

Hawaii Division of Occupational Safety & Health

FY2009 Enhanced FAME Report - Corrective Action Plan Summary Sheet (Revised)*

Rec#	Findings	Recommendation	State Response / Corrective Action	Interim Steps with Due Dates	Documentation Required with Due Dates	Outcome Measure	Completion Date	Status (to be tracked and updated by Region)
1	HIOSH did not notify all complainants of inspection results within 20 workdays of citation issuance or within 30 workdays of closing conference without citation.	HIOSH must ensure that complainants are notified of inspection results in a timely manner.	Item corrected. Staff reminded to follow the Complaints Directive, 02-00-140. CSHO submits draft letter to complainant along with case file to manager/supervisor for review. Clerks process letter to complainant at time citation is processed or case is closed.	Not applicable, already done	Process and Complaints CPL to be incorporated in FOM revision by June, 2011	All letters to complainants will go out with citations	ongoing	Subject to further Federal review and monitoring. HIOSH should submit documentation on its procedural revisions for Regional review. HIOSH should follow CPL 02-00-140 which they adopted 9/20/2007.
2	The OSHA 7 was not always completed correctly and was not always in the related case file. Letters that acknowledged receipt of the complaint and those that discussed HIOSH's Findings about the complaint items were not always found in files where complainant name and contact information were known.	HIOSH must complete the OSHA 7 correctly, send the required correspondence to complainants, and include copies of these documents in the case files	In June of 2010, HIOSH conducted refresher training for all complaints intake and processing staff on the proper completion of forms, including the OSHA-7. Manager/Supervisor to ensure that complaint procedures are followed and all documents are placed in case file	Not applicable, already done	Process and Complaints CPL to be incorporated in FOM revision by June, 2011	All case files contain properly filled out OSHA 7s	ongoing	Subject to further Federal review and monitoring. HIOSH should submit documentation on its procedural changes for Regional review. HIOSH should follow CPL 02-00-140 which they adopted 9/20/2007.
3	Hawaii did not respond to two out of nine complaints classified as imminent danger within a day of receiving the complaint.	Review the complaint processing system and ensure there is adequate staffing to respond to complaints classified as imminent danger in a timely fashion.	Staff has been reminded of procedures for imminent danger complaints. Manager/supervisor to monitor. Travel to neighbor islands no longer requires Director's approval which delayed response time.	Travel requests for imminent danger situations will be hand carried through the current abbreviated process	Revised FOM chapter on complaints to address handling of neighbor island travel.	HIOSH inspectors will be able to respond to neighbor islands within 14 hours	ongoing	Subject to further Federal review and monitoring
4	Although the information had been entered into IMIS, there was no copy of the OSHA 170 in four of the five cases classified as FAT/CATs.	HIOSH must properly complete the OSHA 170 with sufficient details to describe the accident and include a copy in the case file.	The HIOSH has conducted refresher training concerning the proper completion of forms, including the OSHA 170, and wherein inspectors, managers, and supervisors will ensure that the proper forms are included in the case files.	The HIOSH has conducted refresher training concerning the proper completion of forms, including the OSHA 170, and wherein inspectors, managers, and supervisors will ensure that the proper forms are included in the case files.	Documentation on properly completed OSHA 170s in case files due by March 2011.	Well organized properly completed OSHA 170s in case files	ongoing	Subject to further Federal review and monitoring.

*Hawaii CAP revised by new State Plan Management March 2011

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5	Families of the victims of occupational fatalities were sent the initial contact letter in only one out the five fatality cases. There was no evidence of any other written contact with the families in the fatality case files.	HIOSH must follow their FOM and keep the families of victims of occupational fatalities informed by staying in contact with the families and by sending the appropriate letters in a timely fashion during the course of the inspection. While the State program was not required to and did not adopt CPL 02-00-137, Fatality/Catastrophe Investigation Procedures, OSHA strongly recommends adoption of similar procedures.	Refresher training on fatality investigations conducted, which included involving victims families the opportunity to participate in fatality investigations and notifying them of the results/findings. Documentation of contacts to be included in case diary along with copies of correspondence. Revised FOM to include more detailed procedures.	n/a - done	Revised FOM, due June 2011	Families of victims will receive responses in a timely manner.	ongoing	Subject to further Federal review and monitoring. HIOSH should submit documentation on its procedural changes for Regional review. HIOSH should adopt CPL 02-00-148, Field Operations Manual, which specifies fatality inspection procedures in Chapter 11.
6	HIOSH health inspectors conducted sampling in only five of 121 health inspections conducted in FY 2009.	HIOSH must ensure that health inspectors are conducting appropriate sampling during inspections and properly entering the information into IMIS.	Health inspectors have been provided guidance on when monitoring is required. Health manager to ensure that appropriate monitoring is conducted as needed, that equipment and supplies are available, and that budget includes funding for monitoring and analyses.	Equipment maintenance and inventory has been assigned to inspectors. Health manager to monitor.			ongoing	Subject to further Federal review and monitoring.
7	HIOSH completed only 426 inspections (51 percent) of its goal of 835 inspections in FY 2009.	HIOSH should evaluate its staffing and enforcement efforts in order to meet its inspection goals.	HIOSH will (1) Set more realistic inspection goals based on actual and projected staffing for the year; and (2) Fill vacant positions at least up to 80% of benchmark by May 2011	1. Spreadsheet developed to project number of inspections, programmed and unprogrammed, based on actual and projected staffing for year – done March 2011 2. Received approval to fill 10 positions, which will bring staffing to 80% of benchmark 3. Request to add two more inspector positions pending in state legislature.		Full compliance staffing to meet benchmark levels	ongoing	Subject to further Federal review and monitoring. (OSHA has communicated its concerns about funding and staffing of the State Plan to the Hawaii Governor and offered supplemental Federal enforcement assistance.)
8	Enforcement inspection activities on the neighbor islands were not proportionate to the population of workers represented on each island, especially Maui.	HIOSH needs to evaluate resources or consider hiring additional personnel to ensure that proportionate inspection coverage is provided to the neighbor islands, especially Maui.	Neighbor island inspection numbers will be set based on proportion of workforce for each island.	Neighbor island inspection numbers for current FY has been set to meet appropriate proportion, and where there is no local inspector, inspectors from Oahu will be sent. Managers/supervisors are arranging neighbor island trips. Due April 1, 2011			ongoing	Pending resolution of State Plan staffing and funding issues. Subject to further Federal review and monitoring

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9	Construction contractors working on military bases were seldom inspected by HIOSH.	HIOSH must conduct a proportionate number of inspections of contractors on military bases.	HIOSH is in the process of giving jurisdiction on military bases back to OSHA to address this. HIOSH has opened dialogue with military leaders and with the safety community. All have supported the move which would allow HIOSH to focus our efforts on higher risk areas. HIOSH expects to send the letter to OSHA in October 2010.	NA	NA	NA	1st Quarter FY11	Transfer of jurisdiction over military bases to Federal OSHA pending.
10	Case file documentation and required forms in HIOSH inspection files were not organized and ordered consistently.	Ensure that all files contain documentation and forms in a consistent order.	Inspectors have been given responsibility to order case files in an organized and consistent fashion. Case file order will be included in FOM. Managers/Supervisors will monitor.	Memo on Case file order to be sent to all staff by April 1, 2010. Manager/supervisor responsible to ensure case file order is maintained.			ongoing	Subject to further Federal review and monitoring. Case file documentation is important for an effective enforcement program.
11	In 10 of the 43 case files reviewed, there was no diary sheet.	Record all pertinent information onto the diary sheet in accordance with the HIOSH FOM and keep a copy of the diary sheet with the case file.	Case file diary to be included in case file organization memo. Staff to be provided training on use of case file diary.	Manager/supervisor to ensure case diary sheet is present and used in each case file. Temporary checklist to be created for managers/supervisors when reviewing all case files. Due April 1, 2011.			ongoing	Subject to further Federal review and monitoring.
12	The OSHA 1 and the OSHA 1A were not always signed and dated.	Ensure that all compliance officers sign and date the OSHA 1 and the OSHA 1A as required.	HIOSH was not aware that signing the OSHA-1 and OSHA 1A was required. HIOSH will incorporate this procedures into the revised FOM.	Manager/Supervisor will ensure that the OSHA-1 and 1A are signed. Item to be included in the Temporary checklist for EFAME correction by April 1, 2011.			ongoing	Subject to further Federal review and monitoring.
13	In four OSHA 1Bs, the employee's address and/or phone number was not obtained. In one case with six 1Bs, there was no injury or illness documented. On five OSHA 1Bs, the incorrect standard was cited. In three cases, grouping was not used correctly.	HIOSH must complete the 1B correctly. HIOSH must follow the procedures in Section C of Chapter V of its FOM to determine when grouping of violations is appropriate.	HIOSH will ensure that all staff follow the FOM. A field 1B worksheet will be mandatory for all proposed violations to assist inspectors with the required documentation. Revised FOM will include the use of the field 1B worksheet.	HIOSH to require use of field 1B worksheet for each proposed violation. Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.			ongoing	Subject to further Federal review and monitoring.
14	S/W/R violations were not found in the same proportion of HIOSH programmed inspections as in OSHA programmed inspections.	OSHA continues to recommend that HIOSH refine their targeting system to ensure that the establishments selected are the ones that could most benefit from inspection.	This item has been an ongoing issue for over 20 years. While HIOSH is changing its inspection scheduling system, we are simultaneously making sure that inspectors follow the FOM in all areas, including proper classification of all hazards.	HIOSH to require use of field 1B worksheet for each proposed violation. Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.		increase in SWR for programmed inspections	ongoing	Subject to further Federal review and monitoring. HIOSH should submit documentation on its revised targeting system for Regional review.

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15	There was not always evidence in the case file to show that union representatives had accompanied the walk around. There was no evidence to show that union representatives participated in the closing conference, were sent copies of the citations issued, or were notified of informal conferences.	a: HIOSH must ensure employee representatives are presented the opportunity to participate during each inspection in accordance with its FOM. b: HIOSH must follow its FOM with respect to providing copies of the citation to union representatives. c: HIOSH must follow its FOM regarding union notification of and participation in informal conferences.	Staff has received refresher training on conduct of the inspections, which include employee representative involvement, and on the appropriate documentation of the involvement or reasons why the representative did not participate – in accordance with the FOM	Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.		unions notified during inspections as appropriate	ongoing	Subject to further Federal review and monitoring.
16	In 24 of the 43 case files reviewed, HIOSH did not appropriately classify the violations and/or cite all of the obvious hazards. Seven other-than-serious violations (OTS) should have been classified as serious (S). There were 19 case files where the narrative or a photo provided sufficient information to document a hazard which was not cited. There was nothing in the case files to indicate why these hazards were not cited.	Managers must thoroughly review case files to ensure that documentation is complete and citations and classification of violations are consistent and appropriate to the hazards identified during inspections.	HIOSH will ensure that all staff follow the FOM. A field 1B worksheet will be mandatory for all proposed violations to assist inspectors with the required documentation. Revised FOM will include the use of the field 1B worksheet. Manager/supervisor will conduct field evaluations of inspectors and take appropriate action, e.g. training on identification of hazards.	Accompanied field inspections by manager/supervisor began in March 2011. HIOSH to require use of field 1B worksheet for each proposed violation. Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.			ongoing	Subject to further Federal review and monitoring
17	There was no documentation that all relevant safety and health programs required by the HIOSH standards were evaluated during programmed planned comprehensive inspections.	Ensure that the OSHA 1A narrative is completed to document the evaluation of all relevant safety and health programs for all programmed planned inspections and where appropriate for un-programmed activity.	Staff has received refresher training on the conduct of inspections, which include evaluation of all relevant safety and health programs. Documentation of the evaluation is required on the OSHA 1A.	Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.			ongoing	Subject to further Federal review and monitoring.

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18	HIOSH did not cite any standard from 29 CFR 1910.38 during FY 2009.	HIOSH must ensure that compliance officers evaluate each workplace to determine if it is required to have an Emergency Action Plan during comprehensive and planned general industry inspections, and that citations are issued as appropriate.	Staff will be provided training on when to cite 29 CFR 1910.38 (Emergency Action Plan)	Training provided on 3/10/11. Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.			ongoing	Subject to further Federal review and monitoring.
19	Documentation that employer injury illness records were reviewed and evaluated as part of the inspection process was missing from the case files.	HIOSH must instruct managers and compliance officers to comply with HIOSH's FOM Chapter III – General Inspection Procedures, which specifies that injury and illness records will be inspected, analyzed and documented in the case file.	Staff has been reminded to follow the FOM on reviewing injury and illness records; and will receive refresher training on procedures to review employer injury and illness records.	Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.			ongoing	Subject to further Federal review and monitoring.
20	HIOSH altered the OSHA 2 to print the compliance officer's full name on the first page of the citation.	HIOSH should take appropriate steps to ensure that the compliance officer's name does not appear on the citations or any other official documents issued to or shared with employers or the public.	Printing of compliance officers' name on citations have already been discontinued.	Not applicable. No longer on citations.			Mar-10	No further action required.
21	The average number of calendar days it took HIOSH to issue citations has more than doubled since FY 2007 to an average of 102 days, which is approximately twice as long as federal OSHA.	HIOSH must improve its citation processing system to effectively decrease citation lapse time. HIOSH must ensure the managers run Open Inspection reports on a weekly basis to track lapse time and intervene when appropriate to ensure that cases are completed in a timely manner. HIOSH should also consider eliminating the final review by the State Designee to reduce additional review time.	HIOSH will run the citation pending and other management information reports weekly, reduce review levels, and provide inspectors guidance on timely write-up and submittal of cases.	Citations pending report already run weekly. Review levels reduced from 4 to 2 as of 2/1/11. Managers/supervisors are providing closer guidance to inspectors to ensure timelier processing of citations.			ongoing	Subject to further Federal review and monitoring.

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22	Penalties were not always calculated in accordance with Ch.VI of its FOM.	HIOSH must ensure that citations are reviewed to confirm that the penalty calculation includes the appropriate probability and severity for the related employee exposure and type of hazard identified.	HIOSH will ensure that all staff follow the FOM. A field 1B worksheet will be mandatory for all proposed violations to assist inspectors with the required documentation . Revised FOM will include the use of the field 1B worksheet.	Item to be included in the Temporary checklist for EFAME correction – by April 1, 2011.			ongoing	Pending further discussion and determination on final Federal penalty policy.
23	S/W/R violations were not always abated in a timely fashion, nor were follow-up inspections conducted in all instances when required.	HIOSH must ensure that abatement is achieved and entered in a timely fashion, and that follow-up inspections are scheduled and conducted when appropriate.	HIOSH will follow the FOM, run abatement due reports weekly, assign responsibility for abatement verification, and assign a back up.	As of 3/10/11: HIOSH has begun to run abatement due reports weekly, assigned responsibility for abatement verification, and has assigned back-ups.			ongoing	Subject to further Federal review and monitoring. Procedures for documenting and verifying abatement are essential to an effective program.
24	Case files did not document the rationale for changing citations during the informal conference.	HIOSH must ensure that management follows Section G.2 of its FOM and includes pertinent documentation of the informal conference in the case file, including the rationale for changing citations and related penalties.	HIOSH will ensure that all staff follow the FOM. Informal Conference Summary is required when no change to citation results; and Settlement Agreement will include reason for penalty reduction. Notes of informal conference to be maintained in case file and to include reasons for citation changes, if nay.	Not applicable, already done.	Revised FOM to include specific informal conference procedures.		ongoing	Subject to further Federal review and monitoring.
25	There was no evidence of the final outcomes of contested cases (i.e. copy of the Formal Settlement Agreement) in the files reviewed.	HIOSH should review and revise the contested case process to ensure that copies of the FSA and documentation of final resolutions are included in the case files prior to closing the files.	HIOSH to train clerks in post contest procedures. Case file organization to include post-contest documents.	As of 2/1/11, Administrator to review all post-contest documents and verify inclusion in case files.			ongoing	Subject to further Federal review and monitoring. Contested case outcomes must be documented in Case Files.

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26	The number and percentage of inspections HIOSH has conducted in the public sector has decreased in the past three years from 86 (10 %) in FY 2007 to 30 (6%) in FY 2008 to a low of 22 (5%) in FY 2009. This corresponds disproportionately with the increase in the last three years in the public sector injury and illness rates.	HIOSH must increase its inspections in the public sector.	Public sector inspection numbers will be set based on proportion of workforce. Procedure to be documented in revised FOM.	Public sector inspection numbers for current FY have been set to meet appropriate proportion. Revised FOM to be adopted by June 1, 2011.		Increase in public sector inspections	ongoing	Subject to further Federal review and monitoring.
27	Valid backups of the NCR and the Windows computer systems have not occurred since the former IT administrator was transferred to another department.	Valid and complete backups must be done for both the NCR and the Windows Server on a daily, weekly and monthly basis.	Clerk has been trained and instructed to run backups of the NCR and the Windows computer systems on a daily, weekly, and monthly basis. Systems administrator to receive training on how to verify that backups have been performed.	Completed 3/11/11.		all backups have been completed	ongoing	Subject to further Federal review and monitoring.
28	As of 2/17/10, there were 110 error rejects listed on the SOD report.	Correct errors listed on the SOD report on a daily basis.	Clerk was instructed to run SOD error reports twice a week, and assignment of responsibility made and to be acted upon within 2 weeks.	Clerk is running SOD error reject reports twice a week; supervisor/manager ensuring corrections are made. Done 3/5/11.		rejects will be kept to a minimum and reviewed on a daily basis	ongoing	Subject to further Federal review and monitoring. IMIS/OIS program management tools should be utilized.
29	HIOSH was not running and using the Desired State Reports.	HIOSH needs to ensure that reports are run regularly and that action is taken based on the information in the reports to help to ensure each case file is being managed properly.	Manager & supervisor instructed to use Desired State Reports weekly and are required to take corrective action within 2 weeks at minimum.	Verified use of Desired State Reports on 3/10/11.			ongoing	Subject to further Federal review and monitoring.
30	As of 2/18/10, there were 220 draft forms in HIOSH's NCR.	HIOSH needs to convert draft forms into a final format or delete them as appropriate.	Manager & supervisor instructed to use Desired State Reports weekly and are required to take corrective action within 2 weeks at minimum.	Verified use of Desired State Reports on 3/10/11.			ongoing	Subject to further Federal review and monitoring.
31	HIOSH has not designated a back-up administrator.	HIOSH should designate a backup system administrator.	Systems Administrator to be assigned to Enforcement Branch support (Secretary II position). Current Systems Administrator to be assigned back-up. Clerk to be 2 nd back-up.	Pending hiring of Secretary II position. Approval to hire obtained 3/3/11.		regular backups are done consistently by HIOSH	Sep-10	Documentation required

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32	The current person designated as the System Administrator, as well as the entire Enforcement Branch, has not had sufficient training in how to effectively use and maintain the NCR and the OSHA IMIS system.	HIOSH must ensure that the systems administrator, the backup systems administrator, and all enforcement branch personnel receive appropriate IMIS training.	See item 31. Above. Although the current HIOSH administrators' secretary is Systems Administrator, her duties do not require her to use the NCR nor IMIS, thus the disconnect between training and effective use.	No interim steps until OIS is deployed in late May, 2011. Systems administrator will receive OIS Super User training and train the back-ups.			ongoing	Subject to further Federal review and monitoring. Further training should be scheduled as appropriate.
33	HIOSH did not adopt federal OSHA standards within the six month requirement.	Develop and implement a tracking system for the adoption of new Federal Standards to ensure that the six month deadline is met.	Hire a program specialist dedicated to timely promulgation of standards.	Received approval to hire on 3/3/11. Currently in expedited recruitment process.		Federal program changes will be adopted within the required timeframe	ongoing	HIOSH needs to take whatever legislative or regulatory action is necessary to ensure the ability to adopt standards within 6 months of Federal promulgation. HIOSH must provide a status report on this item and an updated Corrective Action Plan including interim steps.
34	HIOSH has not yet adopted OSHA's revision to the Field Operations Manual.	Adopt a Training Directive and provisions to match OSHA's revision to the Field Operations Manual, and Develop and implement a tracking system to ensure that new Federal Program Changes are evaluated and adopted in a timely manner.	HIOSH will adopted the revised FOM. Target date: 6/1/11.	Staff instructed to use current FOM and all current directives. HIOSH will provide hard copies of FOM and current directives to all affected staff by 3/15/11.		Adoption of FOM with or without HIOSH amendments	ongoing	HIOSH must document its different procedures and submit its revised FOM for Regional review.
35	HIOSH did not ensure that 65% or more of serious hazards documented during consultation visits were abated on site or by the original abatement date.	HIOSH must ensure abatement of serious hazards as quickly as possible.	HIOSH will remind consultants to adhere to the Consultation Policies and Procedures Manual. The Consultation manager to track abatement.	Staff reminded to use CPPM on 3/10/11. Manager tracking abatement as of 3/1/11.			ongoing	Subject to further discussion. HIOSH must staff its 21(d) Consultation Program and assure that all requirements are met.
36	Only four of 14 (29%) discrimination cases were completed within the 90 day statutory period.	HIOSH needs to ensure that adequate resources are available to complete discrimination investigations in a timely manner.	HIOSH will promptly review and assign discrimination investigations, provide closer guidance to investigators, train investigators on investigation protocols that improve efficiency, monitor progress more closely and review and revise Discrimination Manual as needed.	Discrimination complaints are being reviewed within one day of receipt. Additional level of review prior to assignment has been eliminated. Closer guidance is being provided.			ongoing	Subject to further Federal review and monitoring. HIOSH should submit its revised discrimination procedures for Regional review. HIOSH must commit the necessary resources to handling discrimination cases so that they can be completed within the statutory period.

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37	All HIOSH staff assigned to conduct discrimination investigations had not received formal training.	Ensure that all of HIOSH's discrimination investigators receive appropriate formal discrimination training.	All HIOSH staff had received formal discrimination investigation training. However, training was not documented. HIOSH will document all required training in training log which will be initialed by supervisor and investigator.	Training Directive and logs being revised to include discrimination investigation training. Projected completion date: April 1, 2011.			ongoing	Subject to further Federal review and monitoring
38	HIOSH does not accept verbal discrimination complaints.	HIOSH should accept and docket orally filed complaints in IMIS upon receipt and not require a Complainant to submit a complaint in writing.	The conflicting state law that requires complaints to be in writing. In order to satisfy this requirement, HIOSH is modifying procedures to allow the verbal complaint to start the process, but the investigator produces a written complaint which is given to the complainant to sign.	Amend Discrimination Manual to make this procedure more clear. June 1, 2011.	Copy of docket procedures due 2nd quarter FY11		ongoing	Subject to further Federal review and monitoring. Docketing of orally filed discrimination complaints through transcription is necessary for an effective program.
39	Not all of HIOSH staff knew that they could use unilateral settlements.	HIOSH should develop and enforce a consistent policy regarding unilateral settlements, per OSHA's whistleblower manual, DIS 0.09, Ch. 6, Section (IV)(B)(3).	Hawaii statutes differ from federal statutes because they allow a claimant to continue to pursue a civil action against an employer despite a HIOSH determination to unilaterally settle with the employer. Consequently, employers have no incentive to settle a case without first obtaining the consent of the complainant because they may still be liable in a civil action brought by the complainant notwithstanding a unilateral settlement.	Because the use of the Whistleblower case is not allowed in a civil action, settlement is encouraged.			ongoing	Subject to further Federal review and monitoring. Hawaii's private right of action should be reflected in its discrimination procedures.
40	One site has not been timely re-evaluated and has not been removed as a VPP participant.	HIOSH should revoke the employer's VPP status. HIOSH should take immediate steps to develop a team to evaluate the site, including the use of qualified SGEs and OSHA personnel.	The timely re-evaluation was not the fault of the site, but of the Hawaii program. Site had asked for clarification on new procedures and then HIOSH mgmt did not respond, nor respond to requests for assistance. The site has recently contacted the program to ask again for clarification. Received clarification and is in the process of conducting self-evaluation. When report is submitted, HIOSH will assemble team to conduct re-evaluation.	Due May 31, 2011			ongoing	Subject to further Federal review and monitoring. HIOSH should provide a status report and further Corrective Action Plan for this item.
41	HIOSH charged its VPP activities to the 21(d) grant.	Time spent on VPP activities must be charged to the 23(g) grant funds as 50/50.	Consultation program manager who is knowledgeable of grant requirements has been put back in charge of program. Manager will monitor timesheets closely.	Until consultation staff is increased and consultation numbers are healthy, VPP activities will be performed by enforcement staff on the 23(g) grant. Date done: 12/1/10			ongoing	Pending further discussion and correction of all improper charges.

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42	HIOSH lapsed \$144,095.37 at the end of FY 2009.	HIOSH must closely track expenditure of grant funds and ensure that funds are projected for expenditure by the grantee. Funds that are not projected to be expended by the end of the grant period must be returned to OSHA at the beginning of the fourth quarter.	HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals. Expenditures will be closely tracked and early decisions made if de-obligation is necessary. Increase in staffing will decrease necessity to de-obligate funds.	Done 2/1/11. Governor has approved the filling of 10 additional positions, an increase of 52% over current staffing levels. The program expects to fill the positions by May 1, 2011.			ongoing	OSHA has communicated its concerns about the staffing and funding of the State Plan to the Governor and offered to provide supplemental Federal enforcement assistance.
43	Ten disbursements totaling \$377,000 have been made since December 29, 2009 without approval.	HIOSH must submit a written request for prior approval through the grant administrator 30 days in advance of the original award end date in accordance with OSHA directives, and must not take action unless it receives written authorization.	HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals. The program will ensure that all grant requirements are met.	Done 2/1/11			ongoing	Subject to further Federal review and monitoring. HIOSH should provide a further Corrective Action Plan to address all financial items.
44	Drawdown of grant funds was not uniform during the fiscal year.	HIOSH needs to closely monitor drawdown of funding from the grants on a monthly basis to ensure grant funds are properly managed.	Staffing shortages contributed to the significantly uneven drawdown of grant funds over a fiscal year. HIOSH will more closely track drawdown levels, and expects that with the filling of all 10 approved positions, the drawdown should become more even across each quarter.	Until the staff are on the payroll, the drawdown will be made more even with the use of staff overtime to increase inspection numbers and improve lapse times.			ongoing	Subject to further Federal review and monitoring.
45	23g Grant funds were used to pay a temporary employee without requesting written permission to do so and to purchase and maintain a color copier in the Directors office.		HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals, even for hiring. The program will ensure that all grant requirements are met.	Done 2/1/11			ongoing	Subject to further Federal review and monitoring
46	HIOSH staffing levels are below benchmarks.	HIOSH must develop a plan to address the critical vacancies for compliance and consultation personnel.	HIOSH will fill up to 89% of health inspectors benchmark (8 of 9); 83% of safety inspectors benchmark level (7.5 out of 9); and 100% of consultant benchmark levels by May 1, 2011. By September 1, 2011, we expect the safety inspector benchmark level to be at 100% (9 of 9).	HIOSH received the Governor's approval to fill 10 positions as of March 10, 2011. This is an increase of 53% over current staffing. Expedited hiring process is being used to get people on board by no later than May 1, 2011.			ongoing	Subject to further Federal review and monitoring

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FY2009 Enhanced FAME Report - Corrective Action Plan Summary Sheet (Revised)*

Rec#	Findings	Recommendation	State Response / Corrective Action	Interim Steps with Due Dates	Documentation Required with Due Dates	Outcome Measure	Completion Date	Status (to be tracked and updated by Region)
47	Salaries paid to staff are not equivalent to the work activities being performed and all position duties are not accurately described in HIOSH's FOM nor in its other directives.	HIOSH must ensure that salaries paid to staff are equivalent to the work activities being performed and that all position duties are accurately described in its FOM and in its other directives.	HIOSH staff knowledgeable and responsive to grant requirements have been put back in charge of expenditure approvals, even for hiring. The program will ensure that all grant requirements are met.	The position has been eliminated as of 2/1/11.			ongoing	Subject to further Federal review and monitoring
48	None of the employees in the enforcement branch had completed all of the required classes listed in OSHA's training directive, TED 01-00-018 Initial Training Program for OSHA Compliance Personnel.	HIOSH needs to ensure that all compliance staff receives at least the basic required OSHA courses. HIOSH must develop a training plan and allocate the necessary funds to do so.	HIOSH will assess the training provided to each existing inspector and develop individual development plans accordingly using the Training Directive as a guide. HIOSH will adopt the revised Training Directive for new inspectors.	A matrix of documented training provided to each current inspector has been obtained. Interviews with individual inspectors and their supervisors will fill in gaps. Training plan for HIOSH staff will be developed from this information with priority given to most critical training needs. A mix of in-house and offsite training is envisioned. Revised Training Directive is expected to be adopted by June 1, 2011.		Fully trained senior compliance staff, and a training plans in place for newly hired staff.	ongoing	Subject to further discussion. OSHA believes that additional training for HIOSH staff would significantly improve program performance.
49	Public Sector Injury and Illness Rates increased 10 percent from the baseline in 2005 to 2008. The HIOSH did not complete as many public sector inspections and consultations as it projected in FY 2009.	HIOSH needs to re-evaluate its efforts to more effectively address reducing injury and illness in the public sector.	HIOSH will more accurately determine how many inspections can reasonably be performed by existing and projected staff during a fiscal year. Out of that number at least 10% will be designated for public sector inspections and the assignments will be given to the inspectors early in the fiscal year.	Done 3/9/11.			ongoing	HIOSH will continue to update Region 9 on its staffing levels Subject to further Federal review and monitoring
50	In the State of Hawaii, the number of fatalities from falls to lower level went from three in FY 2007 to two in FY 2008 to zero in FY 2009, and then back up to three in the first half of FY 2010.	Develop and implement a combined enforcement and outreach initiative to address the increase in fall-related fatalities.	Overall, HIOSH will track fatality data more closely, identifying trends early and adjusting outreach, and potentially enforcement efforts as necessary. Staff who know how to do the tracking and how to identify trends have been put back into the program, and will closely monitor fatalities data.	Done 3/1/11		The number of fatalities will be tracked.	ongoing	Subject to further Federal review and monitoring