

**Appendix A**  
**FY 2009 Arizona State Plan (ADOSH) Enhanced FAME Report prepared by Region IX**  
**Summary of Findings and Recommendations**

| Complaints Findings            |  | Complaints Recommendations  |  |
|--------------------------------|--|---|--|
| 1                              | The 15-day due date for contesting citations and requesting informal conferences was not always entered into the IMIS system.  | Ensure that the 15 day due date is entered into IMIS for all cases where citations are issued.  |  |
| 2                              | Information and OSHA forms documenting citations, inspection activity, and contact information were not complete in many cases.  | Ensure Compliance Officers understand the necessary documentation required for violations and completion of OSHA forms. Management should review case files on a regular basis to ensure documentation adequately supports violations and that forms are complete and up to date. |  |
| Fatalities Findings            |  | Fatalities Recommendations  |  |
| 3                              | Several fatality case file investigations contained limited information and did not appear to be thoroughly documented and investigated. Additionally, it was difficult to determine whether ADOSH communicated with the victim's family concerning the process and results of the investigations. | Ensure a comprehensive and in-depth investigation to fully evaluate the conditions of a fatality in accordance with OSHA instruction CPL 2.113 and CPL 2.94 is completed and that contact with the family is sufficiently documented.   |  |
| 4                              | Employee representative participation in the inspection process was not adequately documented in several case files.   | Ensure union representatives are presented the opportunity to participate in every aspect of the inspection and their involvement is adequately documented.   |  |
| 5                              | Interview statements were not documented in five fatality investigations   | Ensure employee interviews are obtained and documented in all fatality investigations.  |  |
| 6                              | Inspection files did not contain documentation of the informal conference discussions. Similarly, a complaint case file did not contain documentation of the informal conference discussions and rationale involving a penalty adjustment from \$2,500 to \$75.                                    | Ensure that discussions of the main issues and potential courses of action during the post-citation process are summarized, documented and included in the case file as referenced in Pages 23 and 24 of Chapter IV in the ADOSH FIRM.  |  |
| 7                              | Case file documentation in the majority of the files were not organized according to established case file set-up procedures and diary sheets or similar daily/chronological logs were not found in all of the case files reviewed.  | Ensure consistent organization of inspection case files as referenced in ADOSH FIRM or Appendix C of OSHA's instruction ADM 03-01-005 (previously ADM 12-05.A), OSHA Compliance Records and that diary sheets or similar daily/chronological logs are maintained.                 |  |
| 8                              | The IMMLANG policy is not consistently followed.   | Review current procedures for IMMLANG and make determination whether Arizona will adopt policy to ensure consistency if followed.   |  |
| 9                              | Citation penalties were not appropriate based on the hazard in three case files.   | Ensure that citation penalties are assessed in accordance with Chapter IV in ADOSH FIRM.  |  |
| 10                             | Two (2) cases files did not contain adequate abatement documentation to justify closing the case file.   | Consider auditing closed fatality case files on occasion to ensure that appropriate documentation is included in the file. Ensure Supervisors utilize the IMIS Abatement Tracking report and send appropriate follow-up letters to employers.                                     |  |
| Targeting/Inspections Findings |  | Targeting/Inspections Recommendations   |  |
| 11                             | The CLAIMS Local Emphasis Program did not demonstrate successful targeting of high hazard, private sector, general industry employers.   | Modify the scope and targeting mechanism of the CLAIMS Local Emphasis Program to ensure it is successful.   |  |
| 12                             | The construction targeting plan resulted in only 25.4% of the inspections with citations issued and the programmed inspection system used resulted in high in-compliance rate of inspections.  | Assess all programmed inspection systems and implement measures to improve in-compliance rates to ensure that the most hazardous industries and workplaces are being addressed.   |  |
| 13                             | Inspection goals for FY 2009 were not met.   | Evaluate resources and schedule inspections to ensure inspection goals are met.   |  |

|    | Targeting/Inspections Findings   | Targeting/Inspections Recommendations   |
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| 14 | The rate of serious violations for programmed planned inspections decreased and is the lowest in the previous five years. There were some cases where documentation in the case file appeared to support a Serious violation, however Serious citations were not issued. | Ensure the most hazardous industries and workplaces are being inspected in an effective manner to identify serious hazards and consider conducting training on hazard classification to ensure consistency with violation classification.   |
|    | Citations and Penalties Findings   | Citations and Penalties Recommendations   |
| 15 | The Commission's required review of all cases for proposed penalties in excess of \$1,000 has adversely affected the issuance of citations in a timely manner.   | Continue to work closely with the Commission and staff to ensure that citations are issued in a timely manner.  |
|    | Abatement Findings   | Abatement Recommendations   |
| 16 | Employers were not always notified of the Abatement Documentation requirements and abatement was not always adequately documented in case files.   | Ensure that adequate documentation is obtained from the employer to appropriately address citations. Provide training to Compliance officers regarding the requirement of abatement verification documentation as it relates to field 19 of the OSHA-1B form. Utilize the Default Violation Abatement Standard Report to identify and track cases with abatement outstanding and follow-up as directed under CPL 2-0.114, Abatement Verification Regulation, which may include the issuance of additional citations for violations of 29 CFR 1903.19. When appropriate, they should also expand the use of abatement codes W (not completed, worksite changed) and E (not completed, employer out of business). |
|    | Information Management Findings  | Information Management Recommendations  |
| 17 | A designated IT Backup System Administrator was not designated.  | Retain an IT Backup System Administrator to prevent a breakdown in the system in the event the IT Administrator is unable to perform these functions. (OSHA ADM 1-1.30, Page II-1, paragraph B)   |
| 18 | Appropriate and accurate information was not consistently entered into the IMIS system.  | Ensure staff is properly trained on entering appropriate information in IMIS while handling complaints, abatement, and discrimination cases. Management should review case files and use IMIS reports on a regular basis to ensure that data is being entered correctly into IMIS.  |
|    | Standards Findings   | Standards Recommendations   |
| 19 | New Federal OSHA standards were not adopted in a timely manner.  | Ensure standard adoption is within 6 months of the Federal promulgation date.   |
| 20 | An appropriate Plan Change Supplement has not been submitted for review for the formal training program for Compliance personnel and for their targeting system which differs from the Federal system.   | Adopt a formal training program for Compliance personnel and submit a Plan Change Supplement for OSHA's review. Arizona must also submit a State Plan Change Supplement with a description of their targeting systems.  |
|    | Discrimination Findings  | Discrimination Recommendations  |
| 21 | Discrimination investigations took an average of 190 days to complete. Only 56.6% percent of discrimination investigations were completed within the targeted 90 days.   | Continue efforts to complete discrimination investigations within 90 days.  |
| 22 | Letters to Complainants and Respondents informing them that the investigation has been opened or closed as appropriate were not always sent.   | Ensure policies and procedures are updated and Discrimination Investigators are appropriately trained and that files are reviewed on a regular basis to ensure that appropriate letters to Complainants and Respondents are sent informing them that the investigation has been opened, rather than providing this information by telephone as referenced in OSHA's whistleblower manual, DIS 0-0.9, Chapter 2, Section III (D, E) and to ensure that both parties receive a closing letter after the investigation is closed as referenced in OSHA's whistleblower manual, DIS 0-0.9, Chapter 4, Section IV (B.2).   |

|    | Discrimination Findings  | Discrimination Recommendations   |
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| 23 | Orally filed discrimination complaints were not appropriately accepted and docketed in all instances.  | Ensure policies and procedures are updated and Discrimination Investigators are trained to accept and docket orally filed complaints and not require a Complainant to submit a complaint in writing as referenced in OSHA's whistleblower manual, DIS 0-0.9, Chapter 2 and Ch. 7, Section V(A).  |
| 24 | All discrimination cases were not properly coded in IMIS.  | Review discrimination cases on a regular basis to ensure that discrimination complaints are properly coded in IMIS.  |
| 25 | Closing conferences were not documented in the case files.   | Review case files on a regular basis to ensure that closing conferences are documented in the case files as referenced in ADOSH's discrimination manual, Chapter 3, Section E.5, and OSHA's whistleblower manual, DIS 0-0.9, Chapter 3, Section IV. J6.  |
| 26 | Interview statements or interview memos detailing the relevant information were not obtained during witness interviews.  | Ensure required statements and information are obtained in interview statements as required by in ADOSH's discrimination manual, Chapter 3, Section C.5, and OSHA's whistleblower manual, DIS 0-0.9, Chapter 3, Section IV.G.  |
| 27 | The majority of the case files reviewed were not organized in the manner prescribed in ADOSH's discrimination manual, Chapter 5, Section B, and OSHA's whistleblower manual, DIS 0-0.9, Chapter 5, Section III.                                | Ensure that the case files contain adequate documentation and the case files are properly organized, in line with the requirements outlined in ADOSH's discrimination manual, Chapters 3 and 5, and OSHA's whistleblower manual, DIS 0-0.9, Chapters 2 and 3.  |
| 28 | The Final Investigative Reports that were included in the case files did not follow the identical format prescribed in ADOSH's discrimination manual, Chapter 5, Section C, and OSHA's whistleblower manual, DIS 0-0.9, Chapter 5, Section IV. | ADOSH's Final Investigative Report template must be amended to follow the identical format prescribed in ADOSH's discrimination manual, Chapter 5, Section C, and OSHA's whistleblower manual, DIS 0-0.9, Chapter 5, Section IV. The reports must be dated and signed by the investigator and the approving supervisor for accountability. |
| 29 | The Complainants and all relevant witnesses were not interviewed and statements were not documented in the investigation files.  | Instruct investigators and review case files on a regular basis to ensure that the Complainants in all cases are interviewed, as well as all relevant witnesses, including management and third parties, as referenced in OSHA's whistleblower manual, DIS 0.09, Chapter 3, Sections D, E and G.   |
| 30 | In two (2) cases discrimination investigators did not sufficiently analyze and document factors relating to the final disposition of the case, such as work refusals and nexus.  | Provide additional guidance to discrimination investigators on analyzing and documenting pertinent factors relating to discrimination cases, including work refusals and nexus.  |
|    | <b>Voluntary Protection Program (VPP) Findings</b>   | <b>Voluntary Protection Program (VPP) Recommendations</b>  |
| 31 | Of the five worksites reviewed, Medical Access Orders (MAOs) were not provided prior to the onsite visit as required under OSHA's CPL 02-02-072 and ADOSH's policy 2007-1, Access to Employee Medical Records.                                 | Implement a system to ensure that Medical Access Orders are obtained prior to the VPP onsite visit.  |
|    | <b>Program Administration Findings</b>   | <b>Program Administration Recommendations</b>  |
| 32 | When 23(g) grant funds were lapsed timely notification to Federal OSHA was not made.   | Ensure funds that will not be spent by September 30 are appropriately returned to Federal OSHA with adequate time to allocate.   |
| 33 | A fully staffed program was not maintained in that up to 7 safety and 2 health vacancies were not filled.  | Ensure the inspector positions are fully staffed to the extent possible and develop a plan to address the challenges in hiring and retaining experienced personnel.  |
| 34 | Several members of the compliance staff have not received all the required classes.  | Ensure that Compliance staff receive at least the basic required courses as required by Federal OSHA's Directive TED 01-00-018, Initial training Program for OSHA Compliance Personnel.  |

|    | Annual Performance Plan Goals Findings  | Annual Performance Plan Goals Recommendations  |
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| 35 | Only 50 inspections of framing contractors were conducted, which was below the goal of 150. The inspections resulted in the identification of 88 hazards, which was also below the goal of 300.                     | Evaluate this goal and implement a plan to ensure that resources are available to meet the targeted number of inspections. |
| 36 | The injury and illness rates in the architectural and structural metals manufacturing industry increased during this evaluation period and from the CY 2006 baseline (11.1%) for the Five Year Strategic Plan goal. | Re-evaluate efforts in reducing injury and illness in the architectural and structural metals manufacturing industry.      |
| 37 | Citation lapse time for safety citations remains above the FY 2007 baseline.  | Develop a plan to reduce safety citation lapse time.   |