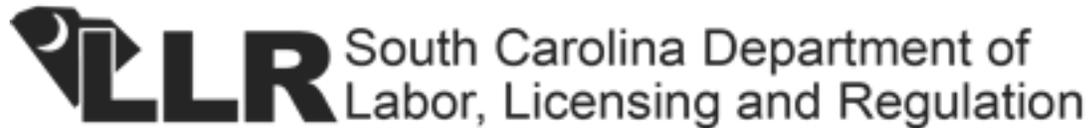


**FY 2015 Comprehensive  
Federal Annual Monitoring and Evaluation (FAME) Report**

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND  
REGULATION, OFFICE OF OCCUPATIONAL SAFETY AND HEALTH**



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

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**Prepared by:  
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## **I. Executive Summary**

### **A. State Plan Activities, Trends and Progress**

The purpose of the Federal Annual Monitoring Evaluation (FAME) Report is to assess the South Carolina Department of Labor, Licensing, and Regulations (SCDLLR) – Division of Occupational Safety and Health Program’s (SCOSH’s) progress toward achieving their performance goals established in their Fiscal Year (FY) 2015 Strategic Management Plan and to review the effectiveness of programmatic areas related to enforcement activities, including a summary of an onsite evaluation.

A five-person, OSHA team, was assembled to conduct the onsite evaluation in Columbia, South Carolina, during the timeframe of February 1st through February 5, 2016. The OSHA monitoring team’s evaluation involved case file reviews, assessment of the SCOSH performance statistics, training documentation, policies and procedures, as well as staff interviews. Care was taken to ensure this evaluation was based upon the current SCOSH Field Operation Manual (FOM), which at the time of the review was under revision, and the SCOSH policy and compliance directives. Assessment of SCOSH’s program and performance indicates the agency continues to provide the basic services required for protection of South Carolina workers. However, there is concern that without appropriate attention and financial support, SCOSH’s ability to provide adequate support to workers will be impacted. The three most significant challenges facing SCOSH include the following: industrial hygiene staffing; training and development; as well as the increased demands on the State Plan’s staff.

SCOSH, like many of the other State Plans, is experiencing a significant problem in the area of recruitment and retention, especially among its industrial hygiene staff. During the onsite visit, over 50% of the health enforcement benchmark positions were vacant. As a result, the State Plan continues to conduct a limited number of health inspections in the construction industry. As a stop-gap measure, SCOSH has attempted to address this issue by encouraging safety specialists to submit health referrals.

Currently, SCOSH does not have a formal documented training program for their compliance personnel that can be revised as necessary to reflect current practices. The State Plan can effectively address this concern by developing a formal written policy that incorporates the requirements of Training and Education Directive (TED) 01-00-019 or an equivalent document to ensure that it maintains a well-trained compliance staff.

Finally, the combination of several factors have strained the program, including the following: South Carolina’s improving economy; new injury and illness reporting requirements; and the renewed whistleblower reporting provisions. The State Plan’s ability to meet the demands imposed on SCOSH by South Carolina’s economic growth has become increasingly challenging. The State Plan’s enforcement staff has been used to conduct preliminary whistleblower investigations, and the administrative staff has been tasked with processing all complaints, as well as screening triage reports.

## **B. State Plan Introduction**

The South Carolina Occupational Safety and Health Plan was one of the first programs approved by the U. S. Department of Labor in accordance with the guidelines of the Occupational Safety and Health Act of 1970. This was accomplished on December 6, 1972, and final approval was granted in 1987. In 1994, the South Carolina Department of Labor was eliminated as part of the reorganization of state government, and the Department of Labor, Licensing, and Regulation (LLR) was created. During this review period, Ms. Richele Taylor served as the Director of LLR, the official designated to administer the State Plan. LLR is divided into three divisions: Labor; Fire and Life Safety; and Professional and Occupational Licensing. The Office of OSHA within the Division of Labor is responsible for management and operation of the State Plan. Ms. Dottie Ison remains in the position as Administrator for the SCOSH program.

Since the reorganization of SCOSH in 2006, the OSHA Administrator has had responsibility over the Office of Voluntary Programs (OVP), as well as: the whistleblower [11(c)] laws, training; safety and health compliance; technical support and standards; Integrated Management Information System (IMIS); and the South Carolina Bureau of Labor Statistics. South Carolina's Office of Technical Support and Standards provides information and assistance to the public to assist them in complying with standards. The office also supports the compliance program with enforcement by providing guidance for internal and external use. In addition, the office reviews new OSHA standards and directives to determine whether they should be adopted by SCOSH. An informal conference hearing officer reports directly to the OSH Administrator. In South Carolina, state and local government agencies and workers are afforded the same rights, responsibilities, and coverage as those in the private sector. Private sector onsite consultative services are provided through a 21(d) grant administered by OVP.

A compliance manager supervises the Offices of Safety and Health Compliance, as well as the individuals responsible for complaint processing and inspection assignments. SCOSH categorizes inspectors as safety-construction, safety-general industry, and health, and has one supervisor over each of the three teams of inspectors. SCOSH's inspectors all work out of their homes and routinely come into the office on Mondays and Fridays to receive assignments, turn in reports, meet with supervisors, and conduct research. The three compliance supervisors also work out of their homes, with one of them being on duty in the office each week. Assignments to inspectors are centralized, with one individual in the office making all inspection assignments, with input from the supervisors and inspectors if needed. Since 1986, SCOSH has maintained a benchmark of 17 safety and 12 health compliance officer positions.

Private sector consultative services are provided through a 21(d) grant with SCOSH to employers, especially smaller employers, to assist in achieving safe and healthful workplaces for their workers. The Safety and Health Achievement and Recognition Program (SHARP) is administered through the Consultative Services Section.

### **C. Data and Methodology**

This report was prepared under the direction of Kurt A. Petermeyer, Regional Administrator, Region IV, Atlanta, Georgia, and covers the period of October 1, 2014 through September 30, 2015. The SCOSH program is administered by the South Carolina LLR, Office of Occupational Safety and Health.

This is OSHA's report on the operation and performance of the SCOSH program. It was compiled using information gained from the FY 2015 State Operations Annual Report; interviews with both management and staff; and FY 2015 data from the OSHA Express System and the OSHA Information System (OIS) [State Activity Mandated Measures (SAMM) Report]. In addition, information was collected during the formal review of case files. Information obtained during routine monitoring and review of the SCOSH program by OSHA's Regional and Columbia Area Offices was also used as a basis for this evaluation.

During this evaluation, a total of 106 inspection case files, comprised of safety and health related inspections, were randomly selected for review. Of the 106 inspection case files, 20 fatality inspection files were reviewed, and 57 complaint investigation (non-formal and formal) and inspection files were involved. The others were a random selection of files from the following categories: programmed general industry safety; programmed general industry health; programmed construction safety; referrals; and state and local government files. This was a small percentage of the 659 inspections conducted in FY 2015, but it is believed to provide an accurate picture of the enforcement activities performed during the year. This review of cases, coupled with interviews and review of established procedures and data obtained, provides a comprehensive report of SCOSH's current status.

Part of the onsite evaluation involved interviews of 11 State Plan staff workers. The 11 staff workers interviewed were comprised of the Program Administrator; legal counsel; enforcement manager; standards support technician; compliance coordinator; one safety and one health supervisor; five compliance officers (four of which were also designated whistleblower investigators); and the administrative support person assigned to receive, process, and monitor SCOSH's whistleblower and safety and health complaints.

### **D. Findings and Observations**

The FY 2014 Follow-up FAME Report contained one finding, which is now closed, and no new or continuing observations. There are a total of nine findings and two new observations in the FY 2015 FAME Report. However, this report indicates that two findings from FY 2013 have been re-opened. Finding FY 2015-08 (formerly FY 2013-07), which is related to the Whistleblower Investigation Manual, is re-opened because although the manual was scheduled to be approved in FY 2014, it was not, in fact, completed. The Whistleblower Investigation Manual will remain a finding until final revisions are made and it is approved.

## **II. Major New Issues**

In FY 2015, South Carolina experienced 31 workplace fatalities, compared with 22

workplace fatalities in FY 2014. As stated earlier, South Carolina's economic conditions have greatly improved, and the increase in fatalities primarily impacted the construction industry. In FY 2014, the construction industry experienced an increase in fatal accidents from three to 12 fatalities. However, the State Plan is engaged in an ongoing effort to identify the cause for the increase, and it is committed to taking appropriate action.

### **III. Assessment of State Plan Performance**

#### **A. STATE PLAN ADMINISTRATION**

##### **1. Training**

SCOSH continues to provide the majority of worker training through the use of SCDLLR trainers, OSHA Training Institute (OTI), education centers, and third party vendors. This allows the State Plan to conduct most of its training courses locally, minimizing costs. All SCDLLR trainees attend OTI for the standards courses (introductions to safety, health, and construction standards) and specific technical courses while the other required core courses for trainees are conducted by the SCDLLR training staff. Compliance officers also attend OTI for selected courses that are not offered in-house. The department supervisors can also monitor training by keeping track of courses attended by their staff informally. The human resources department also monitors the training attended by the compliance officers. SCDLLR produced a training guide that is used to document the compliance officer training. This guide consists of milestones (on-the-job training, classroom training, and supervisor reviews) that each compliance officer needs to attain in a 24-month period. Currently, SCDLLR does not have a formal documented training program for their compliance personnel that can be revised as necessary to reflect current practices (other than the training guide). SCDLLR did not adopt the current TED 01-00-019.

A review of selected training records revealed that newly hired compliance officers have attended the OTI standards courses and some of the courses on the training guide. However, the training guide is not always updated to reflect other classes taken by the compliance officers. Initials and dates of attendance were missing. There is no correlation between the guide and the mandatory training requirements outlined in TED 01-00-019.

**Finding FY 2015-01:** The State Plan does not have a formal written policy that outlines the direction, guidance, and training options that directly contribute to the compliance personnel's ability to represent SCDLLR with a high degree of professional expertise.

**Recommendation:** SCOSH should develop a formal written policy that incorporates the requirements of TED 01-00-019 or an equivalent document to ensure a well-trained compliance staff.

## **2. Funding**

The last financial audit of SCOSH was conducted in FY 2011. During that period, the total authorized award equaled \$3,468,400 (federal funds equaled \$1,734,200, and non-federal funds equaled \$1,734,200). For the quarter ending December 31, 2011, the Certified Federal Financial Report (Closeout) actual federal expenditures and system draw downs in the Health and Human Services Payment Management System (HHSPMS) were \$1,733,900. Review of the 23(g) grant revealed that the grantee expended 99.98% of authorized federal funds for the period ending December 31, 2011. Following a detailed review of the award, there were no issues reported.

## **3. Staffing**

SCOSH is committed to maintaining its compliance staffing at the benchmarks levels of 17 safety and 12 health. However, decreases in funding and an increase in the demand for safety and health professionals statewide have significantly impacted the State Plan. The salary imbalance between SCOSH enforcement personnel and private sector health and safety professionals has been recognized as one of the main challenges impacting SCOSH's worker retention. SCOSH currently has 15 safety and 5 health compliance officers on staff. The State Plan is committed to filling vacancies and replacing members of its staff; however, SCOSH inability to retain health compliance staff members is a growing concern.

## **4. Information Management: OSHA Information System and OSHA Express**

The compliance manager continues to use the South Carolina OSHA Redesign and Enhancement (SCORE) System to monitor current enforcement and whistleblower activities. Management reviews each inspector's compliance data regularly, and SCORE is an effective tool used for performance reviews. SCORE is a secured database, and it has eliminated the need for a large volume of paper documentation. SCORE efficiently serves the State Plan in a manner similar to OIS. The system also allows SCOSH to retrieve and analyze data instantaneously.

## **5. State Internal Evaluation Program (SIEP) Report**

The purpose of the internal audit is to review the effectiveness of quality plans, ensure adherence with policies and procedures, and assess customer satisfaction. The internal audit process, SCOSH Operational Policy, OP-001-12, is consistent with OSHA's requirement for each State Plan to implement an internal evaluation program and conduct periodic audits. The State Plan's policy requires annual internal audits; however, SCOSH did not adhere to its policy in 2015.

**Finding FY 2015-02:** During FY 2015, SCOSH did not adhere to the operational policy, OP-001-12, which requires that the State Plan conduct an internal audit annually.

**Recommendation:** SCOSH should ensure that its current internal auditing policy is properly enforced or amended to appropriately reflect the State Plan's self-assessment policy.

## **B. ENFORCEMENT**

### **1. Complaints**

In general, SCOSH's procedures for handling complaints are similar to those of OSHA with just a few differences. Chapter III of the State Plan's current FOM contains detailed instructions for the handling of complaints. SCOSH did not adopt OSHA's phone and fax procedures and handles all non-formal complaints by mailing a letter to the company, with few exceptions. SCOSH also does not accept electronically signed complaints received outside the SCOSH website. Complainants are required to re-enter complaints into the SCOSH complaint system. Formal complaints require a signature to be processed as such, and union or other worker representatives are not permitted to initiate a formal complaint. The State Plan also does not accept formal complaints from automated complaint systems which allow complainants to check a box for signatures. Electronic complaints transferred to the State Plan via the OSHA Columbia Area Office are reviewed, and the complainant is contacted in an attempt to formalize the complaint. Additionally, SCOSH does not investigate complaints received orally. Complainants of non-formal complaints are notified in writing of the employer's response and whether the State Plan finds the response satisfactory. There is no formal right of appeal for non-formal complaints; however, if complainants call or write and disagree with the findings, the State Plan will review the complaint and respond to the complainant with their determination.

All complaints are initially handled by a single staff person within SCOSH who prepares the correspondence or sends the complaint to management for assignment. Complicated and questionable issues relating to the complaint are directed to the compliance supervisor on duty or the compliance manager. Inspection data shows SCOSH handled 379 complaints in FY 2015, compared with 358 in FY 2014. Approximately 63.1% of complaint inspections were found to be in-compliance. According to the SAMM Report, complaint investigations were initiated within an average of 3.44 days from the time of the receipt, which is below the negotiated standard of five days; and complaint inspections were initiated within an average of 18.29 days, which is above the negotiated standard of seven days.

The development of the Rapid Response Initiative (RRI) was adopted by SCOSH on January 1, 2015. Three hundred and forty incidents were recorded. Cases reviewed involved 65 fatalities, 198 in-patient hospital care incidents, 80 amputations, and three eye losses. The Revised Interim Enforcement Procedures for Reporting Requirements under 29 CFR, Section 1904.39, dated January 8, 2015, were implemented. Review of information provided shows compliance with the requirements established. However, a few concerns were noted regarding the State Plan's implementation of the procedure.

During this review period, 80 of 83 amputations were classified as Category 3 incidents, and only three amputations were inspected. Due to the lack of available resources, amputations were reclassified to Category 3 incidents. Letters were submitted to the employers informing them that an investigation was required by them and that a report of findings and abatement be submitted to SCOSH for review. None of the incidents were reviewed and/or reported to be successfully investigated. The records also did not include documentation regarding the

abatement status of any action.

Additional review of SCOSH's Triage Report showed that 37 reports were not provided within 24 hours as required by the RRI procedures. No citations were issued nor were inspections opened. Explanation for delay in reporting was never provided or cited.

**Finding FY 2015-03:** SCOSH takes an average of 18.29 work days to initiate complaint inspections, which is outside the further review level of seven days for SAMM 1a. This rate has been driven up due to the increased number of complaints under the new reporting requirements and the RRI adopted and implemented by SCOSH.

**Recommendation:** SCOSH should review its complaint intake procedure to ensure they can be timely in addressing the increased number of complaints under the new reporting rule and policies.

**Finding FY 2015-04:** SCOSH is not following the policies set forth in their RRI. Specifically, SCOSH has mis-categorized amputations as Category 3 accidents without thorough assessment of the cause of the accidents and has not documented that internal investigation and abatement information returned by employers has been reviewed by SCOSH, per the RRI.

**Recommendation:** SCOSH should review and clarify assessment procedures for amputations to ensure they are in line with the RRI policy.

**Finding FY 2015-05:** Contrary to the RRI policy and procedures, SCOSH is not inspecting or citing employers for failing to provide reports of accidents within the 24-hour time period.

**Recommendation:** SCOSH should evaluate their implementation of the RRI policy and ensure it is followed with respect to late reporting by employers.

## 2. Fatalities

In FY 2015, South Carolina experienced 31 workplace fatalities, compared with 22 workplace fatalities in FY 2014.

SCOSH conducted fatality investigations into the cause of 28 of these incidents. Investigations were not conducted in three cases due to the following: two incidents involved workplace violence where individuals were shot to death; and the third incident involved a worker drowning at camp. However, adequate documentation was not provided to address the reason that these three Category 1 accidents were not investigated. All three were merely listed as "no action taken" on the assignment officer's incident log.

As stated earlier, South Carolina's economic conditions have greatly improved, and the increase in fatalities can be attributed to the construction industry. In FY 2014, the construction industry experienced an increase in fatal accidents from three to 12 fatalities. However, the State Plan is engaged in an ongoing effort to identify the cause for the increase, and it is committed to taking appropriate action.

<b>Fiscal Year</b>	<b>Fatalities</b>
2012	25
2013	21
2014	22
2015	31
2016 (Y-T-D)	24

The table below reflects the range of citations issued to employers in the state. In FY 2015, the State Plan conducted 659 enforcement inspections, resulting in 992 violations. Seventy-eight percent of the citations issued were serious in nature. The State Plan also issued 215 other-than-serious violations, as well as three repeat violations.

<b>Enforcement Violations</b>	<b>SCOSH</b>
Willful	0
Repeat	3
Serious	774
Other-Than-Serious	215

**Finding FY 2015-06: Three of 28 (10.7%) of fatalities reported and categorized as Category 1 accidents were not investigated for valid reasons, but the rationale was not documented in the case file.**

**Recommendation:** SCOSH should maintain initial information and pre-determination information to validate the reason for not conducting the investigations.

### 3. Targeting and Programmed Inspections

According to inspection statistics reviewed, SCOSH conducted 659 inspections for FY 2015, of which 398 were programmed. According to the SAMM Report, 42.73% of these were programmed safety inspections and 37.5% were programmed health inspections, which resulted in violations being issued. Additional data indicates that an average of 2.43 violations were cited per programmed inspection, a decrease from FY 2014 statistics.

The continuing inability of SCOSH to maintain qualified health compliance officers is seriously hindering its ability to target and address health hazards in the construction industry. Even with SCOSH policy permitting inspectors to stop and conduct limited scope inspections when serious hazards are observed, health hazards in construction are not being addressed. This review shows this to be the third year where no health inspections have been performed. FY 2015 case file reviews revealed only 1 health-related construction inspection was completed, and none were performed in FY 2013. A continuing turnover of industrial hygienists plagues SCOSH's ability to perform health inspections within construction. One method developed to address health hazards involved the development of policies requiring referrals to be submitted from safety compliance officers to the SCOSH health team. This

was problematic as time limits of exposure were sporadic, requiring immediate attention. The unavailability of health compliance officers and the delay in the referral process made this system unproductive and ineffective.

**Finding FY 2015-07 (formerly FY 2013-01):** SCOSH did not conduct programmed health inspections in the construction industry.

**Recommendation:** SCOSH should designate a health compliance officer to the Construction Team to ensure health hazards within the industry are addressed.

#### 4. Citations and Penalties

SCOSH’s average current penalty per serious violation in private sector (SAMM 8: 1-250+ workers) was \$828.08 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” (ALAE) as 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 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.

In FY 2015, the 659 inspections conducted resulted in an average of 2.97 violations per inspection, with 47.1% of safety violations and 40% of health violations classified as serious. The average lapse time from opening conference to citation issuance is identified in the following table.

Average Lapse Time	SCOSH	1-Year National Average
Safety	56.3	42.78
Health	59.33	53.48

No willful violations and three repeat violations were issued in FY 2015. SCOSH’s procedures for classifying violations as repeat differs from that of OSHA in that SCOSH requires the previous violation to have been issued within two years and OSHA allows five years of history to be considered. Inspection data shows that no inspections conducted were follow-ups, and no failure-to-abate violations were issued.

In FY 2015, the average current penalty per serious, repeat, and willful violations for private sector inspections was as follows:

<b>Classification</b>	<b>SCOSH</b>	<b>OSHA</b>
<b>Willful</b>	\$0	\$40,494
<b>Repeat</b>	\$0	\$7,711
<b>Serious</b>	\$891.34	\$2,190

As addressed in previous FAMEs, the classification of serious hazards varies significantly between the State Plan and OSHA. Assessment of the State Plan’s probability and severity is determined by use of SCOSH’s calculation table. As such, there are no outlying fluctuations in penalties through increasing or decreasing probability and severity measures.

As addressed in FY 2014, compliance officer training relating to the assessment of safety and health programs was completed. Case files reviewed this year show a consistent and positive evaluation of safety and health programs. Settlement information reviewed showed that an average of 50% reduction in penalty being provided in SCOSH’s debt collection procedures remain effective. After administrative efforts to obtain payment of the penalty, the case is turned over to the state’s Governmental Enterprises Accounts Receivable (GEAR) collection program. During this collection process, employers have a right to a hearing. Under the GEAR program, the state can collect payment of OSHA penalties through income tax authority. Cases of debt collection can be administratively closed by SCOSH so that they do not remain open for an extended amount of time.

## **5. Abatement**

SCOSH has regulations that address requirements for abatement verification. During case file reviews, abatement information sent in by the employer was not always found in the case files. In most case files, there was adequate required documentation, and many also included the employer’s certification. State Plan policy mandates that either certification or documentation of abatement be maintained in the appropriate case file.

## **6. Worker and Union Involvement**

SCOSH’s procedures for worker and union involvement are identical to those of OSHA. Case files reviewed disclosed that workers were included during fatality investigations and other inspections, as well as informal conferences. All of SCOSH’s initial inspections were conducted with worker walk around representation or worker interviews. Unions were provided with correspondence regarding complaints and fatalities and copies of citations.

## **C. REVIEW PROCEDURES**

### **1. Informal Conferences**

SCOSH has an Office of Informal Conferences which conducts informal conferences with employers, in order to maintain consistency in the informal conference process. The State Plan has established SCOSH Operational Policy, OP-002-10, which provides authority and guidance for conducting informal conferences. The penalty reduction policy states penalties

may be reduced up to 50% through an Informal Settlement Agreement for qualified employers wanting to be proactive with regard to worker safety and health. Also, employer history is reviewed for penalty reductions. Many employers receiving citations during 2015 requested an informal conference for penalty reductions only. To approve the requests, SCOSH researched the companies' previous inspection history and the State Plan's ineligibility log and Debt Collection Accountability Team list. Employers showing history (one year for construction, two years for general industry) and otherwise eligible employers are mandated to attend an informal conference and not authorized a telephonic settlement. The informal conference memorandum has also been revised to allow for automatic penalty reductions without an informal conference of up to 50%.

The penalty retention rate for SCOSH in FY 2015 was 74.15%. It was also identified that if a company requests or attends an informal conference requesting only penalty reductions, authorization is based upon the evidence provided during the informal conference. If the issue is penalty only and no previous inspection history is revealed, a 50% reduction is given. If history was identified (within one year for construction companies and two years for general industry companies), a 25% reduction in penalty is awarded. Other factors, such as placement on the State Plan's ineligibility log and DCAT list may also influence or impact penalty reductions.

## **2. Formal Review of Citations**

In South Carolina, contested cases are handled by the South Carolina Administrative Law Court. LLR requested this be changed to the South Carolina OSHA Review Board. SCOSH has regulations for ensuring that employers have the right to contest citations and penalties. South Carolina continues to maintain a very low contest rate. In FY 2015, 2.5% inspections were contested as compared to 2.0% in 2014.

## **D. STANDARDS AND FEDERAL PROGRAM CHANGES ADOPTION**

### **1. Standards Adoption**

In accordance with 29 CFR 1902, State Plans are required to adopt standards and Federal Program Changes within a six-month timeframe. State Plans that do not adopt identical standards and procedures must establish guidelines which are "at least as effective as" the federal rules. State Plans also have the option to promulgate standards covering hazards not addressed by federal standards. During this period, SCOSH adopted all of the OSHA-initiated standards which required action in a timely manner, with one exception. The table below identifies the OSHA-initiated standards.

<b>Standards Requiring Action</b>	<b>Federal Register Date</b>	<b>Adopted Identical</b>	<b>Date Promulgated</b>
Final Rule for Confined Spaces in Construction	05/04/2015	Yes	08/28/2015
Cranes and Derricks in Construction - Operator Certification Final Rule	09/26/2014	Yes	01/23/2015
Occupational Injury and Illness Recording and Reporting Requirements NACIS Update and Reporting Revisions	09/18/2014	Yes	06/26/2015
Final Rule for Electric Power Generation, Transmission, and Distribution; Electrical Protective Equipment	04/11/2014	Yes	09/26/2014

## 2. OSHA and State Plan-Initiated Changes

During this period, SCOSH was timely in adopting eight of the Federal Program Changes requiring adoption. However, the State Plan responded in an untimely manner to several established due dates. An example is the notice of intent for the “Site-Specific Targeting 2014 (SST-14),” which is still pending from the State Plan and was due within 60 days of the February 2, 2014 issuance date. Another example is the notice of intent indicating if SCOSH will adopt or already has in place a training program that is identical to or different from the Mandatory Training Program for OSHA Compliance Personnel (TED 01-00-019), which the State Plan decided not to adopt. SCOSH has not provided documentation to show how their policy differs from the federal program or how the State Plan’s existing procedures and policy are at least as effective as OSHA’s.

<b>Federal Program Changes Requiring Action and Federal Directive Number</b>	<b>Date of Directive</b>	<b>Adopted Identical</b>	<b>Adoption Date</b>
Whistleblower Investigations Manual, CPL 02-03-005	04/21/2015	*No	4/21/2015
Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, CPL 02-02-078	06/30/2015	Yes	7/13/2015
Inspection Procedures for the Hazard Communication Standard (HCS 2012), CPL 02-02-079	07/09/2015	Yes	7/29/2015
REVISION - National Emphasis Program – Primary Metal Industries	10/20/2014	Yes	01/16/2015
Compliance Directive for the Cranes and Derricks in Construction Standard	10/17/2014	Yes	01/23/2015
Mandatory Training Program for OSHA Compliance Personnel	7/21/2014	No	N/AV
Inspection Procedures for Accessing Communication Towers by Hoist	7/17/2014	Yes	7/17/2014
Inspection Procedures for the Respiratory Protection Standard	6/26/2014	Yes	09/15/2014

Shipyards Employment Tool Bag Directive, CPL 02-00-157	02/6/2014	Yes	4/1/2014
Site-Specific Targeting 2014 (SST-14)	02/02/2014	No	N/AV
OSHA Strategic Partnership Program for Worker Safety and Health	11/06/2013	No	N/AV
Maritime Cargo Gear Standards and 29 CFR Part 1919 Certification	09/30/2013	Yes	02/14/2014

\*Identified in FY 2013 and shown adopted in FY 2014, the Whistleblower Manual was not adopted and is currently in the review and approval process in SCOSH. See Section G (Workplace Retaliation Program Section) for additional information.

**Observation FY 2015-OB-01:** Responses to Federal Program Changes and standards are not consistently shared with OSHA in a timely manner.

**Federal Monitoring Plan:** During next year’s quarterly monitoring meetings, adoption of Federal Program Changes and standards will be monitored to ensure timely submission.

**E. VARIANCES**

SCOSH has 70 permanent variances, none of which are multi-state variances approved by OSHA, and there are no temporary variances. The most recent variance adopted was in 2015. The State Plan issued one permanent variance in FY 2015 to Bridgestone Aiken ORR, Inc., an off-road radial tire production plant. The petitioner was granted a permanent variance from 29 CFR 1910.179(n) (3) (v), as adopted pursuant to S.C. Code Ann. §41-15-220 and incorporated by reference pursuant to S.C. Ann. Reg. 71-108. A review of the variance revealed that adequate alternate protection was afforded to workers in this case.

**F. STATE AND LOCAL GOVERNMENT WORKER PROGRAM**

SCOSH’s Public Employee Program operates identically to the private sector. As with the private sector, state and local government employers can be cited with monetary penalties. The penalty structure for both sectors is the same. SCOSH conducted four state and local government inspections in FY 2015. An average of 2.33 violations were cited per inspection; no in-compliance inspections were performed; and 75% of violations issued were classified as serious, repeat, and/or willful.

**G. WORKPLACE RETALIATION PROGRAM**

The South Carolina Occupational Safety and Health Act, Section 41-15-210 et. Seq., Code of Laws of South Carolina, 1976, is a state statute of general application designed to regulate employment conditions relating to occupational safety and health. It aims to achieve safer and healthier workplaces throughout the state. A complaint filed under this statute is commonly referred to as an 11(c) complaint, which is a reference to the OSH Act. Enforcement of this statute in South Carolina falls under SCDLLR. Investigations are performed by designated safety and health compliance officers and are overseen by the compliance manager.

This evaluation included a thorough review of South Carolina's workplace retaliation program to determine whether its own policy and procedures are at least as effective as OSHA's procedures for handling Section 11(c) matters.

The increase in whistleblower [11(c)] complaints and the lack of increased budget to increase the benchmarks necessary to cover 11(c) investigators mandated the continued use of safety and health inspectors as a means of covering required worker protection. Delegation of safety and health compliance officers to perform whistleblower investigations and the inclusion of these complaints into the safety and health complaint processing procedure has been a means of addressing the immediate problem. However, with the increased focus needed for safety and health investigations and complaints, the delegation of duty to also address whistleblower issues using the same number of staff has resulted in 32 11(c) cases pending assignment. The demand for increased attention into safety and health issues has placed whistleblower complaints as a secondary priority.

Currently, SCOSH is utilizing six of its compliance safety and health officers (CSHOs) to perform workplace retaliation investigations as an additional duty. Only two of the four designated CSHOs have attended OTI's Course #1420, Basic Whistleblower Investigator Course. Neither SCOSH's attorney nor the compliance manager attended the OTI course or an equivalent SCOSH training course. Currently, SCOSH has designated four additional enforcement CSHOs to perform 11(c) investigations. Training of newly appointed 11(c) investigators is currently being completed in-house by a SCOSH supervisor who has performed 11(c) investigations and completed Course #1420. As of this review, a formal training program for 11(c) investigators has not been developed. Discussion with SCOSH relating to TED 01-00-020-2016 845, dated October 8, 2016, identified that the State Plan has decided not adopted the TED and instead will develop and adopt an equivalent program.

Review of the 11(c) case files was difficult due to a lack of organization and continuity of files. Findings appear to be accurate based on evidence contained in case files reviewed; however, the case files were not organized in a way to substantiate the investigator's thought process and rationale for findings. For example:

- A. No "Report of Investigation" or similar document, showing the investigator process or review and determination of finding, was found in the case files.
- B. No "Case Activity/Telephone Logs" listing the date, time, and activities associated with the complaint investigation were found.
- C. Files were not tabbed or a Table of Contents used to ensure all required documents and processes were completed. Tabs should include Complainant Statement; Complainant's Rebuttal; Respondent Position Statement; Investigator Notes; Memorandum of Interview; Safety or Health Inspections (if performed); and Report of Investigation.

- D. In some instances, multiple, unnecessary case files were found filed within the main case file causing confusion and duplication of effort and documents.

SCOSH still has not adopted a Whistleblower Investigation Manual. History relating to this finding has been addressed in the past three FAME Reports. The FY 2013 FAME Report initially addressed this issue. The FY 2014 FAME Report indicated that one had been adopted by SCOSH and was awaiting approval by the State Senate. Being informed that there was no concern with passing, this finding was closed. The FY 2015 FAME revealed that the manual had been recalled prior to state approval due to conflicts of policy within the manual. Additionally, it was decided that the manual’s purpose and intent would be revised to not only use as a training tool but also as a regulatory guidance. At this time, SCOSH has no anticipated date of approval.

During FY 2015, SCOSH reviewed a total of 60 whistleblower cases, of which 27 were administrative closures; 32 were pending investigations; and one case settled with merit during the year. Per the Chief Attorney and the compliance manager, there were no dismissed/non-merit or merit cases in FY 2015. Due to a lack of resources both in availability of SCOSH investigators and the legal review division personnel, movement of cases was infeasible. In an attempt to address the current pending investigation backlog, SCOSH informed us they will be hiring a second attorney to assist the Chief Attorney (anticipated in FY 2016) and a paralegal to aid with the processing of cases (anticipated hire date unknown).

Status	Number of Cases	Percentage
Dismissed Non-Merit	0	0%
Settlement/Merit	1	1.6%
Administratively Closed	27	45%
Withdrawn	0	0%
Prosecution by Attorney General	0	0%
Still Pending Investigation	32	53.3%

**Finding FY 2015-08 (formerly FY 2013-07):** The State Plan’s Whistleblower Investigation Manual has not been approved.

**Recommendation:** SCOSH should make the necessary revisions to the manual, including changing the manual’s purpose and intent to a training tool and regulatory guidance, respectively.

**Observation FY 2015-OB-02:** Case file documentation was found disorganized and not in compliance with whistleblower case file directives.

**Federal Monitoring Plan:** During next year’s FAME, a limited scope review of selected case files will be reviewed to determine if this reflects the data trend.

## **H. COMPLAINTS ABOUT STATE PROGRAM ADMINISTRATION (CASPA's)**

During this review period, there were no CASPA's filed against the State Plan.

## **I. VOLUNTARY COMPLIANCE PROGRAM**

The SCOSH compliance program is administered by SCDLLR. The Office of Voluntary Programs includes the Voluntary Protection Program (VPP) called Palmetto Star, as well as Consultation, Alliances, and Partnerships.

### **Alliances**

SCDLLR currently has one active Alliance. The SCDLLR and the Carolinas Associated General Contractors' Alliance policy documentation contains all the requirements established under the federal Alliance directive.

### **Partnerships**

In FY 2015, SCDLLR had one active Partnership. The Partnership agreement for workers' safety and health between SCDLLR and Holder Construction Group, LLC met the requirements established under the federal Partnership directive.

### **Voluntary Protection Programs**

VPP eligibility requirements for Palmetto Star are more stringent than the federal program. Employers in North American Industrial Classification System codes 31-33 may apply. Employers are required to maintain injury and illness rates at least 50% below the rate for that industry in South Carolina. All participants are evaluated every three years. There are currently 40 active sites in the Palmetto Star Program as of February 2016.

## **J. STATE AND LOCAL GOVERNMENT SECTOR ON-SITE CONSULTATION PROGRAM**

The Consultative Program continued to provide services to the employers and workers in both the private and state and local government sectors during FY 2015. The program provided safety and health assistance to 17 state and local government employers. The number of hazards abated during on-site consultation state and local government sector visits is listed in the following chart.

Serious Hazards Confirmed Abated		Other Hazards Confirmed Abated	
Public Safety	13	Public Safety	4
Public Health	16	Public Health	8
Total Public	19	Total Public	12

The review of selected visit case files revealed that evaluations are conducted in accordance with the Consultation Policies and Procedures Manual. The reports were timely and

provided to the employer within 20 days. However, not all of the required documentation was included in the files reviewed. During the review, it was determined that the visit case files did not contain all of the visit-related requirements, such as: the Safety and Health Program Assessment Worksheet Form 33; Recommendation of Internal Measures; OSHA-300 Logs; and comparison of the site's Days Away, Restricted, or Transferred (DART) and Total Recordable Case (TRC) rates against the national and state average.

**Finding FY 2015-09:** The state and local government consultation case files did not contain all the required information as outlined in the Consultation Policies and Procedures Manual.

**Recommendation:** SCDLLR should ensure that each consultation visit file includes all the required documentation as outlined in the Consultations Policies and Procedures Manual, such as: the Safety and Health Program Assessment Worksheet (Form 33); recommendation of interim measures; copies of OSHA-300 Logs; comparison of the site's DART and TRC rates to the national and state averages; description of the workplace and the working conditions at the site in the employer's report; the filing arrangement outlined in Appendix H; a diary sheet to document dates of importance, actions, date reports are sent, etc.

#### **IV. Assessment of State Plan Progress in Achieving Annual**

##### **Performance Goals**

FY 2015 was the fourth year of the State Plan's current Five-Year Strategic Performance Plan. During this period, SCOSH met all but two of its strategic goals set in FY 2013. SCOSH reviews the annual high-hazard planning guide for targeting hazards in industries. As a result of this practice, the SCOSH has seen a reduction in the number of injuries and illnesses in safety and health industries.

SCOSH has developed a Strategic Management Plan with outcome goals that are consistent with OSHA activity. As well as specific outcome measures, the plan includes activity goals for all components of the state program. Strategies can be altered and activities increased or decreased to further enhance program performance. Over the last year, SCOSH has continued to identify and reduce the number of worker injuries, illnesses, and fatalities in construction by focusing attention and resources on the most prevalent types of workplace injuries and illnesses (e.g., falls, electrocutions, struck-by, and crushed by/caught in between).

##### **OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
Reduce the overall injury and illness rate (TRC rate) in manufacturing by <b><u>10%</u></b> .	Reduce the overall injury and illness rate (TRC rate) in manufacturing by <b><u>2%</u></b> each year (October 1 – September 30).	<b>EXCEEDED</b>	The TRC baseline rate for manufacturing was <b><u>4.0</u></b> . Our goal for FY 2015 was <b><u>3.6</u></b> . According to the 2014 Bureau of Labor Statistics (BLS) survey report, the TRC rate for manufacturing in South Carolina <b><u>3.0</u></b> .

**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
Initiate inspection of fatalities and catastrophes within one working day of notification for <b><u>95%</u></b> of occurrences to prevent further injuries and death.	Initiate inspection of fatalities and catastrophes within one working day of notification for <b><u>95%</u></b> of occurrences to prevent further injuries and death.	<b>DID NOT MEET</b>	<b><u>Ninety percent</u></b> of the fatalities were opened within one working day of notification.

**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
Reduce the overall injury and illness rate (TRC rate) in construction by <b><u>10%</u></b> .	Reduce the injury and illness (TRC rate) in construction by <b><u>2%</u></b> each year (October 1 – September 30).	<b>EXCEEDED</b>	The TRC baseline rate for construction was <b><u>2.6</u></b> . Our goal for FY 2015 was a rate of <b><u>2.5</u></b> . According to the 2014 BLS data, the TRC rate for construction was <b><u>1.6</u></b> .

**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
<b><u>Fifty percent</u></b> of employers who receive a 21(d) visit either implement an effective safety and health program or improve their existing program.	<b><u>Fifty percent</u></b> of employers who receive a 21(d) visit either implement an effective safety and health program or improve their existing program.	<b>EXCEEDED</b>	<b><u>Eighty-eight percent</u></b> of the employers that requested a 21(d) visit implemented or improved their safety and health programs.

**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
<b><u>Fifty percent</u></b> of high-hazard employers who requested an informal conference will develop and implement systems to address specific safety and health issues.	<b><u>Fifty percent</u></b> of high-hazard employers who requested an informal conference will develop and implement systems to address specific safety and health issues.	<b>EXCEEDED</b>	<b><u>Ninety-one percent</u></b> of high-hazard employers that requested an informal conference entered into an informal settlement agreement. (49 of 54 high-hazard inspections settled)

**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
Provide timely responses to formal complainants by reducing the notification time for inspection results to 20 days for <b>95%</b> of	Provide timely responses to formal complainants by reducing the notification time for inspection results to 20 days for <b>95%</b> of formal complaints that are inspected.	<b>EXCEEDED</b>	Complainants were notified of inspections results within 20 days of closing the inspection <b>97%</b> of the time.

formal complaints that are inspected.			
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**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
Initiate investigation of <b><u>98%</u></b> of formal complaints within <b><u>seven workdays.</u></b>	Initiate investigation of <b><u>98%</u></b> of formal complaints within <b><u>seven workdays.</u></b>	<b>DID NOT MEET</b>	The average over the entire year was <b><u>82 %</u></b> within seven workdays.

**OUTCOME GOAL**

<b>Performance Goal</b>	<b>Annual Performance Goal</b>	<b>Outcome</b>	<b>Comments</b>
Ensure worker protection by obtaining <b><u>95%</u></b> of warrants in a timely manner (within 10 workdays of refusal).	Ensure worker protection by obtaining <b><u>95%</u></b> of warrants in a timely manner (within 10 workdays of refusal).	<b>EXCEEDED</b>	<b><u>Thirteen</u></b> companies denied entry during the year. <b><u>Three</u></b> warrants were obtained in a timely manner. <b><u>Nine</u></b> companies allowed re-entry. <b><u>One</u></b> warrant was not obtained.

**V. Other Special Measures of Effectiveness and Areas of Note**

There were none observed.

Appendix A – New and Continued Findings and Recommendations  
 FY 2015 South Carolina State Plan Comprehensive FAME Report

FY 2015-#	Finding	Recommendation	FY 20XX-# or FY 20XX-OB-#
<b>FY 2015-01</b>	The State Plan does not have a formal written policy that outlines the direction, guidance, and training options that directly contribute to the compliance personnel’s ability to represent SCDLLR with a high degree of professional expertise.	SCOSH should develop a formal written policy that incorporates the requirements of TED 01-00-019 or an equivalent document to ensure a well-trained compliance staff.	
<b>FY 2015-02</b>	During FY 2015, SCOSH did not adhere to the operational policy, OP-001-12, which requires that the State Plan conduct an internal audit annually.	SCOSH should ensure that its current internal auditing policy is properly enforced or amended to appropriately reflect the State Plan’s self-assessment policy.	
<b>FY 2015-03</b>	SCOSH takes an average of 18.29 work days to initiate complaint inspections, which is outside the further review level of seven days for SAMM 1a. This rate has been driven up due to the increased number of complaints under the new reporting requirements and the Rapid Response Initiative (RRI) adopted and implemented by SCOSH.	SCOSH should review its complaint intake procedure to ensure they can be timely in addressing the increased number of complaints under the new reporting rule and policies.	
<b>FY 2015-04</b>	SCOSH is not following the policies set forth in their RRI. Specifically, SCOSH has mis-categorized amputations as Category 3 accidents without thorough assessment of the cause of the accidents and has not documented that internal investigation and abatement information returned by employers has been reviewed	SCOSH should review and clarify assessment procedures for amputations to ensure they are in line with the RRI policy.	

## Appendix A – New and Continued Findings and Recommendations

### FY 2015 South Carolina State Plan Comprehensive FAME Report

	by SCOSH, per the RRI.		
<b>FY 2015-05</b>	Contrary to the RRI policy and procedures, SCOSH is not inspecting or citing employers for failing to provide reports of accidents within the 24-hour time period.	SCOSH should evaluate their implementation of the RRI policy and ensure it is followed with respect to late reporting by employers.	
<b>FY 2015-06</b>	Three of 28 (10.7%) of fatalities reported and categorized as Category 1 accidents were not investigated for valid reasons, but the rationale was not documented in the case file.	SCOSH should maintain initial information and pre-determination information to validate the reason for not conducting the investigations. .	
<b>FY 2015-07</b>	SCOSH did not conduct programmed health inspections in the construction industry.	SCOSH should designate a health compliance officer to the Construction Team to ensure health hazards within the industry are addressed.	FY 2013-01
<b>FY 2015-08</b>	The State Plan’s Whistleblower Investigation Manual has not been approved.	SCOSH should make the necessary revisions to the manual, including changing the manual’s purpose and intent to a training tool and regulatory guidance, respectively.	FY 2013-07
<b>FY 2015-09</b>	The state and local government consultation case files did not contain all the required information as outlined in the Consultation Policies and Procedures Manual.	SCDLLR should ensure that each consultation visit file includes all the required documentation as outlined in the Consultations Policies and Procedures Manual, such as: the Safety and Health Program Assessment Worksheet (Form 33); recommendation of interim measures; copies of OSHA-300 Logs; comparison of the site’s DART and TRC rates to the national and state averages; description of the workplace and the working conditions at the site in the employer’s report; the filing arrangement outlined in Appendix H; a diary sheet to document dates of importance, actions, date reports are sent, etc.	

**Appendix B – Observations Subject to Continued Monitoring**  
 FY 2015 South Carolina State Plan Comprehensive FAME Report

Observation # FY 2015-OB-#	Observation # FY 20XX-OB-# or FY 20XX-#	Observation	Federal Monitoring Plan	Current Status
<b>FY 2015-OB-01</b>		Responses to Federal Program Changes and standards are not consistently shared with OSHA in a timely manner.	During next year’s quarterly monitoring meetings, adoption of Federal Program Changes and standards will be monitored to ensure timely submission.	NEW
<b>FY 2015-OB-02</b>		Case file documentation was found disorganized and not in compliance with whistleblower case file directives.	During next year’s FAME, a limited scope review of selected case files will be reviewed to determine if this reflects the data trend.	NEW

Appendix C - Status of FY 2015 Findings and Recommendations  
 FY 2015 South Carolina State Plan Comprehensive FAME Report

FY 2014-#	Finding	Recommendation	State Plan Response/Corrective Action	Completion Date	Current Status and Date
	The State Plan did not comply with SCOSH Operational Policy: OP-002-10 by maintaining all supportive facts in each case file.	All supportive documentation and facts used to justify actions taken to render a settlement agreement are to be maintained in the appropriate case file.	SCOSH Operational Policy OP-002-10 was reviewed with the Informal Conference Hearing Officer. The importance of thoroughly documenting the justification used to make settlement decisions during the informal conference was reiterated. Changes to citations or penalties, such as vacating or reclassifying, has been discussed with management. All supportive documentation regarding these changes will be included with the informal conference memorandum and scanned into the case file.	July 1, 2015	Closed February 1, 2016

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

### FY 2015 South Carolina State Plan 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.

Most of the South Carolina State Plan's inspection data was captured in IMIS during FY 2015. The South Carolina State Plan opened 660 enforcement inspections in FY 2015. Of those, 504 were captured in the NCR while 156 were captured in OIS.

**Measures 1, 2, 8, 9, 11, 12:** State Plan data is solely from the NCR. Data from OIS cannot be manually combined due to irregularities in the algorithms between OIS and the NCR.

**Measures 3, 4, 5, 6, 7, 10, 13, 17:** State Plan data is manually tabulated to include both OIS and NCR data.

**Measures 14, 15, 16:** State Plan data is from WebIMIS.

# U.S. Department of Labor

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

State Plan: <b>South Carolina – SCOSH</b>			FY 2015	
SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
<b>1a</b>	Average number of work days to initiate complaint inspections (state formula)	18.29	7	State Plan data is pulled only from the NCR.  Further review level is negotiated by OSHA and the State Plan.
<b>1b</b>	Average number of work days to initiate complaint inspections (federal formula)	18.29	N/A	State Plan data is pulled only from the NCR.  This measure is for informational purposes only and is not a mandated measure.
<b>2a</b>	Average number of work days to initiate complaint investigations (state formula)	3.44	5	State Plan data is pulled only from the NCR.  Further review level is negotiated by OSHA and the State Plan.
<b>2b</b>	Average number of work days to initiate complaint investigations (federal formula)	3.44	N/A	State Plan data is pulled only from the NCR.  This measure is for informational purposes only and is not a mandated measure.
<b>3</b>	Percent of complaints and referrals responded to within one workday (imminent danger)	N/A	100%	State Plan data is pulled from OIS.  Further review level is fixed for all State Plans.  N/A – The State Plan did not receive any imminent danger complaints and referrals in FY 2015.
<b>4</b>	Number of denials where entry not obtained	1	0	State Plan data is manually tabulated to include both OIS and NCR data.  Further review level is fixed for every State Plan.

<b>5</b>	Average number of violations per inspection with violations by violation type	SWRU: 2.43	+/-20% of SWRU: 1.92	State Plan data is manually tabulated to include both OIS and NCR data.
		Other: .62	+/-20% of Other: .87	Further review level is based on a one-year national rate, pulled only from OIS.
<b>6</b>	Percent of total inspections in state and local government workplaces	2.87%	+/-5% of 2.12%	State Plan data is manually tabulated to include both OIS and NCR data.  Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
<b>7</b>	Planned v. actual inspections – safety/health	S: 571	+/-5% of S: 838	State Plan data is manually tabulated to include both OIS and NCR data.
		H: 89	+/-5% of H: 153	Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
<b>8</b>	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$828.08	+/-25% of \$2,002.86	State Plan data is pulled only from the NCR.  Further review level is based on a one-year national rate, pulled only from OIS.
	<b>a.</b> Average current serious penalty in private sector (1-25 workers)	\$523.01	+/-25% of \$1,402.49	State Plan data is pulled only from the NCR.  Further review level is based on a one-year national rate, pulled only from OIS.
	<b>b.</b> Average current serious penalty in private sector (26-100 workers)	\$758.46	+/-25% of \$2,263.31	State Plan data is pulled only from the NCR.  Further review level is based on a one-year national rate, pulled only from OIS.
	<b>c.</b> Average current serious penalty in private sector (101-250 workers)	\$1,214.78	+/-25% of \$3,108.46	State Plan data is pulled only from the NCR.  Further review level is based on a one-year national rate, pulled only from OIS.

	<b>d.</b> Average current serious penalty in private sector (greater than 250 workers)	\$1,106.87	+/-25% of \$3,796.75	State Plan data is pulled only from the NCR.  Further review level is based on a one-year national rate, pulled only from OIS.
<b>9</b>	Percent in compliance	S: 42.82%	+/-20% of S: 28.47%	State Plan data is pulled only from the NCR.
		H: 50.00%	+/-20% of H: 33.58%	Further review level is based on a one-year national rate, pulled only from OIS.
<b>10</b>	Percent of work-related fatalities responded to in one workday	89%	100%	State Plan data is manually tabulated to include both OIS and NCR data.  Further review level is fixed for every State Plan.
<b>11</b>	Average lapse time	S: 59.43	+/-20% of S: 42.78	State Plan data is pulled only from the NCR.
		H: 61.25	+/-20% of H: 53.48	Further review level is based on a one-year national rate, pulled only from OIS.
<b>12</b>	Percent penalty retained	74.15%	+/-15% of 67.96%	State Plan data is pulled only from the NCR.  Further review level is based on a one-year national rate, pulled only from OIS.
<b>13</b>	Percent of initial inspections with worker walk around representation or worker interview	100%	100%	State Plan data is manually tabulated to include both OIS and NCR data.  Further review level is fixed for every State Plan.
<b>14</b>	Percent of 11(c) investigations completed within 90 days	0%	100%	State Plan data is pulled from WebIMIS.  Further review level is fixed for every State Plan.
<b>15</b>	Percent of 11(c) complaints that are meritorious	75%	+/-20% of 24%	State Plan data is pulled from WebIMIS.  Further review level is based on a three-year national average pulled from WebIMIS.

<b>16</b>	Average number of calendar days to complete an 11(c) investigation	156	90	State Plan data is pulled from WebIMIS. Further review level is fixed for every State Plan.
<b>17</b>	Percent of enforcement presence	0.81%	+/-25% of 1.35%	State Plan data is manually tabulated to include both OIS and NCR data. Further review level is based on a one-year national rate, pulled only from OIS.