FY 2014	Finding	Recommendation	State Plan Response/ Corrective Action	Completion Date	Current Status and Date
FY 2014-01	The average number of days to initiate an on-site complaint inspection was 12.95 days which was significantly higher than the referenced standard.	Ensure complaint inspections are assigned and conducted within the referenced standard.	Branch managers were reminded about the response times and have monitored the process to ensure complaint inspections are assigned and conducted within the referenced standard.	1/10/2016	Completed 1/10/2016
FY 2014-02	VPP is not an active, viable program and has minimal activity.	OSHA will work with the State Plan to develop their VPP participants by monitoring and providing guidance and resource documents as needed.	The VPP coordinator will conduct outreach to increase awareness of the VPP program and encourage companies to submit applications.		Open 03/15/2016
FY 2014-03	Involvement of the victim's family was not adequately documented.	Ensure that victim's family letters are drafted, signed, and mailed, including the initial and the closing letter.	As soon as this was brought to the Administrator's attention managers and staff were reminded that communication with NOK was mandated by the fatality directive which HIOSH adopted.	12/18/2015	Completed 12/18/2015

Appendix C - Status of FY 2014 Findings and Recommendations

FY 2015 Hawaii Comprehensive FAME Report

FY 2014	Finding	Recommendation	State Plan Response/ Corrective Action	Completion Date	Current Status and Date
FY 2014-04	Lapse time for safety and health cases were significantly higher than the referenced standard.	Review the case file management process to identify inefficiencies and streamline the process. (case file management includes on- site inspection, case file development, and case file review process)	For the first six months of FY 2014 the administrator was reviewing all case files proposing citations. This practice has stopped. The Branch Mangers continue to review the case files and manage staff workload to ensure the lapse time is below the referenced standard.	01/10/2016	Completed
FY 2014-05	Standards changes have not been notified to OSHA and have not been adopted in a timely manner.	Ensure the State representatives understand the importance of timely adoption and notification to OSHA.	HIOSH will do all that it can to ensure that its portion of standard promulgation is as timely as possible.	Not Applicable	Open 03/15/2016
FY 2014-06	Directives and federal program changes have not been notified to OSHA and have not been adopted in a timely manner.	Develop and implement a process to ensure timely adoption and notification to OSHA.	HIOSH will do all it can to ensure that adoption of directives is as timely as possible as soon as the standards have been adopted by the state.	Not Applicable	Open 03/15/2016

Appendix C - Status of FY 2014 Findings and Recommendations

FY 2015 Hawaii Comprehensive FAME Report

FY 2014	Finding	Recommendation	State Plan Response/ Corrective Action	Completion Date	Current Status and Date
FY 2014-07	Grant documents were not submitted in time for the regional office to review.	Adhere to the provided timeframes for grant submittal so that problems and issues can be addressed before they are sent to the National Office.	HIOSH will adhere to the provided timeframes for grant submittal.	08/1/2015	Completed
FY 2014-08	Public sector consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.	Ensure the appropriate grant fund is charged for public sector on-site consultation visits.	HIOSH will ensure that consultants properly enter time spent under the grants.	Not Applicable	Open 08/1/20015
FY 2014-09	Whistleblower data was neither accurately nor timely entered into web-IMIS, as required in DIM Chapters 2 (III) and 5 (V).	HIOSH should follow its own procedures to ensure that whistleblower information is accurately and timely entered into web-IMIS.	HIOSH has a different staff member in charge of intake.	Not Applicable	Open 03/15/2016

Appendix C - Status of FY 2014 Findings and Recommendations

FY 2015 Hawaii Comprehensive FAME Report

FY 2014	Finding	Recommendation	State Plan Response/ Corrective Action	Completion Date	Current Status and Date
FY 2014-10	Nexus was not properly investigated, as required in the DIM Chapter 3 (V) (A-J), resulting in discrimination Final Investigation reports that were incomplete and contained inconclusive analysis.	HIOSH should follow its own procedures by investigating whether there is a casual link between the protected activity and the adverse action where nexus is at issue in the discrimination investigation and evaluate the facts presented in the Final Investigation Report as they relate to the four elements of the violation.	HIOSH sent its entire staff to the OTI course for whistleblower complaint investigation. The Branch Manager reviews the investigation files and contacts federal investigators for clarification on ambiguous issues found during case file reviews.	03/15/2016	Completed
FY 2014-11	HIOSH's processes of issuing merit determinations without the State Plan litigating the matter does not support enforcement as required in WIM Chapter 4(IV) (6) and 4 (VII).	HIOSH has no procedures to support cases deemed meritorious and should develop such a process which could include litigating the claim in State Plan court or representing the agency in front of the HLRB.	HIOSH included equivalent language in its Discrimination Manual.	03/15/2016	Completed

Appendix C - Status of FY 2014 Findings and Recommendations

FY 2015 Hawaii Comprehensive FAME Report

FY 2014	Finding	Recommendation	State Plan Response/ Corrective Action	Completion Date	Current Status and Date
FY 2014-12	All four elements for investigating a discrimination complaint – protected activity, employer knowledge, adverse action, and nexus – were not properly analyzed, as required by DIM Chapter 5 (IV) (D) (11).	HIOSH should follow its own procedures to ensure that protected activity, employer knowledge, adverse action, and nexus are properly analyzed.	HIOSH sent its entire staff to the OTI course for whistleblower complaint investigation. The Branch Manager reviews the investigation files and contacts federal investigators for clarification on ambiguous issues found during case file	03/15/2016	Completed
FY 2014-13	The consultation program was not pro-actively promoted to public sector employers.	Develop Consultation Program promotional strategies that target public sector employers.	HIOSH will send letters of inquiry to high hazard employers in the public sector.		Open 03/15/2016

Appendix D – FY 2015 State Activity Mandated Measures (SAMM) Report

FY 2015 Hawaii Comprehensive FAME Report

OSHA is in the final stages of moving operations from NCR, a legacy data system, to OIS, a modern data system. During FY 2015, OSHA case files and most State Plan case files were captured on OIS. However, some State Plan case files continued to be processed through NCR. The SAMM Report, which is native to IMIS, a system that generates reports from the NCR, is not able to access data in OIS. Additionally, certain algorithms within the two systems are not identical. These challenges impact OSHA’s ability to combine the data. In addition, SAMMs 5, 8, 9, 11, 12, 15, and 17 have further review levels that should rely on a three-year national average. However, due to the transition to OIS, the further review levels for these SAMMs in this year’s report will rely on a one-year national rate pulled only from OIS data. Future SAMM year-end reports for FY 2016 and FY 2017 should rely on a two-year national average and three-year national average, respectively. All of the State Plan and federal whistleblower data is captured directly in OSHA’s WebIMIS System. See the Notes column below for further explanation on the calculation of each SAMM.

All of the Hawaii State Plan’s enforcement data was captured in OIS during FY 2015. The Hawaii State Plan opened 660 enforcement inspections, and they were all captured in OIS.

U.S. Department of Labor

Occupational Safety and Health Administration State Plan Activity Mandated Measures (SAMMs)

Hawaii – HIOSH

FY 2015

SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
1a	Average number of work days to initiate complaint inspections (state formula)	3.38	7	State Plan data is pulled from OIS. Further review level is negotiated by OSHA and the State Plan.
1b	Average number of work days to initiate complaint inspections (federal formula)	1.97	N/A	State Plan data is pulled only from OIS. This measure is for informational purposes only and is not a mandated measure.

Appendix D – FY 2015 State Activity Mandated Measures (SAMM) Report
FY 2015 Hawaii Comprehensive FAME Report

2a	Average number of work days to initiate complaint investigations (state formula)	.69	2	State Plan data is pulled from OIS. Further review level is negotiated by OSHA and the State Plan.
2b	Average number of work days to initiate complaint investigations (federal formula)	.31	N/A	State Plan data is pulled only from OIS. This measure is for informational purposes only and is not a mandated measure.
3	Percent of complaints and referrals responded to within one workday (imminent danger)	100%	100%	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
4	Number of denials where entry not obtained	0	0	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
5	Average number of violations per inspection with violations by violation type	SWRU: 2.22	+/-20% of SWRU: 1.92	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
		Other: .90	+/-20% of Other: .87	
6	Percent of total inspections in state and local government workplaces	6.36%	+/-5% of 6.25%	State Plan data is pulled from OIS. Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
7	Planned v. actual inspections – safety/health	S: 386	+/-5% of S: 390	State Plan data is pulled from OIS. Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
		H: 274	+/-5% of H: 250	

Appendix D – FY 2015 State Activity Mandated Measures (SAMM) Report

FY 2015 Hawaii Comprehensive FAME Report

8	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$1,262.47	+/-25% of \$2,002.86	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	a. Average current serious penalty in private sector (1-25 workers)	\$983.46	+/-25% of \$1,402.49	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	b. Average current serious penalty in private sector (26-100 workers)	\$1,580.90	+/-25% of \$2,263.31	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	c. Average current serious penalty in private sector (101-250 workers)	\$2,131.21	+/-25% of \$3,108.46	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	d. Average current serious penalty in private sector (greater than 250 workers)	\$2,473.89	+/-25% of \$3,796.75	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
9	Percent in compliance	S: 15.24%	+/-20% of S: 28.47%	State Plan data is pulled from OIS.
		H: 27.40%	+/-20% of H: 33.58%	Further review level is based on a one-year national rate, pulled only from OIS.
10	Percent of work-related fatalities responded to in one workday	100%	100%	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
11	Average lapse time	S: 38.29	+/-20% of S: 42.78	State Plan data is pulled from OIS.

Appendix D – FY 2015 State Activity Mandated Measures (SAMM) Report
FY 2015 Hawaii Comprehensive FAME Report

		H: 44.64	+/-20% of H: 53.48	Further review level is based on a one-year national rate, pulled only from OIS.
12	Percent penalty retained	77.08%	+/-15% of 67.96%	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
13	Percent of initial inspections with worker walk around representation or worker interview	99.70%	100%	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
14	Percent of 11(c) investigations completed within 90 days	36%	100%	State Plan data is pulled from WebIMIS. Further review level is fixed for all State Plans.
15	Percent of 11(c) complaints that are meritorious	29%	+/-20% of 24%	State Plan data is pulled from WebIMIS. Further review level is based on a three-year national average, pulled from WebIMIS.
16	Average number of calendar days to complete an 11(c) investigation	206	90	State Plan data is pulled from WebIMIS. Further review level is fixed for all State Plans.
17	Percent of enforcement presence	2.57%	+/-25% of 1.35%	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.