

# **FY 2016 Follow-up Federal Annual Monitoring and Evaluation (FAME) Report**

**State of Indiana  
Occupational Safety and Health Administration (IOSHA)**



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# **I. Executive Summary**

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

The purpose of this follow-up Federal Annual Monitoring Evaluation (FAME) report is to assess the Indiana Occupational Safety and Health Administration's (IOSHA) progress towards achieving performance goals that were established in their fiscal year (FY) 2016 Annual Performance Plan, review the effectiveness of programmatic areas related to enforcement activities and to describe corrections made by IOSHA in response to the FY 2015 FAME report findings and recommendations. This report fully evaluates the current performance of the IOSHA 23(g) compliance program.

A detailed explanation of the findings and recommendations of IOSHA's performance evaluation and the State Plan's response is found in Section III, Assessment of State Plan Corrective Actions. The FY 2015 Comprehensive FAME identified seven new and 14 continued findings and recommendations from the previous year for a total of 21 findings and six observations. Two findings and one observation were closed, 12 findings are awaiting verification, and seven findings remain open in FY 2016. A summary of current findings and recommendations noted as a result of OSHA's evaluation is found in Appendix A, New and Continued Findings and Recommendation.

Quarterly monitoring meetings were held during FY 2016, at which time the State Activity Mandated Measures (SAMM) report was reviewed and discussed with IOSHA compliance staff. The FY 2016 SAMM is located in Appendix D. A thorough assessment was conducted of IOSHA's progress in achieving their annual performance goals, and the results are found in Section II.B., Assessment of State Plan Progress in Achieving Annual Performance Goals. Noteworthy in the assessment are the following:

- Despite recent improvements, IOSHA has recently struggled with staffing recruitment and retention. During FY 2016, IOSHA was staffed with only 28 compliance safety and health officers, a decline from 33 CSHOs during FY 2015 and 38 CSHOs during FY 2014. IOSHA frequently cites funding and low pay as an impediment to recruiting and retention. Although outside the scope of this report, as of June 16, 2017, IOSHA had increased its staffing to 37 CSHOs.
- IOSHA has not met recent inspection goals. In FY 2016, IOSHA conducted only 796 inspections (677 safety, 119 health), well below its planned number of 1,212. After falling short of its goal in FY 2015, IOSHA requested a renegotiation of its goals for FY 2016, but still managed only 66% of its proposed number of inspections.
- IOSHA showed improved performance in FY 2016 as evidenced by the FY 2016 state activity mandated measures (SAMM). IOSHA continues to initiate complaint inspections (SAMM 1) well below the goal of 10 days and has put in place administrative changes that result in IOSHA initiating complaint investigations (SAMM 2) near the goal of five days. IOSHA demonstrated other improvements such as significant gains in the "in

compliance” rate (SAMM 9) for both safety and health inspections. However, IOSHA continues to face challenges with lapse time (SAMM 11) due to high turnover, a hold placed on filling vacant positions, and existing staff carrying heavy caseloads.

- IOSHA’s Voluntary Protection Program (VPP) continues to grow with 83 sites currently certified and 115 Special Government Employees. Indiana opened the program to mobile worksites in the fall of 2014 which allowed contractors to qualify for the program and has certified two contractors since that time.
- IOSHA acquired and implemented a new data base system (OSHA Express) in 2014 and successfully interfaced IOSHA data with the Federal OSHA Information System (OIS) in FY 2016. The new system helps IOSHA with accuracy and there is less down time than with the previous data system.
- IOSHA met nine of their 12 annual performance goals.

## **B. State Plan Introduction**

The Indiana Department of Labor, under an agreement with federal OSHA, administers the Indiana occupational safety and health program in accordance with Section 18 of the Occupational Safety and Health Act of 1970 (OSH Act). IOSHA’s plan was initially approved on February 25, 1974 and certified on October 16, 1981. On September 26, 1986, IOSHA received final approval. The state plan designee is Rick Ruble, Commissioner of the Indiana Department of Labor. The manager of IOSHA’s program is Tim Maley, Deputy Commissioner.

IOSHA typically adopts all safety and health standards and federal program changes with the exception of voluntary compliance programs, penalties and complaint procedures. Indiana state law, IC 22-8-1.1-17.5, does not allow IOSHA’s regulations to be more stringent than federal OSHA.

IOSHA has jurisdiction for state and local government and private-sector employers. Federal workers, maritime activities and the United States Postal Service (USPS) are under exclusive federal jurisdiction. IOSHA’s Whistleblower Protection Program covers only Section 11(c) of the OSH Act.

During FY 2016, IOSHA had several changes to its compliance staff, but continued to demonstrate a commitment to training. IOSHA invested \$60,000 for staff development in FY 2016, which included training at the OSHA Training Institute and various other locations. The FY 2016 grant included federal funding totaling \$2,263,400 and full-time equivalent (FTE) staffing of 52 positions. The State Plan’s required benchmarks for compliance are 42 safety and 21 health investigators. IOSHA allocated funding for 16 safety and 17 health investigators. IOSHA de-obligated \$73,000 in federal funds during FY 2016. IOSHA operates a 21(d) private sector consultation program, referred to as INSafe.

## **C. Data and Methodology**

OSHA has established a two-year cycle for the FAME process. This is a follow-up year, and as such, OSHA did not perform the level of case file review associated with a comprehensive FAME. This strategy allows the State Plan to focus on correcting deficiencies identified in the most recent comprehensive FAME.

IOSHA's performance was compared to their FY 2016 Performance Plan and Five-Year Strategic Management Plan through a detailed analysis of the FY 2016 State OSHA Annual Report (SOAR) and SAMM report. The State Plan's progress addressing findings identified in the FY 2015 FAME was tracked and monitored through ongoing discussions and updates from IOSHA throughout the year.

## **D. Findings and Observations**

This FY 2016 Follow-up FAME report includes 19 findings and five observations that are continued from the FY 2015 FAME report. Two findings have been completed and one observation closed from the FY 2015 report. IOSHA implemented a number of changes during FY 2016 related to their complaint intake process and findings related to this area are awaiting verification. There are no new findings or observations identified for FY 2016. See Appendix A, New and Continued Findings and Recommendations.

A complete summary of the FY 2015 findings and observations, and IOSHA's progress in addressing the findings, are found in Section III, Assessment of State Plan Corrective Actions. A list of observations are found in Appendix B, Observations Subject to New and Continued Monitoring, and a list of the FY 2015 findings and recommendations is found in Appendix C, Status of FY 2015 Findings and Recommendations.

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

### **A. Major New Issues**

#### **Maximum Penalty Increase**

With the passage of the Bipartisan Budget Bill on November 2, 2015, OSHA raised its maximum penalties effective August of 2016 and again increased penalties according to the Consumer Price Index (CPI) in January of 2017. As required by law, OSHA will continue to raise maximum penalties each year according to the CPI. State Plans are required to adopt both the catch-up increase and annual increase.

#### **CASPAs**

OSHA received two Complaints About State Program Administration (CASPA) during FY 2016: CASPA IN-2016-35 and CASPA IN-2016-36.

**CASPA IN-2016-35** alleged the complainant contacted IOSHA multiple times and calls were not acknowledged; IOSHA failed to initiate an inspection of the complainant's safety and health

complaint regarding asbestos. It was determined that reasonable attempts to contact the complainant by IOSHA were not made. IOSHA must follow their Field Operations Manual (FOM) and investigate non-formal complaints within five working days of receipt.

**CASPA IN-2016-36** alleged four employees, along with the United Auto Workers Union (UAW), filed a safety and health complaint with IOSHA related to combustible dust, fires, hexavalent chromium and improperly installed light curtains on machinery. IOSHA did not contact them or perform an inspection. Upon OSHA's investigation, it was determined that the complaint was not processed as required until IOSHA received another complaint that was submitted, via IOSHA's website, two months later. IOSHA subsequently made changes to their complaint procedures. All complaints are now entered into their database when received so they can be tracked and to determine if follow-up is necessary to ensure complaints are responded to without delay.

## **B. Assessment of State Plan Progress in Achieving Annual Performance Goals**

IOSHA's Five-Year Strategic Management Plan (2013-2017) established six strategic goals and 12 annual performance goals. The strategic goals included: 1) reduce non-fatal occupational injury and illness rate in the healthcare industry; 2) reduce non-fatal occupational injury and illness rate in the manufacturing industry; 3) reduce non-fatal occupational injury and illness rate in the construction industry; 4) conduct outreach including speeches, resource tools and materials to stakeholders; 5) strengthen their cooperative programs, including the Voluntary Protection Program (VPP), Partnerships and Alliances, and Indiana Safety and Health Achievement Recognition Program (SHARP); and 6) ensure IOSHA Compliance Safety and Health Officers (CSHO) are provided professional growth opportunities.

The Annual Performance Plan provided the framework for accomplishing the goals of IOSHA's Strategic Management Plan by establishing specific performance goals for FY 2016. IOSHA shares their Performance Plan and strategic goals with INSafe, the State's Consultation Project. IOSHA met nine of the 12 annual performance goals.

The following summarizes the activities and accomplishments for each of the FY 2016 annual performance goals.

### **Strategic Goal #1**

Reduce the non-fatal occupational injury and illness rate in the healthcare industry.

**Performance Goal 1.1:** Reduce the non-fatal occupational injury and illness rate in the healthcare industry by 15% by the end of FY 2017.

**Annual Performance Goal 1.1:** Reduce injuries and illnesses in the healthcare industry by 3%.

**Results:** This goal was met.

**Discussion:** The goal of reducing non-fatal occupational injuries and illnesses in the healthcare industry by 3% was exceeded in FY 2016. The 2015 healthcare industry rate represents a one-year decline of 5.8% and a 16.9% decrease from the 2010 baseline of 5.9 per 100 workers.

**Performance Goal 1.2:** Conduct 50 on-site consultations and 10 speeches directed towards the healthcare industry by the end of FY 2017.

**Annual Performance Goal 1.2:** Conduct 10 consultations and two speeches directed towards the healthcare industry.

**Results:** This goal was met.

**Discussion:** The goal of conducting 10 consultations and two speeches directed towards the healthcare industry was exceeded in FY 2016. INSafe and IOSHA staff conducted speeches about healthcare worker safety and health to a combined total of 75 workers during two separate events.

**Performance Goal 1.3:** Conduct 20 inspections in the healthcare industry.

**Annual Performance Goal 1.3:** Conduct four inspections in the healthcare industry.

**Results:** This goal was met.

**Discussion:** IOSHA conducted 18 inspections in the healthcare industry and 12 consultation visits during FY 2016.

## **Strategic Goal #2**

Reduce the non-fatal occupational injury and illness rate in the manufacturing industry.

**Performance Goal 2:** Reduce injuries and illnesses in the manufacturing industry by 15% by the end of FY 2017.

**Annual Performance Goal 2:** Reduce injuries and illnesses in the manufacturing industry by 3%.

**Results:** This goal was met.

**Discussion:** The goal of reducing non-fatal occupational injuries and illnesses in the manufacturing industry by 3% was exceeded in FY 2016. The 2015 Bureau of Labor Statistics (BLS) non-fatal injury and illness rate for the Indiana manufacturing industry is 4.7 per 100 workers. This represents a one-year decrease of 4.1%.

## **Strategic Goal #3**

Reduce the non-fatal occupational injury and illness rate in the construction industry.

**Performance Goal 3:** Reduce injuries and illnesses in the construction industry by 15% by the end of FY 2017.

**Annual Performance Goal 3:** Reduce injuries and illnesses in the construction industry by 3%.

**Results:** This goal was met.

**Discussion:** The goal of reducing non-fatal occupational injuries and illnesses in the construction industry by 3% was exceeded in FY 2016. The construction industry BLS injury and illness rate for 2015 is 2.8 per 100 workers and represents a one-year decrease of 17.6%.

#### **Strategic Goal #4**

Conduct outreach including speeches, resource tools and materials to stakeholders.

**Performance Goal 4.1:** Reach 450,000 individuals by the end of FY 2017 through inspections and consultations.

**Annual Performance Goal 4.1:** Reach 90,000 individuals.

**Results:** This goal was met.

**Discussion:** The goal of reaching 90,000 individuals through inspections and consultation activities was exceeded in FY 2016. IOSHA impacted 274,147 individuals through inspection-related activities and INSafe affected 19,703 individuals through consultation efforts.

**Performance Goal 4.2:** Reach 50,000 individuals by the end of FY 2017 through speeches, trainings, and other outreach events.

**Annual Performance Goal 4.2:** Reach 10,000 individuals through speeches, interventions, presentations, electronic media, trainings, and other outreach events.

**Results:** This goal was **not** met.

**Discussion:** The goal of reaching 10,000 individuals through speeches, interventions, presentations, electronic media, trainings, and other outreach events was not met in FY 2016. INSafe events accounted for 3,855 participants and IOSHA events accounted for another 3,496 for a total of 7,351 participants.

**Performance Goal 4.3:** Develop 10 electronic outreach products or resources by the end of FY 2017.

**Annual Performance Goal 4.3:** Provide a minimum of two electronic outreach products and resources aimed at high hazard industries and high risk workers.

**Results:** This goal was met.

**Discussion:** The goal to provide two electronic outreach products and resources aimed at high hazard industries and high risk workers was exceeded in FY 2016. The IN Review (annual occupational safety and health publication) was published; fall protection materials were updated; the DRIVE NOW. TXT L8R campaign for National Distracted Driving Awareness Month continued; and IOSHA provided 30<sup>th</sup> Anniversary highlights on their webpage along with a timeline.

### **Strategic Goal #5**

Strengthen cooperative programs, including the Voluntary Protection Program (VPP), Partnerships and Alliances, and Indiana Safety and Health Achievement Recognition Program (SHARP).

**Performance Goal 5.1:** Perform 150 combined preliminary site visits and new or recertification visits for employer participation in VPP or INSHARP by the end of FY 2017.

**Annual Performance Goal 5.1:** Conduct at least 30 combined preliminary site visits and new or recertification visits for employer participation in VPP or INSHARP.

**Results:** This goal was met.

**Discussion:** The goal is to conduct at least 30 combined preliminary, new or recertification site visits for employers participation in VPP or INSHARP. IOSHA exceeded this goal in FY 2016 by completing a total of 34 INSHARP activities (six new certifications, 20 recertification visits, and eight preliminary site visits), VPP preliminary site visits, recertification, and other activities.

**Performance Goal: 5.2:** Develop 10 Partnerships or Alliances by the end of FY 2017.

**Annual Performance Goal 5.2:** Sign at least two strategic occupational safety and health Partnerships and/or Alliances.

**Results:** This goal was **not** met.

**Discussion:** The goal of signing two strategic occupational safety and health Partnerships and/or Alliances was not met in FY 2016. IOSHA only signed one Partnership with Trinitas Construction for the Indiana University Purdue University Indianapolis (IUPUI) on April 20, 2016.

## **Strategic Goal #6**

Ensure IOSHA Compliance Safety and Health Officers (CSHOs) are provided professional growth opportunities.

**Performance Goal: 6.1:** Provide 10 non-OTI training opportunities by the end of FY 2017.

**Annual Performance Goal 6.1:** Provide two non-OTI training opportunities.

**Results:** This goal was met.

**Discussion:** The goal to provide two non-OTI training opportunities was exceeded in FY 2016. IOSHA provided at least 19 training opportunities for their staff throughout the year. This included the Prevention of Grain Dust Explosions course and Train-the-Trainer Course in General Industry.

**Performance Goal 6.1:** Have five staff obtain a professional certification or advanced degree by the end of FY 2017.

**Annual Performance Goal 6.2:** Have one staff member obtain a professional certification or advanced degree.

**Results:** This goal was **not** met.

**Discussion:** No staff obtained a professional certification or advanced degree in FY 2016.

## **C. Highlights from the State Activity Mandated Measures (SAMM)**

Data from the FY 2016 State Activity Mandated Measures (SAMM) Report was reviewed for deficiencies and notable changes. The SAMM consists of performance indicators, the expected performance reference or standard, and the State Plan's performance data. The State Plan's performance is compared to the criteria established by regulation, grant agreement, negotiation with OSHA, or national data.

IOSHA met seven of the 17 SAMM measures in FY 2016. SAMM #9, *Percent in compliance*, significantly improved. Safety inspections fell from 55.41% in compliance in FY 2015 to 34.47% in FY 2016 and health inspections fell from 45.00% in FY 2015 to 19.51% in FY 2016; both are now within the further review levels. SAMM #12, *Percent penalty retained*, improved and is now within the further review level at 68.45%.

While SAMM #2 and #11, *Average number of work days to initiate complaint investigations* and *Average lapse time*, still exceed the further review levels, they improved from FY 2015 levels. IOSHA reduced the average number of days to initiate a complaint investigation from 38.98 days in FY 2015 to 7.57 days in FY 2016; a significant improvement. Safety lapse time fell from 74.45 days in FY 2015 to 54.67 days in FY 2016 and health inspection lapse time fell

from 109.6 days in FY 2015 to 99.79 days in FY 2016. Another noteworthy measure which showed improvement, but still fell outside the further review level is SAMM #10, ***Percent of work-related fatalities responded to in one workday***. IOSHA responded to 88.46% of fatalities in one workday in FY 2016, an improvement from 70% in FY 2015. However, all fatalities must be responded to within one workday.

SAMM measure #7, ***Planned v. actual inspections – safety/health***, significantly declined in FY 2016. IOSHA only conducted 796 inspections (677 safety and 119 health), 65.68% of the planned number of 1212 inspections. IOSHA negotiated a reduction in inspection goals from 1600 in FY 2015 to 1212 in FY 2016 and still fell short. This is directly linked to a reduction in staffing and the number of inspections was less than the 1173 IOSHA conducted in FY 2015.

The three SAMM measures related to whistleblower investigations declined in FY 2016 from FY 2015 levels: SAMM #14, ***Percent of 11(c) investigation completed within 90 days***, declined from 39% to 15%; SAMM #15, ***Percent of 11(c) complaints that are meritorious*** declined from 12% to 2%; and SAMM #16, ***Average number of calendar days to complete an 11(c) investigation***, increased from 95 to 170 days.

#### **Average Current Penalty Per Serious Violation**

Indiana OSHA's average current penalty per serious violation in the private sector (SAMM 8: 1-250+ workers) was \$1,074.12 in FY 2016. The Further Review Level (FRL) is -25% of the National Average (\$2,279.03) which equals \$1,709.27. Penalties are one component of effective enforcement, and State Plans are required to adopt penalty policies and procedures that are "at least as effective" (ALAE) as those contained in OSHA's FOM, which was revised on August 2, 2016, to include changes to the penalty structure in Chapter 6 – Penalty and Debt Collection. OSHA will continue to explore ALAE analysis of State Plan penalty structures to include evaluation of average current penalty per serious violation data.

### **III. Assessment of State Plan Corrective Actions**

As part of the FY 2015 Comprehensive FAME, OSHA conducted an on-site review of IOSHA's enforcement division on January 11 – 19, 2016. The on-site visit included a review of complaint, inspection, and whistleblower case files. As a result of the on-site review, 21 findings and six observations were identified and noted in the FY 2015 Comprehensive FAME Report. In FY 2016, two findings were completed, seven remain open and 12 are awaiting verification. One observation was closed and five remain open. An update on the State Plan's progress addressing each of the findings, recommendations and observations is included below.

#### **Findings:**

**Finding FY 2015-01 (FY 2016-01):** Compliance staff levels at the time the report was written were 63 authorized positions with only 33 positions filled.

**Status: Open.** As of February, 2017, IOSHA is staffed with 28 compliance safety and health officers (CSHOs) and has received approval to hire additional staff in FY 2017. By June 2017, IOSHA had hired 7 new CSHOs, bringing its total number to 37 filled CSHO positions. Given

IOSHA's history of staffing retention issues, OSHA will continue to monitor IOSHA's staffing levels and will confirm these numbers during its next comprehensive on-site audit.

**Finding FY 2015-02:** Compliance staff classified as safety and health officers (CSHOs) is performing non-enforcement duties.

**Status: Completed.** Staff performing Voluntary Protection Program (VPP), discrimination, training and abatement work is now classified correctly in the FY 2017 23(g) grant.

**Finding FY 2015-03 (FY 2016-02):** A total of 1,162 inspections (1,028 safety and 134 health) were conducted, falling below the projected inspection goal of 1,600 inspections.

**Status: Open.** IOSHA reduced their inspection goal from 1,600 in FY 2015 to 1,212 in the FY 2016 grant and still fell short. IOSHA conducted 796 inspections (677 safety, 119 health), 65.68% of the planned number of 1,212 inspections in FY 2016. The 796 inspections conducted in FY 2016 is a decrease from previous years; 1,162 in FY 2015 and 1,143 in FY 2014.

**Finding FY 2015-04 (FY 2016-03):** Industrial hygiene case files did not contain adequate documentation to clearly demonstrate that employee exposures were below permissible limits to air contaminants when air monitoring was performed. Opportunities were not taken to perform employee exposure monitoring to document worker exposure to air contaminants alleged in complaints.

**Status: Awaiting Verification.** IOSHA is following the Industrial Hygiene (IH) Technical Manual to ensure proper sampling protocol is followed. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-05 (FY 2016-04):** The average lapse time to complete safety and health inspections was 74.45 and 109.6 days, respectively; this is double the national average of 42.78 for safety and it is more than double the national average of 48 days for health, respectively.

**Status: Open.** On average, safety inspections were completed in 54.67 days in FY 2016, falling very close to the further review level of 54.19 days ( $45.16 \pm 20\%$ ). On average, health inspections were completed in 99.79 days in FY 2016, falling outside the further review level of 68.74 days ( $57.28\% \pm 20\%$ ). IOSHA is now using quality checklists and inspection action plans to speed up the review process. They are also using the lapsed time report to monitor and address inspections that exceed the further review levels.

**Finding FY 2015-06 (FY 2016-05):** The average time to initiate a complaint investigation was approximately 39 days, exceeding the further review level of five days.

**Status: Open.** IOSHA reduced the average time to initiate a complaint investigation from 39 days in FY 2015 to 7.57 days in FY 2016. This is a significant improvement, but falls outside the further review level of five days. IOSHA now directly assigns the complaints to the CSHO from intake to ensure investigations are initiated in a timely manner.

**Finding FY 2015-07 (FY 2016-06):** In all of the 22 (100%) complaint investigation files reviewed, and in seven of 37 (18.9%) complaint inspection files reviewed, proper correspondence to the employer and complainant was lacking. Files did not contain evidence to show that complainants were contacted and provided the opportunity to formalize their complaint to have an inspection conducted.

**Status: Awaiting Verification.** IOSHA developed a complaint checklist to ensure appropriate letters are sent to the complainant. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-08 (FY 2016-07):** Forty-eight of 115 (42%) e-complaints filed online at [www.osha.gov](http://www.osha.gov) were not entered into IOSHA's database (OSHA Express) and, therefore, were not acted upon. Thirty-one of the 48 complaints (65%) not entered were determined to have valid safety and health concerns.

**Status: Awaiting Verification.** IOSHA instructed staff that e-complaints received must be entered into IOSHA's database (OSHA Express). Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-09 (FY 2016-08):** The dates entered into IOSHA's database (OSHA Express) for the receipt of complaints are routinely later than the actual dates the complaints are received. A review of 37 complaint inspections indicates that incorrect dates were entered in the database for four (11%) of the files.

**Status: Awaiting Verification.** IOSHA instructed staff to enter the date the complaint is received into IOSHA's database (OSHA Express) and not the date the complaint is opened. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-10 (FY 2016-9):** Work-related fatalities were not responded to within one day in eight of 26 (30.7%) fatalities.

**Status: Awaiting Verification.** IOSHA directors and supervisors were instructed to review the fatality report regularly to ensure timeliness of fatality investigations. Three of 26 fatalities were not responded to within one day in FY 2016. IOSHA took four days to respond to one fatality and two days each to respond to two other fatalities.

**Finding FY 2015-11 (FY 2016-10):** Penalties were not calculated appropriately.

**Status: Open.** IOSHA is currently training supervisors and CSHOs on the proper application and gravity of penalties.

**Finding FY 2015-12:** The in compliance rate for safety inspections was more than double the national average at 55.41%, and the 45% rate for health inspections was well above the national average.

**Status: Completed.** In FY 2016, IOSHA's safety inspection in compliance rate fell to 34.47%

from 55.41% in FY 2015, a significant improvement. The in compliance rate for health inspections fell from 45.00% in FY 2015 to 19.51% in FY 2016.

**Finding FY 2015-13 (FY 2016-11):** Procedures to Petition for Modification of Abatement (PMA) were not followed correctly in all five files reviewed where PMAs were granted.

**Status: Open.** IOSHA is currently drafting a checklist and PMA form to ensure adherence to PMA procedures.

**Finding FY 2015-14 (FY 2016-12):** Three of seven (42.8%) follow-up case files reviewed did not include documentation supporting amended citations and penalties.

**Status: Awaiting Verification.** IOSHA directors and supervisors have been instructed to ensure case files are documented to support amending citations and penalties in accordance with the Indiana Field Operations Manual (IFOM). Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-15 (FY 2016-13):** In seven of 30 (23.3%) case files, IOSHA vacated, reclassified and/or reduced citation penalties without supporting documentation during informal conferences.

**Status: Awaiting Verification.** IOSHA directors and supervisors have been instructed to ensure case file documentation supports vacated, reclassified and/or reduced penalties in accordance with the IFOM. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-16 (FY 2016-14):** Whistleblower investigators failed to properly document and process discrimination cases according to the Whistleblower Investigation Manual (WIM). Intake and screening of cases and file organization were not being completed per the WIM. The files were not reviewed by a supervisor beyond initial assignment.

**Status: Awaiting Verification.** A checklist is now being utilized to ensure whistleblower cases follow the proper procedures. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-17 (FY 2016-15):** Eight of 25 (32%) whistleblower investigation files did not contain documentation indicating that complainant witnesses were interviewed. In addition, in four of 25 (16%) cases, discussions and interviews were not entered as a memo to the file.

**Status: Awaiting Verification.** A checklist is now being utilized to ensure all elements of prima facie cases are properly documented. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-18 (FY 2016-16):** Whistleblower cases did not contain evidence to support the determination and there was not a correct analysis performed of the prima facie elements.

**Status: Awaiting Verification.** A checklist is now being utilized to ensure that proper procedures are followed in whistleblower cases. The staff has been trained to properly perform a prima fascia analysis. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-19 (FY 2016-17):** The state has a 120 day statute of limitations for filing cases with the attorney general. If a case has not been referred to the attorney general's office by day 90, it is likely they will not have time or incentive to review the complaint.

**Status: Open.** IOSHA anticipates changes during the 2017 legislative session.

**Finding FY 2015-20 (FY 2016-18):** Complainant concurrence for administratively closed cases was not requested and documented in the file.

**Status: Awaiting Verification.** IOSHA staff has been trained and a checklist was developed that includes the requirement for complainant concurrence. Implementation of this finding will be verified during the FY 2017 on-site case file review.

**Finding FY 2015-21 (FY 2016-19):** IOSHA did not train employees on National Emphasis Programs (NEP) or conduct inspections under the adopted NEPs.

**Status: Awaiting Verification.** IOSHA conducted supervisor and CSHO training on NEPs. Implementation of this training will be verified during the FY 2017 on-site case file review.

### **Observations:**

**Observation FY 2015-OB-1:** The complaint form was not completed to the fullest extent possible, making it difficult to determine the nature of the hazard allegations. In some cases, the intake information from the complainant was missing from the file altogether.

**Status: Closed.** A complaint checklist is now being utilized and complaint information is documented.

**Observation FY 2015-OB-2 (FY 2016-OB-1):** Complaints were not closed in a timely manner. IOSHA is not following up to obtain responses from employers regarding alleged hazards for complaint investigations and abatement on cited hazards during complaint inspections.

**Status: Open.** OSHA will continue to monitor this observation.

**Observation FY 2015-OB-3 (FY 2016-OB-2):** IOSHA did not document when action was taken to respond to referrals. Documentation does not accurately reflect when referrals meeting the criteria for inspection are inspected.

**Status: Open.** OSHA will continue to monitor this observation to ensure this item was addressed.

**Observation FY 2015-OB-4 (FY 2016-OB-3):** Referrals received from employers reporting

severe injuries and illnesses as required under the new recordkeeping requirements lacked sufficient information to determine the extent of the injuries and illnesses. Many of these referrals should have had accident investigation reports completed and did not.

**Status: Open.** OSHA will continue to monitor this observation.

**Observation FY 2015-OB-5 (FY 2016-OB-4):** Plain view hazards are not being cited.

**Status: Open.** OSHA will continue to monitor this observation.

**Observation FY 2015-OB-6 (FY 2016-OB-5):** Adequate evidence to support violations was not documented in the file, including employer knowledge and employee exposure.

**Status: Open.** OSHA will continue to monitor this observation.

## Appendix A – New and Continued Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

FY 2016-#	Finding	Recommendation	FY2015# or FY2015-OB-#
FY 2016-01	Compliance staff levels during FY 2016 were at 63 authorized positions with only 28 positions filled.	Although this number has improved, IOSHA should hire and retain qualified staff.	FY 2015-01
FY 2016-02	IOSHA conducted 796 inspections (677 safety, 119 health), 65.68% of the planned number of 1212 inspections in FY 2016.	Effectively manage the enforcement division by hiring, training and retaining staff to ensure inspection goals are met.	FY 2015-03
FY 2016-03	Industrial hygiene case files did not contain adequate documentation to clearly demonstrate that employee exposures were below permissible limits to air contaminants when air monitoring was performed. Opportunities were not taken to perform employee exposure monitoring to document worker exposure to air contaminants alleged in complaints.	Follow the Industrial Hygiene (IH) Technical Manual to ensure proper sampling protocol. Ensure exposure monitoring is conducted to evaluate and document worker exposure to health hazards instead of relying on the employer's sampling data. <i>Corrective action completed, awaiting verification.</i>	FY 2015-04
FY 2016-04	Health inspections were completed in 99.79 days in FY 2016, falling outside the further review level of 57.28 days $\pm$ 20% (68.74 days).	Ensure open inspection time is measured against the OSHA Express lapse time report to track aging inspections and reduce lapse time.	FY 2015-05
FY 2016-05	The average time to initiate a complaint investigation was approximately 7.57 days; exceeding the further review level of five days.	Continue to implement administrative controls including direct assignment to the CSHO to ensure the complaint investigations are initiated in a timely manner.	FY 2015-06
FY 2016-06	In all of the 22 (100%) complaint investigation files reviewed, and in seven of 37 (18.9%) complaint inspection files reviewed, proper correspondence to the employer and complainant was lacking. Files did not contain evidence to show that complainants were contacted and provided the opportunity to formalize their complaint to have an inspection conducted.	Document all actions in the case file. Ensure a letter with inspection results and a letter communicating the outcome of investigations are sent to the employer and the complainant and copies are placed in the case file. Ensure these letters address all alleged hazards. Ensure when the complainant is contacted advising them how to formalize their complaint and request an inspection, this is documented in the case file. <i>Corrective action completed, awaiting verification.</i>	FY 2015-07
FY 2016-07	Forty-eight of 115 (42%) e-complaints filed online at www.osha.gov were not entered into IOSHA's database (OSHA Express) and, therefore, were not acted upon. Thirty-one of the 48 complaints (65%) not entered were determined to have valid safety and health concerns.	Process complaints in accordance with the IOSHA FOM Chapter 9, Sections I.E. <i>Corrective action completed, awaiting verification.</i>	FY 2015-08

## Appendix A – New and Continued Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

FY 2016-08	Dates entered into OSHA Express for the receipt of complaints were later than the actual date complaints were received.	Enter the actual date complaints are received into the database. <i>Corrective action completed, awaiting verification.</i>	FY 2015-09
FY 2016-9	Work-related fatalities were not responded to within one day.	IOSHA shall ensure case files contain proper documentation to show that fatalities are responded to within one day and dates are entered accurately into the database. <i>Corrective action completed, awaiting verification.</i>	FY 2015-10
FY 2016-10	Penalties were not calculated appropriately.	Ensure severity, probability, and other reduction factors are properly categorized in accordance with IOSHA FOM Chapter 6, Section III.	FY 2015-11
FY 2016-11	Procedures to Petition for Modification of Abatement (PMA) were not followed correctly.	Process requests for citation abatement modification using PMA procedures in accordance with IOSHA's FOM Chapter 7.	FY 2015-13
FY 2016-12	Follow-up case files did not include documentation supporting amended citations and penalties.	Ensure that when citations are amended, documentation supporting the changes is included in the inspection file in accordance with IOSHA's FOM Chapter 6. <i>Corrective action completed, awaiting verification.</i>	FY 2015-14
FY 2016-13	IOSHA vacated, reclassified and/or reduced citation penalties without supporting documentation during informal conferences.	Document and summarize all main issues and potential courses of action in the case file for all changes made during informal conferences in accordance with IOSHA's FOM Chapter 7. <i>Corrective action completed, awaiting verification.</i>	FY 2015-15
FY 2016-14	Whistleblower investigators failed to properly document and process discrimination cases according to the WIM. Intake and screening of cases and file organization were not being completed per the WIM. The files were not reviewed by a supervisor beyond initial assignment.	Ensure all case files are reviewed by a supervisor, all WIM policies and procedures are followed when processing, files contain all required documentation and are organized as required in the WIM. <i>Corrective action completed, awaiting verification.</i>	FY 2015-16
FY 2016-15	Whistleblower investigation files did not contain documentation indicating that complainant witnesses were interviewed. In addition, discussions and interviews were not entered as a memo to the file.	Follow all procedures when conducting complainant and witness interviews in accordance with the WIM. <i>Corrective action completed, awaiting verification.</i>	FY 2015-17
FY 2016-16	Whistleblower cases did not have evidence to support the determination and there was not a correct analysis performed of the prima facie elements.	Provide additional training to ensure that the Whistleblower Investigators understand the application of the prima facie elements and the proper way to correctly analyze evidence for the determination. <i>Corrective action completed, awaiting verification.</i>	FY 2015-18
FY 2016-17	The state has a 120 day statute of limitations for filing the cases with the attorney general. If the case has not been referred to the attorney general's office by day 90, it is likely they will not have time or incentive to review the complaint.	Seek revision of the 120 day state statute of limitations for filing in court to allow investigators the needed time to complete a thorough investigation.	FY 2015-19

## Appendix A – New and Continued Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

FY 2016-18	Complainant concurrence for administratively closed cases was not requested and documented in the file.	Ensure complainant concurrence is obtained prior to closing a discrimination case and document the concurrence in the file. If this does not happen, the complainant must be granted appeal rights. <i>Corrective action completed, awaiting verification.</i>	FY 2015-20
FY 2016-19	IOSHA did not train employees on National Emphasis Programs (NEP) or conduct inspections under the adopted NEPs.	Ensure inspections are conducted using inspection lists developed for each NEP adopted by IOSHA. Ensure CSHOs are trained to recognize hazards identified in the NEPs and that NEP procedures are followed during inspections. <i>Corrective action completed, awaiting verification.</i>	FY 2015-21

## Appendix B – Observations Subject to New and Continued Monitoring

### FY 2016 IOSHA Follow-up FAME Report

Observation # FY 2016-OB-#	Observation# FY 2015-OB-# or FY 2015-#	Observation	Federal Monitoring Plan	Current Status
	FY 2015-OB-01	The complaint form was not completed to the fullest extent possible, making it difficult to determine the nature of the hazard allegations. In some cases, the intake information from the complainant was missing from the computer.	A complaint checklist is now being utilized and complaint information is documented.	Closed
FY 2016-OB-01	FY 2015-OB-02	Complaints were not closed in a timely manner. IOSHA is not following up to obtain responses from employers regarding alleged hazards for complaint investigations and abatement on cited hazards during complaint inspections.	OSHA will periodically check case files to ensure proper follow up is being conducted on complaints.	Continued
FY 2016-OB-02	FY 2015-OB-03	IOSHA did not document when action was taken to respond to referrals. Documentation does not accurately reflect when referrals meeting the criteria for inspection are inspected.	OSHA will periodically review referral files to ensure those meeting criteria for inspections are inspected.	Continued
FY 2016-OB-03	FY 2015-OB-04	Referrals received from employers reporting severe injuries and illnesses as required under the new recordkeeping requirements lacked sufficient information to determine the extent of the injuries and illnesses. Many of these referrals should have had accident investigation reports completed and did not.	OSHA will periodically review severe injury reports to ensure the proper reports are completed.	Continued
FY 2016-OB-04	FY 2015-OB-05	Plain view hazards are not being cited.	OSHA will periodically review case files to ensure plain view hazards are being cited.	Continued
FY 2016-OB-05	FY 2015-OB-06	Adequate evidence to support violations was not documented in the file, including employer knowledge and employee exposure.	OSHA will periodically review case files to ensure adequate evidence to support violations is contained in the files.	Continued

## Appendix C – Status of FY 2015 Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

FY 2015-#	Finding	Recommendation	State Plan Response/Corrective Action	Completion Date (if Applicable)	Current Status and Date
FY 2015-01	Compliance staff levels are currently at 63 positions with only 33 positions filled.	Hire and fill current vacancies with qualified staff.	Indiana OSHA has 38 compliance officer positions that can be filled with current funding. The Indiana Commissioner of Labor submitted a petition to Federal OSHA to reevaluate benchmark staffing levels.	-	Open
FY 2015-02	Compliance staff classified as safety and health officers (CSHOs) is performing non-enforcement duties.	Ensure staff classified as CSHOs are performing enforcement duties, allowing greater impact for safety and health coverage.	Staff performing VPPs, discrimination, training and abatement work is now classified correctly in the 23(g) grant.	2/22/2017	Completed
FY 2015-03	A total of 1,162 inspections (1,028 safety and 134 health) were conducted, falling below the projected inspection goal of 1,600.	Effectively manage the enforcement division by hiring, training and retaining staff to ensure inspection goals are met.	With a decreased staffing level, Indiana OSHA adjusted its projected inspection number for FY 2016 in the 23(g) grant to 1212 inspections. This was calculated in conjunction with the Region 5 Federal OSHA Office.	-	Open
FY 2015-04	Industrial hygiene case files did not contain adequate documentation to clearly demonstrate that employee exposures were below permissible limits to air contaminants when air monitoring was performed. Opportunities were not taken to perform employee exposure monitoring to document worker exposure to air contaminants alleged in complaints.	Follow the Industrial Hygiene (IH) Technical Manual to ensure proper sampling protocol. Ensure exposure monitoring is conducted to evaluate and document worker exposure to health hazards instead of relying on the employer's sampling data.	IOSHA will follow the IH Technical manual and ensure proper sampling is conducted when appropriate. IOSHA will not rely on employers' sampling data when sampling is necessary to document employee exposure to health hazards. Employees will be trained to understand the correct sampling protocols.	12/31/2016	Awaiting Verification
FY 2015-05	The average lapse time to complete safety and health inspections was 74.45 and 109.6 days, respectively; this is almost double the national average of 42.78	Ensure open inspection time is measured against the OSHA Express lapsed time report to track aging inspections and reduce lapse time.	Although further improvement is necessary, IOSHA is improving lapsed time with the following actions:  -IOSHA is now employing quality checklists and inspection action plans to speed up the	-	Open

## Appendix C – Status of FY 2015 Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

	for safety and it is more than double the national average 53.48 days for health, respectively.		review process. -IOSHA directors are using the OSHA Express “lapsed time report” to monitor and address investigations that exceed national standards.		
FY 2015-06	The average time to initiate a complaint investigation was approximately 39 days, exceeding the further review level of five days.	Continue to implement administrative controls, including direct assignment to the CSHO, to ensure the complaint investigations are initiated in a timely manner.	IOSHA implemented administrative controls, including direct assignment to the CSHO, from intake and a system generated letter to the employer to ensure that complaint investigations are initiated in a timely manner.	-	Open
FY 2015-07	In all of the 22 (100%) complaint investigation files reviewed, and in seven of 37 (18.9%) complaint inspection files reviewed, proper correspondence to the employer and complainant was lacking. Files did not contain evidence to show that complainants were contacted and provided the opportunity to formalize their complaint to have an inspection conducted.	Document all actions in the case file. Ensure a letter with inspection results and a letter communicating the outcome of investigations are sent to the employer and the complainant and copies are placed in the case file. Ensure these letters address all alleged hazards. Ensure when the complainant is contacted advising them how to formalize their complaint and request an inspection, this is documented in the case file.	IOSHA implemented a non-formal complaint checklist that will ensure that appropriate letters are sent out to the complainant. The Division Director has instructed intake personnel to:  - print out all emails to complainants for signature and place in the file; and -document all actions taken on files in the diary sheet.  Intake is now documenting communications by phone in the OSHA Express Communication log and printing them out for the file.	2/22/2017	Awaiting verification
FY 2015-08	Forty-eight of 115 (42%) e-complaints filed online at www.osha.gov were not entered into IOSHA’s database (OSHA Express) and, therefore, were not acted upon. Thirty-one of the 48 complaints (65%) not entered were determined to have valid	Process complaints in accordance with the IOSHA FOM Chapter 9, Section I.E.	Action that was taken on the 48 complaints has been entered into OSHA Express and all future complaints will be entered into OSHA Express unless there is not enough information to allow entry into the system.  The Division Director has instructed all intake personnel on this action.	2/22/2017	Awaiting verification

## Appendix C – Status of FY 2015 Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

	safety and health concerns.				
FY 2015-09	The dates entered into IOSHA's database (OSHA Express) for the receipt of complaints is routinely later than the actual dates the complaints are received. A review of 37 complaint inspections indicates that incorrect dates were entered in the database for four (11%) of the files.	Enter the actual date complaints are received into the database.	IOSHA's intake unit has been retrained and redirected to enter received dates as the date complaints are emailed to IOSHA and not the date that they are opened.	2/22/2017	Awaiting verification
FY 2015-10	Reports documented that work-related fatalities were not responded to within one day in eight of 26 (30.7%) fatalities.	IOSHA shall ensure case files contain proper documentation to show that fatalities are responded to within one day and dates are entered accurately into the database.	IOSHA will make every attempt to open fatality investigations within 24 hours. Directors and supervisors have been instructed to review the fatality report regularly to ensure timeliness of fatality investigations and accurately document the intake of the fatality.	2/22/2017	Awaiting verification
FY 2015-11	Penalties were not calculated appropriately.	Ensure severity, probability, and other reduction factors are properly categorized in accordance with IOSHA FOM Chapter 6, Section III.	Supervisors and CSHOs will be retrained on the application and classification of penalties in accordance with IOSHA.	-	Open
FY 2015-12	The in compliance rate for safety inspections was more than double the national average at 55.41%, and at 45% for health inspections was well above the national average.	Continue to train CSHOs to recognize hazards to reduce the in compliance rate further.	IOSHA Directors are now requiring pre-issuance meetings when serious injury report inspections result in no citations.  IOSHA continues to communicate expectations to CSHOs, and supervisors are shadowing officers with high in compliance rates. IOSHA has developed internal hazard recognition computer based training that has been delivered to all IOSHA personnel in FY 2016.	2/22/2017	Completed
FY 2015-13	Procedures to Petition for Modification of Abatement (PMA) were	Process requests for citation abatement modification using PMA	A checklist and an employer request form are in the process of being drafted and implemented to ensure adherence to the PMA procedures.	-	Open

## Appendix C – Status of FY 2015 Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

	not followed correctly in all five files reviewed where PMAs were granted.	procedures in accordance with IOSHA’s FOM Chapter 7.			
FY 2015-14	Three of seven (42.8%) follow-up case files reviewed did not include documentation supporting amended citations and penalties.	Ensure that when citations are amended, documentation supporting the changes is included in the inspection file in accordance with IOSHA’s FOM Chapter 6.	IOSHA directors and supervisors have been instructed to ensure that all files that are amended will be documented in accordance with the IFOM in the justifications portion of the informal hearings.	2/22/2017	Awaiting verification
FY 2015-15	In seven of 30 (23.3%) case files, IOSHA vacated, reclassified and/or reduced citation penalties without supporting documentation during informal conferences.	Document and summarize all main issues and potential courses of action in the case file for all changes made during informal conferences in accordance with IOSHA’s FOM Chapter 7.	IOSHA directors and supervisors have been instructed to ensure that all files that are amended be documented in accordance with the IFOM in the justifications portion of the informal hearings.	2/22/2017	Awaiting verification
FY 2015-16	Whistleblower investigators failed to properly document and process discrimination cases according to the WIM. Intake and screening of cases and file organization were not being completed per the WIM. The files were not reviewed by a supervisor beyond initial assignment.	Ensure all case files are reviewed by a supervisor, all WIM policies and procedures are followed when processing, files contain all required documentation, and are organized as required in the WIM.	IOSHA added an additional supervisor position whose responsibility is to supervise, train and review the work of the whistleblower staff. The supervisor will be held accountable for these responsibilities. A quality checklist is being used as of 3/1/2016 to ensure that all whistleblower cases follow the appropriate procedures.	2/22/2017	Awaiting verification
FY 2015-17	Eight of 25 (32%) of whistleblower investigation files did not contain documentation indicating that complainant witnesses were interviewed. In	Follow all procedures when conducting complainant and witness interviews in accordance with the WIM.	A form/checklist for prima facie elements has been implemented to make sure that all elements are documented appropriately in the memo to file.	2/22/2017	Awaiting verification

## Appendix C – Status of FY 2015 Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

	addition, in four of 25 (16%) of cases, discussions and interviews were not entered as a memo to the file.				
FY 2015-18	Whistleblower cases did not have evidence to support the determination and there was not a correct analysis performed of the prima facie elements.	Provide additional training to staff to ensure that the Whistleblower Investigators understand the application of the prima facie elements and the proper way to correctly analyze evidence for the determination.	A quality checklist has been implemented to ensure that all whistleblower cases follow the appropriate procedures.  CSHOs will be retrained on the evidence needed to perform correct analysis.	2/22/2017	Awaiting verification
FY 2015-19	The state has a 120 day statute of limitations for filing the cases with the attorney general. If the case has not been referred to the attorney general's office by day 90, it is likely they will not have time or incentive to review the complaint.	Seek revision of the 120 day state statute of limitations for filing in court to allow investigators the needed time to complete a thorough investigation.	The Indiana Commissioner of Labor submitted a proposal to repeal or extend to at least 180 days the statute of limitations for whistleblower cases into the proposed agenda for the 2017 Indiana legislative session.	-	Open
FY 2015-20	Complainant concurrence for administratively closed cases was not requested and documented in the file.	Ensure complainant concurrence is obtained prior to closing a discrimination case and document the concurrence in the file. If this does not happen, the complainant must be granted appeal rights.	Whistleblower investigators have been retrained and coached regularly on this finding.  This will be added to the checklist to ensure that this has occurred.	2/22/2017	Awaiting verification
FY 2015-21	IOSHA did not train employees on NEPs or conduct inspections under the adopted NEPs.	Ensure all CSHOs are trained to recognize hazards identified in OSHA's NEPs adopted by IOSHA and that NEP procedures are followed during inspections.	Intake unit staff has been trained on the hazards identified in NEPs adopted by IOSHA.  All supervisors, including the intake supervisor, were retrained in June 2016. on the following NEPs: <ul style="list-style-type: none"> <li>• Combustible Dust</li> <li>• Amputations</li> </ul>	2/22/2017	Awaiting Verification

## Appendix C – Status of FY 2015 Findings and Recommendations

### FY 2016 IOSHA Follow-up FAME Report

			<ul style="list-style-type: none"><li>• Hexavalent Chromium</li><li>• Isocyanates</li><li>• Lead</li><li>• Primary Metal Industries</li><li>• PSM Covered Chemical Facilities</li><li>• Petroleum Refinery PSM</li><li>• Silica</li></ul> <p>Fact sheets are being created on all of the NEPs. The Combustible Dust NEP is completed.</p> <p>CSHO training is ongoing.</p>		
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## Appendix D - FY 2016 State Activity Mandated Measures (SAMM) Report

### FY 2016 IOSHA Follow-up FAME Report

Fiscal Year 2016 is the first year since the transition from the NCR (OSHA's legacy data system) began that all State Plan enforcement data has been captured in OSHA's Information System (OIS). All State Plan and federal whistleblower data continues to be captured in OSHA's WebIMIS System. Unless otherwise noted, the data contained in this Appendix D is pulled from the State Activity Mandated Measures (SAMM) Report and State Plan WebIMIS report run on November 14, 2016, as part of OSHA's official end-of-year data runs. The further review levels for SAMMs 5, 8, 9, 11, 12, 15, and 17 have been negotiated to rely on a three-year national average. However, due to the recent transition to OIS, the further review levels for these SAMMs will rely on a one-year national average for one more year.

## U.S. Department of Labor

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

State Plan: **Indiana – IOSHA**

FY 2016

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)	8.93	10	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)	7.74	N/A	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)	7.57	5	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)	5.57	N/A	This measure is for informational purposes only and is not a mandated measure.

## Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report

### FY 2016 IOSHA Follow-up FAME Report

<b>3</b>	Percent of complaints and referrals responded to within one workday (imminent danger)	100%	100%	Further review level is fixed for all State Plans.
<b>4</b>	Number of denials where entry not obtained	0	0	Further review level is fixed for all State Plans.
<b>5</b>	Average number of violations per inspection with violations by violation type	SWRU: 3.32	+/- 20% of SWRU: 1.87	Further review level is based on a one-year national rate.
		Other: 0.19	+/- 20% of Other: .99	
<b>6</b>	Percent of total inspections in state and local government workplaces	2.26%	+/- 5% of 1.90%	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: 677	+/- 5% of S: 957	Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
		H: 119	+/- 5% of H: 255	
<b>8</b>	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$1,074.12	+/- 25% of \$2,279.03	Further review level is based on a one-year national rate.
	<b>a.</b> Average current serious penalty in private sector (1-25 workers)	\$633.96	+/- 25% of \$1,558.96	Further review level is based on a one-year national rate.
	<b>b.</b> Average current serious penalty in private sector (26-100 workers)	\$1,459.13	+/- 25% of \$2,549.14	Further review level is based on a one-year national rate.

## Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report

### FY 2016 IOSHA Follow-up FAME Report

	<b>c.</b> Average current serious penalty in private sector (101-250 workers)	\$1,747.31	+/- 25% of \$3,494.20	Further review level is based on a one-year national rate.
	<b>d.</b> Average current serious penalty in private sector (greater than 250 workers)	\$2,772.17	+/- 25% of \$4,436.04	Further review level is based on a one-year national rate.
<b>9</b>	Percent in compliance	S: 34.47%	+/- 20% of S: 28.85%	Further review level is based on a one-year national rate.
		H: 19.51%	+/- 20% of H: 35.68%	
<b>10</b>	Percent of work-related fatalities responded to in one workday	88.46%	100%	Further review level is fixed for all State Plans.
<b>11</b>	Average lapse time	S: 54.67	+/- 20% of S: 45.16	Further review level is based on a one-year national rate.
		H: 99.79	+/- 20% of H: 57.28	
<b>12</b>	Percent penalty retained	68.45%	+/- 15% of 69.86%	Further review level is based on a one-year national rate.
<b>13</b>	Percent of initial inspections with worker walk around representation or worker interview	100%	100%	Further review level is fixed for all State Plans.
<b>14</b>	Percent of 11(c) investigations completed within 90 days	15%	100%	Further review level is fixed for all State Plans.
<b>15</b>	Percent of 11(c) complaints that are meritorious	2%	+/- 20% of 24%	Further review level is based on a three-year national average.
<b>16</b>	Average number of calendar days to complete an 11(c) investigation	170	90	Further review level is fixed for all State Plans.

## Appendix D - FY 2016 State Activity Mandated Measures (SAMM) Report

### FY 2016 IOSHA Follow-up FAME Report

<b>17</b>	Percent of enforcement presence	0.68%	+/- 25% of 1.26%	Further review level is based on a one-year national rate.
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