

Iowa

FY2009 Enhanced FAME Report - Corrective Action Plan Summary Sheet

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	Iowa periodically sees a reduction in fatalities but the average number of fatalities for the past eleven (11) years is twenty (20). Seven (7) of eleven (11) years (64%) have experienced more than twenty (20) fatalities. Beginning in FY 2003 every year experienced more than 20 workplace fatalities.	Review the previous ten (10) years of fatality data and compare this to the fatality rates for construction and general industry. After the evaluation, develop enforcement and compliance assistance programs to target industries or hazards associated with the fatalities which have occurred during the previous ten (10) years.	Iowa OSHA will collate Iowa fatality data from Bureau of Labor Statistic (BLS), Iowa OSHA Strategic Planning and Federal OSHA fatality analysis studies and will develop a table that lists findings. We will then compare findings to determine if there are trends in fatal hazards in Iowa's workplaces and then develop new or continue existing Iowa OSHA targeting programs that address identified fatal workplace hazards.	The study will be included in the quarterly meetings with the Federal OSHA Area Office and reviewed with the Area Director at each quarterly meeting for FY 2011 in an effort to review and discuss its effectiveness	The study data (column D) will be available for review at each quarterly meeting.	Reduction in fatalities	The study data will be completed by March 31, 2011 and implemented immediately there after. The program in-so-far as this E-Fame CAP will be completed at the end of this fiscal year (September 30, 2011) and if found to be successful will continue there after under its own internal process.	Subject to further Federal review and monitoring.
2	Iowa OSHA did not ensure that adequate abatement was received for all phone and fax investigations.	Review with employees, who review abatements for phone and fax complaints, the FOM and what is considered adequate abatement.	Iowa will develop a Complaint and Referral Processing tracking sheet which will accompany each phone and fax intervention and retrain the single duty officer in the FOM and the abatement process.	Not Applicable, the process is being modified and corrective actions are being taken and will be in place by January 30, 2011.	Not Applicable, no documentation is required for this event.	To ensure all phone fax interventions are tracked for adequate abatement and closure	30-Jan-11	Subject to further Federal review and monitoring.
3	The IMMLANG policy is not consistently followed.	Review the IMMLANG policy with all employees and ensure that information is entered into the IMIS system.	Iowa OSHA PSE2 supervisors have reviewed the IMMLANG policy and become more diligent in reviewing the OSHA 1s for accuracy. Iowa OSHA administrative support staff shall be trained to edit OSHA-1 for coding and will inform supervisors of potential missing items. Iowa OSHA will also include refresher training for all compliance officers in the IMMLANG policy by December 30, 2010.	Not Applicable at this time. No inspection activities have occurred during this fiscal year in which IMMLANG coding is required.	Training in the IMMLANG coding requirements will be conducted and recorded by December 30, 2010.	Improved accuracy in reports that track fatalities and catastrophes involving Hispanic workers.	30-Dec-10	Subject to further Federal review and monitoring.

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4	Families of victims are not always contacted when a fatality investigation is initiated, citations are issued, a settlement conference is held or when the case is closed. There is limited additional communication with family members once the investigation has begun.	We suggest communication with families when the investigation is initiated, when citations are issued, when informal settlement agreements are signed, when the case is contested and when the case is closed. Additionally, a tracking system should be developed and implemented to help ensure that required correspondence is sent to families of victims.	Since the final E-Fame was made available, Iowa OSHA has initiated the development and implementation of a spreadsheet to track the letters sent to the family of the victim to ensure appropriate letters as indicated in column B are sent in a timely manner.	Not Applicable	The spreadsheet will be developed and implemented by December 30, 2010.	Families of victims will be contacted in a timely manner and information regarding the initiation of inspections, citation issuance, settlement conference and case closure date will be made available.	30-Jan-2011	Subject to further Federal review and monitoring.
5	LEP and NEP inspections were not coded properly in the IMIS system.	Provide refresher training to all employees on LEP and NEP program and IMIS requirements.	Iowa OSHA will become more diligent in reviewing OSHA 1s for accuracy and will include reviewing the LEP and NEP inspection codes with the inspectors in each quarterly meeting.	This activity is associated with other elements in this appendix. Given that fact, Iowa OSHA will revisit all inspections opened since October 1, 2010 to ensure proper and updated LEP/NEP codes are included in each appropriate inspection case file. This interim activity will be completed by December 30, 2010.	During the interim activity, a note will be entered into the case file diary regarding any files that were found to be incorrectly coded. As mentioned in column E, this activity will be completed by December 30, 2010.	To ensure the most accurate inspection information is available in order to address strategic targeting and resource management.	30-Jan-11	Subject to further Federal review and monitoring.
6	Iowa OSHA must review its current citation grouping policies and procedures and issue citations in accordance with its FOM.	Iowa OSHA must review its current citation grouping policies and procedures and issue citations in accordance with its FOM.	Iowa OSHA supervisory staff will review the FOM with the inspectors to ensure that the current citation grouping policies and procedures are in accordance with the FOM	The review and training addressing citation grouping as suggested by the FOM will be conducted with the entire enforcement staff by January 30, 2011.	A training record will be completed outlining Who, What and When this training process has been conducted. As mentioned, this process will be completed by January 30, 2011.	To ensure citations are grouped in accordance with the FOM.	January 30, 2011.	Subject to further Federal review and monitoring. Violation classification and grouping are essential components of an effective program and should be relatively consistent nationwide.

Iowa

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7	(Repeat) Iowa OSHA must evaluate its safety targeting system and make modification to ensure that its limited resources are inspecting locations where serious hazards are present. Iowa OSHA must also ensure that violations are being classified in accordance with the FOM and other policy directives.	(Repeat) Iowa OSHA must evaluate its safety targeting system and make modification to ensure that its limited resources are inspecting locations where serious hazards are present. Iowa OSHA must also ensure that violations are being classified in accordance with the FOM and other policy directives.	Iowa OSHA supervisors will become more diligent in reviewing OSHA 1s for accuracy and will include reviewing the LEP and NEP inspection codes with the inspectors in each quarterly meeting. This step of ensuring proper inspection coding is conducted is necessary to conduct necessary targeting review and LEP reviews.	LEP and inspection reviews will be generated by the administrative staff and discussion of inspection targeting will be discussed with the enforcement staff by January 30, 2011 and then again during the second quarterly meeting which is scheduled for February 8, 2011. Adjustments to the inspection targeting process will be revisited to apply inspection resources to appropriate areas.	LEP and inspection reviews generated thru IMIS will be maintained and used in this process. Due dates are specified in column E.	Comparative analysis will identify the most effective targeting programs and will also allow for efficient scheduling.	The completion date for the first review with the enforcement staff is January 30, 2011 with a follow-up discussion at the second quarterly meeting in February 2011.	Subject to further Federal review and monitoring.
8	In 35 percent of the cases reviewed, hazards that were identified during inspections were not addressed in citations or a letter to the employer.	All hazards identified during inspections must be addressed. Case files must be reviewed more thoroughly including review of photographs for hazards not identified or addressed by CSHOs.	It is important to recognize potentially hazardous conditions. If a prima facie case cannot be established, inspectors are asked to inform the employers of the possible hazard.	Interim Steps with Due Dates are Not Applicable. Iowa OSHA notes that it is not appropriate to cite solely from a photo however, since the final E-Fame was made available, supervisors are more diligent in reviewing the supporting documentation in each case file including photos to ensure potentially hazardous conditions or citations are not overlooked. If necessary, CSHOs are sent back to the establishment to obtain additional information. Case file reviews will ensure that all identified hazards in the case file are appropriately documented and cited.	Not Applicable, the process of case file review searching for possible citations or hazardous conditions is now in practice and has been since the final E-Fame was issued. Any documentation verifying this activity is contained in the case file diary.	Potentially hazardous conditions will be made known to employers and legally sustainable citations that may have gone unnoticed will be issued.	Not Applicable, the process is now in effect.	Subject to further Federal review and monitoring.

Iowa

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9	Employees are unclear what constitutes employer knowledge to document a prima facie case.	Iowa OSHA must work with the legal staff to provide training to employees to ensure violations are supportable and have all elements for a prima facie case.	The field staff supervisors will ensure the case files with citations contain all documents and necessary employee statements to ensure elements for a prima facie case are present and are factors that constitute supportable violations. The Iowa OSHA legal staff will do refresher training for all staff on the elements of a prima facie case.	Not Applicable, Iowa OSHA will schedule a training event for all compliance officers and will conduct training in the matter of establishing Prima Facie and this event will be completed by May 30, 2011.	A training record will be developed which will show the Who, What and When of this activity. This document will be completed by May 30, 2011.	Employees will have a firm working knowledge of Prima Facie and its application to their work.	All review, training and recordkeeping associated with training will be completed by May 30, 2011.	Subject to further Federal review and monitoring. Employer knowledge is a key OSHA enforcement principle and should not be treated differently in Iowa.
10	Severity assessments are inaccurate which result in incorrect penalty assessments. Other than serious violations had injuries and illnesses described as eye injuries and hearing loss which should have been classified as serious. In addition machine guarding and fall protection violations were classified as other-than serious and should have been classified as serious.	Iowa OSHA must review the FOM requirements for severity assessments with employees and ensure that severity assessments are evaluated during case file reviews conducted by PSE2s.	Iowa OSHA will review its severity assessment policies and procedures and issue citations in accordance with its FOM.	Iowa OSHA supervisory staff will review the FOM with CSHOs to ensure that the severity assessment policies and procedures are in accordance with the FOM. This activity will be completed by May 30, 2011.	A training record will be developed which will show the Who, What and When of this activity. This document will be completed by May 30, 2011.	CSHOs will assess penalties in accordance with the FOM.	All review, training and recordkeeping associated with training will be completed by May 30, 2011.	Subject to further Federal monitoring. Proper violation classification is an essential component of an effective program and should be relatively consistent nationwide.

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11	The Open Inspection Report is not effectively utilized to track cases with incomplete abatement with twenty-three percent (23%) of the cases having abatement more than thirty (30) days past due.	Iowa OSHA must develop a procedure to analyze the Open Inspection Report, identify cases with past due abatement and obtain timely abatement.	Since this report was issued, Iowa OSHA support staff has been running three IMIS reports automatically each Friday: Cases with Citations Pending, Employer Response due for Non-formal Complaints, and Unsatisfied Activities Report. The IMIS Open Case Report is also run manually on Friday. These four reports are discussed at the Monday morning staff meetings. Cases identified with past due abatement are given priority to ensure timely abatement.	Not Applicable, the process of running and reviewing Open Inspection Reports is currently being conducted. Supervisors are now identifying inspections with incomplete abatement and conducting follow-ups with the CSHO and if necessary the employer.	Not Applicable, however weekly Open Inspection Reports are available for review and reconciliation against appropriate inspection case files.	Abatements are completed in a timely manner.	Not Applicable, the reports are now being run and reviewed weekly and the process is on-going	Subject to further Federal review and monitoring.
12	Abatement dates are not assigned in accordance with the FOM.	Provide training to employees on the current FOM and other adopted directives to ensure that abatement dates are assigned in accordance with current policy.	Training on the FOM and other adopted directives is performed during quarterly inspector Meetings. This issue will be addressed at the next meeting to ensure that all inspectors are trained in the requirements.	Iowa OSHA supervisory staff will review assigned abatement dates according to the Iowa OSHA FOM and other adopted directive policies. The OSHA FOM and other directive policies will be reviewed at the next FFY 2011 quarterly inspector meeting and will be completed by May 30, 2011	FOM abatement date policy will be reviewed at the next FFY 2011 quarterly inspector meeting. Iowa OSHA Administrator will review abatement dates again when citations are issued and will discuss issues with the PSE2 supervisors at their	Ensure citations are abated according to the FOM	This process will be completed by May 30, 2011	Subject to further Federal review and monitoring.
13	Iowa OSHA does not conduct follow-up inspections when they are indicated.	Iowa OSHA must evaluate the Candidates for Follow-Up Inspection Report to identify inspections without adequate abatement and where follow-up inspections could be conducted.	Iowa will identify candidates for follow-up inspections, especially those without adequate abatement, for follow-up inspections.	Iowa OSHA will use the procedures in Iowa OSHA FOM Chapter 7 and the Follow-Up inspection report to identify inspections that qualify for follow-up's. A due date of May 30, 2010 is established for the first review of inspections opened and closed during FY 2011 that qualify for follow-up and IOWA OSHA will conduct approximately 3 per fiscal year.	No Documentation is necessary	Approximately 3-5 follow-up inspections will be conducted each fiscal year	Not Applicable, this is an on-going, annual process	Subject to further Federal review and monitoring.

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14	The LEP table included inactive LEP codes for use by employees.	Update the IMIS LEP tables to reflect active LEPs and ensure proper IMIS coding.	The Iowa NCR Administrator will contact the National Office to ensure that the IMIS codes are current and updated.	Not Applicable, the LEP codes available in the IMIS system have been reviewed and the National Office has been notified which codes are to be removed.	Not Applicable, the process is complete	Update the LEP table within IMIS	Not Applicable, the process is complete	Subject to further Federal monitoring.
15	The TRC and DART rates for public sector employers are higher than private sector employers and Iowa OSHA conducts approximately twenty (20) inspections in the public sector each year.	Iowa OSHA must identify a targeting measure to address the high incidence rates for public sector employers.	Iowa OSHA will review BLS rates for public sector employers to identify where the injuries and illnesses are occurring and take appropriate targeting action.	Collate Iowa fatality and non-fatal data from Bureau of Labor Statistic (BLS), Iowa OSHA Strategic Planning and Federal OSHA fatality analysis studies. Develop new table that lists findings. Compare findings to determine if there are trends in hazards for Iowa's public sector work-places. Develop new or continue existing Iowa OSHA targeting programs that address identified workplace hazards in the public sector. □	Non-fatal injury and illness data review for both private and public sector will be included in the quarterly meetings for the remainder of this fiscal year with Des Moines Area Office. The documentation required is contained in column E.	Reduce Iowa's public sector TRC and DART rates	This process will be completed by May 30, 2011 and will be reviewed at the end of FY 2011 to determine its effectiveness.	Subject to further Federal review and monitoring. Iowa should submit documentation on any revisions to its public sector targeting program for Regional review.
16	Iowa has experienced a reduction in the TRC and DART rates for private sector employers, but the rates still remain above the national rates for employers.	Iowa OSHA must identify enforcement activities that will reduce TRC and DART rates for private industry.	Iowa OSHA staff continues to evaluate injury or illness rates in private sector industries to appropriately target resources.	Collate Iowa fatality and non-fatal data from Bureau of Labor Statistic (BLS), Iowa OSHA Strategic Planning and Federal OSHA fatality analysis studies. Develop new table that lists findings. Compare findings to determine if there are trends in hazards for Iowa's private sector work-places. Develop new or continue existing Iowa OSHA targeting programs that address identified workplace hazards in the private sector.	Non-fatal injury and illness data review for both private and public sector will be included in the quarterly meetings for the remainder of this fiscal year with Des Moines Area Office. The documentation required is contained in column E.	Reduce Iowa's private sector TRC and DART rates to a level below the national rates	This process will be completed by May 30, 2011 and will be reviewed at the end of FY 2011 to determine its effectiveness.	Subject to further Federal review and monitoring. Iowa should submit documentation on any revisions to its private sector targeting program for Regional review.

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17	Notifications for Federal Program Changes were not provided by the specified dates.	Iowa OSHA must implement a procedure to ensure that Federal Program Change notifications are provided by the specified date.	Staff assignments will be made to ensure that future Federal Program Changes will be responded to on a timely basis.	Not Applicable, Iowa OSHA and the Des Moines Area OSHA Office now include Federal Program changes as a line item for discussion during each quarterly meeting. In addition, the DMAO has agreed to send a five day notice to Iowa OSHA that a response is due within five days. This process went into effect on November 9, 2010.	Not Applicable, the process is currently in place.	Iowa OSHA responses to Federal Program Changes will be within the prescribed time frame.	Not Applicable, the process is currently active.	Subject to further Federal review and monitoring.
18	Yearly partnership evaluations were not completed and placed in the partnership files.	Complete the yearly evaluations in accordance IOSH Instruction CSP 03-02-002 and place in the partnership files.	The Compliance Assistant Specialist is currently working to complete the four yearly evaluations that are past due and will continue to keep them completed on a timely basis and placed in the partnership files.	Iowa OSHA has completed the four yearly evaluations that were past due.	Not Applicable, the four yearly evaluations that were past due were updated and placed in the appropriate files which are available for examination	Yearly evaluations are completed as scheduled and documentation is correctly filed.	Not applicable, the necessary corrections were made to the evaluations.	Subject to further Federal review and monitoring.
19	Partnership employers were not required to provide notification to Iowa OSHA abatement information for hazards identified during non-enforcement on-site visits.	Request that partnership employers submit documentation to Iowa OSHA of abatement actions taken for hazards identified during non-enforcement verification inspections.	The Compliance Assistant Specialist has developing a standard document to track corrective actions taken by the employer and has initiated the process.	Not Applicable, Iowa OSHA is now tracking corrective actions taken by partnership employers.	Not Applicable, corrective action has already taken place	Track rapid, verifiable abatement of hazards found during non enforcement, on-site visits.	Not Applicable, corrective action completed.	Subject to further Federal review and monitoring. Iowa should document the procedures for its partnership program and submit them for Regional review.
20	Employers were not provided with formal notification of receipt of their VPP applications.	Provide formal acknowledgement of receipt of the application within fifteen (15) days for receipt. This should be completed in accordance with CSP 03-01-003.	In addition to the current verbal acknowledgement, Iowa OSHA will provide the formal letter.	Iowa OSHA now sends a letter to acknowledge the receipt of a VPP application that complies with CSP 03-01-003. Iowa OSHA modified procedures to send this letter in a within 15 days by the 1st quarter FFY 2011.	Not Applicable, corrective action is currently in place.	Positive reinforcement for VPP program participants.	Not Applicable, corrective action complete	Subject to further Federal review and monitoring. Iowa should submit documentation on its revised VPP procedures for Regional review.
21	Iowa OSHA did not utilize 90 day items to ensure uncontrolled hazards discovered during VPP audits were corrected prior to the final on-site evaluation report.	Implement the use of 90 day items to ensure uncontrolled hazards are corrected prior to the final on-site evaluation report.	In addition to the current on-site verification of communicated hazards to the employer, Iowa OSHA will incorporate the 90 day items into a draft report sent to the employer.	Iowa OSHA now communicates hazards found during VPP events to the employer in a draft report. Iowa OSHA modified procedures to send this draft report by the 1st quarter FFY 2011.	A dated draft report outlining the specific hazards found with a due date for completion coupled with the employers verification of corrective action.	More rapid correction of hazards found during VPP verification inspections.	Not Applicable. The program is now implemented and will be incorporated into each new VPP event.	Subject to further Federal review and monitoring. CSHO training could help resolve many of the issues identified in this report.

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22	Iowa OSHA employees have not received all required training.	Iowa OSHA must review their training directive IOSH Instruction TED 01-00-018 and ensure that employees receive the required training.	The Iowa OSHA Administrator and supervisors will look at each of their individual employee's training status. An Excel spreadsheet will be used to track training with special emphasis given to ensuring the core courses for new CSHOs are given priority status.	Interim steps are not applicable. Due date for research and completion is May 30, 2011 for completion of the spreadsheet. From this data, and the completed IDP's outlined in item #23, employees will be scheduled for training based on available budget.	Employee Training spreadsheet which indicates completed training and projected training, course certificates indicating completed training along with DL-101 training records. Initial spreadsheet due May 30, 2011 and then by November 30 of each fiscal year.	Each Iowa OSHA employee will receive core training courses and then enter into a program of professional development courses	By May 30, 2011, the spreadsheet will be created and will outline FY 2011 completed and projected training events for employees	Subject to further Federal review and monitoring. CSHO training could help resolve many of the issues identified in this report.
23	No IDP's were developed for Iowa OSHA personnel.	Iowa OSHA must work with compliance officers to develop initial IDP's and update them annually.	Supervisors will complete IDP's for each employee in their work group which will project their employee's suggesting training path in advance for a 5 year period. The IDP's will be revisited at the end of each fiscal year for the purpose of updating and creating a new 5 year projection.	Interim steps are not applicable. Due date for completion of FY 2011 IDP's is May 30, 2011 with each subsequent fiscal year's due date on November 30.	DL 1-80 IDP	Completed IDP for each employee	30-May-11	Subject to further Federal review and monitoring.

Iowa 11C

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1	A copy of the closing letter to the Complainant was not provided to federal OSHA upon completion of the dual filed complaint investigation.	Provide federal OSHA with a copy of the closing letter to the Complainant upon completion of the dual filed complaint investigation.	The State of Iowa 11C program has suffered a breakdown of its 11C process that resulted in findings 1-12 of this report. IOSHA will review its 11C program and processes and initiate a new program with a newly hired and trained 11C investigator.	As of November 22, 2010, IOSHA has experienced the retirement of its previous 11C investigator and hired a new 11C investigator. The investigator has already been trained at the OSHA Training Institute in 11C. This training was conducted largely by the Region 7, Supervisory 11C Investigator. In the interim and prior to the end of FY 2011, the IOSHA 11C investigator will work closely with Region 7 during the conduct and completion of investigations to ensure all aspects of the 11C program, including items 12 items outlined in the E-Fame report will be accomplished.	Documentation necessary is the actual 11C case file which will be shared with Region 7's 11C Supervisory Investigator or staff to ensure the program is proceeding accurately. Due Dates are not applicable.	The outcome measure is all 11C investigations will be initiated, conducted and completed in accordance with 11C programs and policies. This includes: (1) Copies of closing letters provided to complainants upon completion of dual filed investigations, (2) all 11C investigations completed within 90 days, (3) adequate allegation summary statements entered in IMIS and IMIS updates tracked, (4) adequate opening letters provided to all complainants and respondents, (5) face to face interviews conducted in a timely matter, (6) Case files organized appropriately, (7) face to face interviews conducted by the investigator will all relevant witnesses, obtain signed statements..	11C training has already been completed and the investigator has initiated the process of properly initiating, developing and completing 11C investigations that follow current Federal OSHA guidelines and address the 12 items in this E-Fame report.	Subject to further Federal review and monitoring. Iowa should submit appropriate documentation on its revised nondiscrimination procedures and training.
2	[47 percent] of 11(c) investigations were not completed within the 90 day goal.	Review the 11(c) investigation process and identify process improvements to ensure 11(c) investigations are completed within 90 days.				Documentation presented on interview forms to verify confidentiality offered to non management witnesses.		

Iowa 11C

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3	Adequate allegation summary statements were not entered into IMIS for all 11(c) cases and IMIS updates were not recorded to track all actions taken on each 11(c) case.	Draft adequate allegation summary statements for entry into IMIS which clearly convey Complainant's alleged protected activity and adverse action. Update IMIS entries for whistleblower cases as each new action occurs throughout the investigative and appeal stages until final case closure.				(8) Settlement agreements negotiated and documented per established policy and procedures. (9) Adequate elements of work refusals performed. (10) Final investigation reports prepared correctly. (11) Documentation gathered in order to establish a violation.		
4	Adequate and timely opening letters were not provided to all Complainants and Respondents for notification purposes that a whistleblower case had been opened for investigation.	Draft adequate opening letters and send or deliver them to the parties in a timely manner.				(12) 11C investigators trained by Federal OSHA. The IOSHA 11(C) investigator reports directly to the IOSHA Administrator whose responsibilities preclude him from 11C training and the daily events of 11C activities. As such, in lieu of training, the IOSHA 11c investigator will work with the Regional 11C staff during investigations.		
5	Face-to-face interviews were not conducted by the investigator with all Complainants in a timely manner to obtain signed statements documenting detailed information as evidence in 11(c) cases.	Schedule a meeting of the investigator with the Complainant as soon as possible after a prima facie allegation has been presented in order to conduct a face-to-face interview and obtain a signed statement.						
6	Adequate case file organization was not accomplished in all 11(c) case files.	Utilize adequate case file organization techniques to aid review of investigations.						

Iowa 11C

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7	Face-to-face interviews were not conducted by the investigator with all relevant witnesses to obtain signed statements documenting detailed information as evidence in 11(c) cases. Documentation was not present on interview forms to verify that confidentiality was offered to non-management witnesses	Schedule a meeting of the investigator with all relevant witnesses during the whistleblower investigation in order to conduct face-to-face interviews and obtain signed statements. Include a confidentiality statement on all non-management witness interview statement forms.						
8	Settlement agreements were not negotiated and documented per established policies and procedures.	Accomplish early resolution of 11(c) complaints through implementation of established settlement agreement policies and procedures.						
9	Adequate evaluation of the elements of a work refusal was not performed during the investigation of a whistleblower complaint.	Conduct a thorough evaluation of all the elements of a work refusal in order to determine if a valid work refusal complaint has been filed.						
10	Adequate Final Investigation Reports for 11(c) case files were not prepared per established policies and procedures.	Draft Final Investigation Reports that effectively communicate results of investigations as required by established policies and procedures.						
11	Adequate documentary evidence was not gathered in all 11(c) cases to determine if a violation had occurred.	Seek and obtain all necessary documentary evidence to reach a conclusion.						

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12	IOSH Discrimination Program investigators and supervisors have not attended the most current 11(c) training provided by federal OSHA.	Accomplish training for all IOSH Discrimination Program investigators and supervisors by enrolling in the OSHA Training Institute Course #1420 Basic Whistleblower Investigations - 11(c) in FY 10 or FY 11.	The Iowa OSHA Administrator and legal staff will attend one-on-one training provided by the Region 7 Supervisory 11c Investigator in the Kansas City Regional Office.			Close cooperation between Iowa OSHA and the Region 7 Supervisory 11c Investigator will ensure Iowa's 11c investigations will comply with Federal OSHA guidelines. Discussions continue between Region VII and Iowa OSHA regarding an agreeable training method for the Administrator and/or legal staff.		