

**FY 2017 Comprehensive
Federal Annual Monitoring Evaluation (FAME) Report**

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



**INDIANA
DEPARTMENT OF LABOR**

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Contents

I.	Executive Summary.....	3
II.	State Plan Background.....	4
A.	Background.....	4
B.	Major New Issues	4
III.	Assessment of State Plan Progress and Performance.....	5
A.	Data and Methodology.....	5
B.	Review of State Plan Performance	6
1.	Program Administration.....	6
2.	Enforcement.....	7
3.	Review Procedures.....	12
4.	Standards and Federal Program Changes (FPCs) Adoption.....	13
5.	Variances.....	15
6.	State and Local Government Worker Program.....	15
7.	Whistleblower Program	15
8.	Complaint About State Program Administration (CASPA).....	17
9.	Voluntary Compliance Program	17
10.	State and Local Government 23(g) On-Site Consultation Program	18

Appendices

Appendix A – New and Continued Findings and Recommendations.....	A-1
Appendix B – Observations and Federal Monitoring Plans	B-1
Appendix C – Status of FY 2016 Findings and Recommendations	C-1
Appendix D – FY 2017 State Activity Mandated Measures (SAMM) Report	D-1
Appendix E – FY 2017 State OSHA Annual Report (SOAR).....	E-1

I. Executive Summary

The purpose of this comprehensive Federal Annual Monitoring Evaluation (FAME) report is to assess the State Plan's performance for Fiscal Year (FY) 2017 and its progress in resolving outstanding findings from previous FAME reports. This report assesses the current performance of the Indiana Occupational Safety and Health Administration's (IOSHA) Occupational Safety and Health Division 23(g) compliance program in the context of agreed upon monitoring measures.

A detailed explanation of the findings and recommendations of the IOSHA performance evaluation is found in Section III, Assessment of State Plan Progress and Performance. The State Plan made progress in addressing some of the 19 findings from the FY 2016 Follow-up FAME report. Eleven findings were continued; three new findings were identified; and one observation was converted to a finding. Two of the FY 2016 findings were combined into one finding in this FAME report. The other four observations were closed and one new observation was added. A summary of the current findings and recommendations is found in Appendix A, New and Continued Findings and Recommendations. A summary of all observations is found in Appendix B, Observations and Federal Monitoring Plans. Appendix C describes the status of previous findings with associated completed corrective actions.

The Indiana Occupational Safety and Health Strategic Management Plan FY 2013-FY 2017 established six strategic goals: 1) Reduce the non-fatal occupational injury and illness rate in the healthcare industry; 2) Reduce the non-fatal occupational injury and illness rate in the manufacturing industry; 3) Reduce the non-fatal occupational injury and illness rate in the construction industry; 4) Conduct outreach, including speeches, resource tools and materials to stakeholders; 5) Strengthen 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 FY 2017 Performance Plan provided the framework for accomplishing the goals of the strategic plan by establishing specific performance goals for FY 2017.

IOSHA summarized their accomplishments for meeting their goals in their Five-Year Strategic Management Plan (2012-2017) in the FY 2017 State OSHA Annual Report (SOAR). Highlights include reducing the injury and illness rates in the healthcare and construction industries by greater than the projected goal of 15% over the five-year plan. The SOAR is attached as Appendix E.

In FY 2017, IOSHA conducted a total of 912 (780 safety, 132 health) inspections, 75% of their goal. This was an improvement from last year when they conducted 796 inspections, short of their inspection goal of 1,212. The inability of the State Plan to achieve their projected inspection goals has been monitored through findings in previous years. The leading factor impacting IOSHA's ability to meet their projected inspection goal was related to staff turnover and difficulty filling vacancies. At the time of this report, IOSHA had 34 of 39 (87%) of their allocated enforcement positions filled, which should assist IOSHA in meeting their inspection goal in FY 2018.

In addition to staffing, IOSHA was challenged with other issues in FY 2017. Three Complaints About State Plan Administration (CASPA) were received and investigated. All three resulted in recommendations to the State Plan. IOSHA also continues to fall below the further review levels (FRL) for several key state activity mandated measures (SAMM). These include days to initiate complaint investigations, in-compliance rate for health inspections, and average lapse time from inspection to issuance of citations.

Quarterly monitoring team meetings were held during FY 2017, at which time the State Activity Mandated Measures (SAMM) report and the State Indicators Report (SIR) were reviewed and discussed with IOSHA management staff. The FY 2017 SAMM is Appendix D of this report.

II. State Plan Background

A. Background

The Indiana Department of Labor, under an agreement with 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 Mr. Rick Ruble, Commissioner of the Indiana Department of Labor. The manager of IOSHA's program is Mr. Tim Maley, Deputy Commissioner. Ms. Julie Alexander is Director of General Industry, and Mr. Jerry Lander is Director of Construction.

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

The FY 2017 grant included funding totaling \$4,526,800 and full-time equivalent (FTE) staffing of 58.51 positions. The State Plan's benchmark staffing level is 47 safety investigators and 23 health investigators. IOSHA allocated funding for 25 safety and 14 health positions in FY 2017 and 21 safety and 13 health positions were filled.

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

B. Major New Issues

None.

III. Assessment of State Plan Progress and Performance

A. Data and Methodology

OSHA has established a two-year cycle for the FAME process. FY 2017 is a comprehensive year and as such, OSHA was required to conduct an on-site evaluation and casefile review. A four-person team, which included a whistleblower investigator, was assembled to conduct a full on-site casefile review. The casefile review was conducted at the Indiana State Government Complex during the time frame of February 12-21, 2018. Eighty-one (81) safety and health inspection cases, including eight fatality cases, were selected for review. A total of 29 complaints, 13 follow-up and 31 referral inspections were evaluated. All cases were randomly selected from those closed during the review period (October 1, 2016 through September 30, 2017).

Whistleblower protection cases were selected based on the type of determination and investigator of record. During FY 2017, there were 58 investigations docketed. At the time of the FAME review, 55 investigations had been completed. Of the 55 completed investigations for FY 2017, 22 (40%) casefiles were reviewed. Of the 22 casefiles that were reviewed, 15 (68%) cases were dismissed as non-merit; four (18%) cases were withdrawn by the complainant prior to a decision being rendered; two (9%) of the cases were resolved via settlement by a third party; and one (5%) case was settled by IOSHA. All casefiles were randomly selected from those closed during the review period (October 1, 2016 through September 30, 2017).

The analyses and conclusions described in this report are based on information obtained from a variety of monitoring sources, including the:

- State Activity Mandated Measures Report (Appendix D)
- State Information Report
- Mandated Activities Report for Consultation
- State OSHA Annual Report (Appendix E)
- State Plan Annual Performance Plan
- State Plan Grant Application
- Quarterly monitoring meetings between OSHA and the State Plan
- Full casefile review

Each state activity mandated measure has an agreed-upon further review level (FRL) which can be either a single number, or a range of numbers above and below the national average. State Plan SAMM data that falls outside the FRL triggers a closer look at the underlying performance of the mandatory activity. Appendix D presents the State Plan's FY 2017 SAMM report and includes the FRL for each measure.

Throughout the entire process, IOSHA was cooperative, shared information, and ensured staff was available to discuss cases, policies, and procedures. This was greatly appreciated by the team.

B. Review of State Plan Performance

1. PROGRAM ADMINISTRATION

The IOSHA Strategic Management Plan is similar to most OSHA initiatives. The plan serves as a tool for communicating expectations regarding the results that IOSHA expects to achieve as well as how they intend to achieve them. The plan is also used for monitoring the achievement of goals and development of the annual grant application. .

a) Training

IOSHA developed and implemented hazard recognition/identification computer-based training for construction and general industry divisions to enhance the CSHOs' capability to identify hazards. In addition, the investigators attend courses at the OSHA Training Institute (OTI) for specific training based on discipline. Newer staff shadows senior level investigators in the field as well.

b) OSHA Information System

IOSHA uses a database to access and manage enforcement information and data processing called OSHA Express. It provides IOSHA with real time information and data processing. At the start of FY 2016, OSHA Express began interfacing with OSHA's Information System (OIS). Management reports, equivalent to those available from OIS, are used by IOSHA management to track complaints, accidents, assignments, inspections, abatement, debt collection, and other issues of interest.

c) State Internal Evaluation Program Report (SIEP)

The State Plan established an audit plan for its internal evaluation plan of enforcement programs and staff. Various metrics are to be reviewed on an annual, semi-annual, quarterly and monthly basis. In support of their SIEP as well as auditing their own enforcement program and staff, IOSHA developed audit interview questions, created an inspection review document, and adopted the use of OSHA's audit checklist as a supplementary tool to assist with audit strategies. The construction and general industry directors are responsible for quality control and assurance of inspection casefiles.

IOSHA reviews their policies and procedures for effectiveness. This includes the ongoing evaluation and development of rules, standards, guidelines and procedures, and includes the following six step process for workplace development and retention planning:

- Inspection activity
- Adequacy and timeliness of abatement
- Staffing, performance management, and training
- Board of Safety Review
- Discrimination program
- Quality metrics and statistics

d) Staffing

A continuous challenge for IOSHA is hiring and retaining qualified compliance officers. IOSHA’s staff includes: one Commissioner, one Deputy Commissioner, one Director of General Industry, one Director of Construction, six Supervisors, two Whistleblower Investigators, and three Voluntary Protection Program (VPP) Team Leaders.

IOSHA’s benchmark is 47 positions for safety and 23 for health. For FY 2017, IOSHA allocated funding for 25 safety and 14 health positions. IOSHA hired six enforcement staff members during the year, bringing the total number of compliance officers on board to 34: 21 safety and 13 health. Finding 2016-01, regarding compliance staffing levels and written to ensure the State Plan hired and trained qualified staff, is now closed. Furthermore, with a staff of 34 CSHOs and the assurance by IOSHA to hire five more, the goal of 1,212 inspections in FY 2018 is attainable.

Enforcement Staffing Levels

		FY 13	FY 14	FY 15	FY 16	FY 17
Safety	Benchmark	47	47	47	47	47
	Positions Allocated*	22	22	22	21	25
	Positions Filled	20	20	20	16	21
	Vacancies	2	2	2	5	4
	% of Allocations Filled	91%	91%	91%	76%	82%
Health	Benchmark	23	23	23	23	23
	Positions Allocated*	18	19	19	19	14
	Positions Filled	17	17	18	17	13
	Vacancies	1	2	1	2	1
	% of Allocations Filled	94%	89%	95%	89%	93%

*Positions allocated indicate positions IOSHA funded and may have been reported higher than this in previous FAME reports.

2. ENFORCEMENT

During FY 2017, IOSHA conducted 912 (780 safety and 132 health) inspections, 75% of the 1,212 inspection goal. The number of inspections completed was up 10% from FY 2016, when only 796 inspections were conducted.

Finding FY 2017-01 (FY 2016-02): IOSHA conducted only 912 inspections (780 safety, 132 health), 75% of the planned number of 1,212 inspections in FY 2017.

Recommendation FY 2017-01: IOSHA should develop a strategic management plan to effectively manage the current enforcement division staff and inspection procedures in order to meet their annual inspection goals.

a) Complaints

IOSHA’s complaint process is specified in the IOSHA Field Operations Manual (FOM) Section 9.1 Safety and Health Complaints and Referrals. This chapter outlines the

policies and procedures for processing complaints and referrals.

Complaint files reviewed indicate that CSHOs are using a checklist which was developed in response to Finding FY 2016-06 to ensure letters are sent to complainants as required. This finding is now closed. In addition, Finding FY 2016-08 found that dates entered into IOSHA's database, OSHA Express, were incorrect. The dates entered were later than the dates the complaints were received. It was determined during the file review that in general dates are being entered into OSHA Express accurately. Finding FY 2016-08 is also now closed.

A lack of response is a continuing issue. IOSHA did not respond to seven of 27 (26%) valid electronic complaints filed online at www.osha.gov. None of the seven OIS entries contained documentation that IOSHA responded to either the complainant or made contact with the employer. In addition, no determination was made as to the validity of these complaints.

The average number of workdays for IOSHA to initiate complaint *inspections* was 8.94 workdays, below the negotiated standard of 10 workdays. The average number of workdays for IOSHA to initiate complaint *investigations* was 7.36 workdays, exceeding the further review level (FRL) of five workdays. See Appendix D, SAMM 1a and 2a.

Finding FY 2017-02 (FY 2016-05): The average time to initiate complaint investigations was 7.36 workdays, exceeding the further review level of five workdays.

Recommendation FY 2017-02: IOSHA should implement administrative controls to ensure complaint investigations are directly assigned to compliance officers to ensure they are initiated in a timely manner.

Finding FY 2017-03 (FY 2016-07): IOSHA did not respond to seven of 27 (26%) valid electronic complaints filed online at www.osha.gov.

Recommendation FY 2017-03: IOSHA should ensure that all valid electronic complaints are processed timely and entered into OSHA Express in accordance with IOSHA's FOM Chapter 9, Sections I.E.

In six of 14 (42.9 %) health casefiles reviewed, industrial hygiene sampling should have been done to address potential health hazards and/or health complaint items. Four of the health files were complaints that alleged employee exposure to air contaminant hazards. Screening and/or personal sampling were not performed to adequately respond to the complaint items. In another case, IOSHA received a referral from the Indiana Department of Environmental Management (IDEM) and the local health department indicating that three children of employees of a battery recycling company tested high for blood lead. IOSHA did not conduct any industrial hygiene sampling in response to the referral. In another reviewed health casefile, a particular process involving chemicals that was a possible occupational hazard was not being performed by employees when the inspection was opened. However, the industrial hygienist didn't return on another day when the process was being performed to do the appropriate sampling. Errors noted in the files

included erroneous calculations of sampling results in four files, no evidence of calibration in three files, and IOSHA reliance on the employer's sampling results in one of the files.

Finding FY 2017-04 (FY 2016-03): In six of 14 (42.9 %) health casefiles reviewed, industrial hygiene sampling was not conducted to address potential health hazards and/or health complaint items.

Recommendation FY 2017-04:

IOSHA should ensure industrial hygiene sampling is conducted when necessary to address hazards alleging employee exposure to health hazards. CSHOs should discuss sampling strategies with their supervisors to ensure all health hazard allegations are thoroughly addressed during the inspection.

The unprogrammed activity (UPA) report in OIS (March 7, 2018) identified 699 FY 2017 complaints and referrals that were marked as invalid, even though 420 of the 699 (60%) were investigated or inspected.

Observation FY 2017-OB-01: IOSHA did not update OSHA Express to show that 420 of 699 referrals and complaints received were valid.

Federal Monitoring Plan FY-2017-OB-01: OSHA will discuss and evaluate internal audits conducted by IOSHA during quarterly monitoring meetings.

b) Fatalities

IOSHA responded to 23 of 25 (92%) fatalities within one workday in FY 2017. This is a slight improvement from FY 2016 when 23 of 26 (88.46%) fatalities were responded to within one workday. However, the FRL indicates that fatalities must be responded to within one workday. IOSHA directors and supervisors have been instructed to ensure fatality investigations are opened within the required one workday.

In three of the eight (37%) fatality casefiles reviewed, there were no next of kin letters in the files. Violations related to the fatality were issued for the three inspections. Citations issued based on the fatal incident were either reduced from serious to other-than-serious or they were vacated during the informal conference. Penalties were also reduced. The reasons for reclassifying and/or vacating the violations and reducing the penalties were not documented in the casefiles. (See Finding FY 2017-09.)

Finding FY 2017-05 (FY 2016-09): IOSHA failed to respond to two of 25 (8%) work related fatalities within one workday.

Recommendation FY 2017-05: IOSHA should ensure fatalities are responded to within one workday and properly entered into OSHA Express.

c) Targeting and Programmed Inspection

IOSHA conducted 912 inspections in FY 2017, 92 (10%) of which were programmed inspections. Targeting lists have not been developed. When complaints are received and/or IOSHA is notified of accidents or fatalities related to the Region V Local Emphasis Programs (LEP) or the National Emphasis Programs (NEP), CSHOs conduct inspections and follow the directives for conducting the inspections. In addition, IOSHA conducted training on all NEPs including combustible dust, amputations, hexavalent chromium, lead, PSM covered chemical facilities, and silica. Therefore, Finding FY 2016-19 is closed.

d) Citations and Penalties

IOSHA's in-compliance rates for both safety and health inspections exceeded the FRLs in FY 2017. The in compliance rate for safety was 38.67%, falling outside the FRL of +/-20% of 29.53%. The in-compliance rate for health was 52.88%, falling outside the FRL of +/-20% of 35.78%. (SAMM 9) The high in-compliance rate for health can be partially attributed to inadequate or lack of sampling being conducted on health inspections.

Five of 81 (6%) inspection casefiles reviewed did not contain adequate information in the casefile to support the issued violations.

Chapter six of IOSHA's Field Operation Manual (FOM) outlines the requirements and policies for penalties and debt collection. The average serious penalty for violations issued was \$1,236.79. This was 45% lower than the \$2,240.82 average of all state plans, and 58% lower than the national average of \$2,977.91. In files reviewed containing citations with monetary penalties, the penalties were calculated appropriately. CSHOs were provided training on proper severity and probability factors. Finding FY 2016-10 is closed.

With an average lapse time of 67.33 days to complete safety inspections and 105.87 days for health inspections, IOSHA continues to be outside the FRLs of +/-20% of 45.29 and +/-20% of 56.03 respectively, for safety and health inspections. This was written as Finding FY 2016-04 in the FY 2016 FAME when lapse times were 74.45 for safety and 109.6 days for health. While there was a slight improvement during the past year, this finding is continued.

Finding FY 2017-06: IOSHA's in-compliance rate for safety inspections is 38.67% and 52.88% for health inspections, both outside the FRLs of +/-20% of 29.53% for safety and +/-20% of 35.78% for health.

Recommendation FY 2017-06: IOSHA should ensure compliance officers are properly trained in hazard recognition. Supervisors should consider conducting field observations with compliance officers who exhibit high in-compliance rates.

Finding FY 2017-07 (FY 2016-04): IOSHA's lapse time for safety and health inspections is 67.33 and 105.87 days, respectively, both outside the FRLs of +/-20% of

45.29 for safety and +/-20% of 56.03 for health.

Recommendation FY 2017-07: IOSHA should ensure that lapse times are tracked using the OSHA Express lapse time report and reported to CSHOs by their supervisor.

e) Abatement

During the casefile review, it was determined that in seven of 13 (54%) follow up safety inspections, abatement was received more than a year after the due dates. There was inadequate verification of abatement or no abatement in the files.

Finding FY 2017-08 (FY 2016-OB-01): In seven of 13 (54%) follow-up inspection casefiles reviewed, there was either inadequate verification of abatement or no abatement documentation in the casefiles.

Recommendation FY 2017-08: IOSHA should review procedures for abatement verification to certify abatement is received and reviewed in a timely manner to ensure employee exposure to workplace hazards has been eliminated.

Procedures to Petition for Modification of Abatement (PMA) were not followed correctly. In four of four (100%) files with PMAs reviewed, signed agreements were missing or the petition was not filed timely. IOSHA's FOM, Chapter 7, Section III, requires that a written petition be mailed to IOSHA by the end of the day after the abatement is due.

Finding FY 2017-09 (FY 2016-11): In four of four (100%) casefiles reviewed, procedures to Petition for Modification of Abatement (PMA) were not properly followed; signed agreements were not in the casefiles; and, PMAs were not filed within one day of the abatement due date.

Recommendation FY 2017 2017-09: IOSHA staff responsible for approving PMAs should review and follow PMA procedures in IOSHA's FOM, Chapter 7, Section III and ensure the drafted checklist is used when PMAs are received.

f) Worker and Union Involvement

Chapter 3, Section VII of IOSHA's FOM contains requirements and policies for the investigator to involve employees and employee representatives during the course of the inspection. IOSHA CSHOs appear to be following these policies. In FY 2016, in response to a recommendation following a Complaint About State Plan Administration (CASPA), IOSHA trained CSHOs to ensure employees' representatives are allowed to participate in IOSHA inspections.

CSHOs are to determine as soon as possible after arrival whether the workers at the inspected worksite are represented and, if so, shall ensure that employee representatives are afforded the opportunity to participate in all phases of the inspection. During the opening conference, the highest ranking union official or union employee representative on-

site shall designate who will participate in the walk around. CSHOs are to advise employers that Section 8(e) of the Act and §1903.8 require that an employee representative be given an opportunity to participate in the inspection. OSHA regulation §1903.8(b) gives the CSHO the authority to resolve all disputes as to whom is the representative authorized by the employer and employees. Section 1903.8(c) states that the representative authorized by the employees shall be an employee of the employer.

3. REVIEW PROCEDURES

a) Informal Conferences

IOSHA offers a penalty reduction of 35% for qualifying employers when the sole issue for dispute is the penalty amount (Expedited Informal Settlement Agreement (EISA)). A company has 15 business days to exercise this option and if exercised, the employer relinquishes their right to contest. Informal conferences are conducted by both the Director of General Industry and the Director of Construction.

Penalties were reduced by an average of 41% during the informal conference process in FY 2017. The national average for penalty reduction was 32%. (Appendix D, SAMM 12.) A discussion of citations being vacated and penalties being reduced as they relate to fatalities is found in Section III.B.2.b. In addition, citations were vacated in one of 20 complaint inspections without documentation in the casefile supporting this action. This issue was discussed in the 2016 FAME as Findings FY 2016-12 and FY 2016-13 and is continued as FY 2017-10.

Finding FY 2017-10 (FY 2016-12 and FY 2016-13): In one of 20 (5%) complaint inspections and in three of eight fatality inspections (37.5%), citations were vacated and penalties were reduced with no documentation in the informal conference notes in the casefile to support the actions taken.

Recommendation FY 2017-10: IOSHA should document and summarize all issues and potential courses of action in the casefile for changes made during informal conferences in accordance with IOSHA's FOM, Chapter 8, Section I.

b) Formal Review of Citations

For cases that are not resolved through the informal conference process, employers may contest through the Indiana Board of Safety Review (BSR). The Board consists of five members, including two from labor, two from industry, and one safety and health professional. Board appeal decisions are heard by the appropriate County Circuit or Superior Courts.

Four cases reviewed were contested. Two of these were pending a determination. The other two were settled. The penalties were reduced and the hazard classification was changed in both cases.

4. STANDARDS AND FEDERAL PROGRAM CHANGES (FPCs) ADOPTION

a) Standards Adoption

IOSHA continues to provide timely notification to OSHA regarding all federally-initiated standard changes. During FY 2016, two of three (66%) standards were adopted by the State of Indiana. The Maximum Penalty Increases was not adopted. During FY 2017, two of three (66%) standards were adopted. The Implementation of the Annual Adjustment to Civil Penalties was not adopted.

Federally Initiated Standards Log Summary Report for IOSHA

Subject	Intent to Adopt	Adopt Identical	Date Promulgated	Effective Date
Occupational Exposure to Respirable Crystalline Silica	YES	YES	09/26/2016	12/26/2016
Improve Tracking of Workplace Injuries and Illnesses	YES	YES	1/1/2017	3/1/2017
Maximum Penalty Increases	YES	NO	-	-
Walking-Working Surfaces and Personal Protective Equipment (Fall Protection Systems)	YES	YES	05/09/2017	07/09/2017
Occupational Exposure to Beryllium	YES	YES	05/03/2017	09/09/2017
Implementation of the 2017 Annual Adjustment to Civil Penalties for Inflation	YES	YES	-	-

Maximum Penalty Increase

With the passage of the Bipartisan Budget Bill on November 2, 2015, OSHA raised its maximum penalties effective August of 2016. As required by law, OSHA then increased maximum penalties annually, on January 1, 2017 and January 1, 2018, according to the Consumer Price Index (CPI). State Plans are required to adopt both the initial increase and subsequent annual increases.

Indiana has not yet completed the legislative changes to increase maximum penalties. OSHA will continue to work with Indiana on this issue.

Beryllium Standard

On January 9, 2017, OSHA adopted new standards addressing occupational beryllium exposure in general industry, construction, and shipyards. State Plans were required to adopt an “at least as effective as” rule within six months of promulgation, by July 9, 2017. However, on June 27, 2017, OSHA published a notice of proposed rulemaking proposing to revoke ancillary provisions applicable for the construction and shipyard sectors, but to retain the new permissible exposure limits (PELs). OSHA will not enforce the provisions of the January 9, 2017 construction and shipyard standards that it has proposed to revoke while the current rulemaking is underway.

Given the unusual circumstances of this rulemaking, in which substantive changes have been proposed to a standard within six months following its initial promulgation, several

State Plans have delayed promulgation pending completion of the second rulemaking. However, IOSHA's beryllium standard for general industry only became effective in September of 2017 and is being enforced.

IOSHA continues to provide timely notification to OSHA regarding all state-initiated standard changes. Indiana proposed and adopted three standard changes during FY 2017. Changes addressed included the National Fire Protection Association (NFPA) references and the repeal of the hand-powered platform passenger type man lift rule.

b) Federal Program Change (FPC) Adoption

All FPC responses were submitted timely. IOSHA does not have jurisdiction over shipbuilding in Indiana. Therefore, the National Emphasis Program (NEP) on Shipbreaking was not adopted. IOSHA does not have the manpower to adopt and effectively implement the Alternative Dispute Resolution (ADR) Process for Whistleblower Protection Program.

Federal Program Change Log
Summary Report for IOSHA

Directive Number	Title	Adoption Required, Equivalency Required or Adoption Encouraged/Not Required	Intent to Adopt	Adopt Identical	State Adoption Date
CPL 02-03-006 2016 844	Alternative Dispute Resolution Process for Whistleblower Protection Program	Adoption Encouraged / Not Required	No	-	-
TED 01-00-020 2016 845	Mandatory Training Program for OSHA Whistleblower Investigators	Equivalency Required	Yes	Yes	4/8/2016
CPL 02-00-159 2016 864	Field Operations Manual	Equivalency Required	Yes	Yes	4/1/2016
CSP 02-00-003 2016 885	Consultation Policies & Procedures Manual	Equivalency Required	Yes	Yes	5/19/2016
CPL 02-03-007 2016 905	Whistleblower Investigations Manual	Equivalency Required	Yes	Yes	5/16/2016
CPL 03-00-020 2016 911	National Emphasis Program on Shipbreaking	Adoption Required	No	-	-
CPL 02-00-160 2016 924	Field Operations Manual	Equivalency Required	Yes	No	4/1/2016
CPL 02-01-058 2017 944	Enforcement Procedures and Scheduling for Occupational Exposure to Workplace	Adoption Encouraged / Not Required	Yes	Yes	3/10/2017

Directive Number	Title	Adoption Required, Equivalency Required or Adoption Encouraged/Not Required	Intent to Adopt	Adopt Identical	State Adoption Date
	Violence				

5. VARIANCES

There were no variances requested during FY 2016 or FY 2017.

6. STATE AND LOCAL GOVERNMENT WORKER PROGRAM

During FY 2017, 2.30% of the total inspections conducted by IOSHA occurred in state and local government workplaces. If citations are issued, monetary penalties are not imposed, though the agency is required to abate the hazards.

7. WHISTLEBLOWER PROGRAM

The IOSHA Whistleblower Protection Program adheres to OSHA’s Whistleblower Investigations Manual (WIM), CPL 02-03-007 effective date January 28, 2016. In FY 2017, IOSHA’s Whistleblower Protection Program consisted of a director, who manages the program, a supervisor, and two investigators. The current supervisor has been in the supervisory role for approximately one year and a new investigator was hired shortly thereafter.

During FY 2017, there were 58 investigations docketed, and 59% (SAMB 14) took more than 90 days to complete (WebIMIS). It took an average of 93 calendar days to complete the investigations. The Occupational Safety and Health Act of 1970 (OSH Act) requires the complainant be notified of the case determination within 90 days. This is especially problematic as the state has a 120 day statute of limitations for filing the cases with the attorney general. Of the 58 cases docketed at the time of the FAME audit, 55 investigations had been completed. Of the 55 completed investigations, 22 (40%) casefiles were reviewed. Of the 22 casefiles that were reviewed, 15 (68%) casefiles were dismissed as non-merit, four (19%) casefiles were withdrawn by the complainant prior to a decision being rendered, two (9%) casefiles were settled via a third party, and one (5%) casefile was settled by IOSHA.

IOSHA received a total of 197 whistleblower complaints in FY 2017. One hundred twenty-eight (65%) of those complaints were administratively closed. There were a total of 35 (18%) Administrative Closure records reviewed. Of the 35 records reviewed, two (6%) were withdrawn, six (17%) were due to no protected activity, 10 (29%) were due to lack of cooperation, and nine (26%) lacked an adverse employment action. In addition, two (6%) of the 35 reviewed were found to have been cases that should have been docketed as both parties had been notified of the complaint. The remaining reviewed cases were administratively closed for being untimely filed or IOSHA lacked jurisdiction and the cases were referred to OSHA for investigation.

Sixteen of 22 (73%) reviewed casefiles had the incorrect date of docketing in accordance

with the WIM. Cases were found to be docketed several weeks to a month after the complaint was filed. Some were found to be docketed several weeks to a month after the case was closed.

Six of 22 (27%) reviewed casefiles had the incorrect date of filing of the complaint entered into IMIS. In accordance with the WIM, the complaints are generally considered timely filed based on several items. One of those items is the postmark on the envelope. Some of the complaints that had incorrectly annotated dates of filing were found to be attributed to the person inputting the data into IMIS using the “date received” stamp that was placed on the complaint letter and not the postmark on the envelope.

Two of 22 (9%) docketed complaints reviewed should not have been docketed nor investigated in accordance with the documents contained in the casefile. One case referenced the protected activity as the complainant reporting to management that one of their coworkers smelled of alcohol. That by itself does not constitute a protected activity. However, if the investigator had asked additional important questions of the complainant, there may have been justification for docketing the complaint. The other case lacked protected activity as well as an adverse action, according to the file contents.

Finding FY 2016-15 was written because whistleblower files did not contain documentation that the complainant witnesses were interviewed. This issue has been resolved and this finding is considered closed. Relevant witnesses were interviewed where applicable. Memos to the file for the interviews were completed and maintained in the casefiles. If the interviews were recorded, a copy of the disc with a memo to the file was maintained as well.

Finding FY 2017-11 (FY 2016-14): Intake and screening of whistleblower complaints were not completed in accordance with the WIM. The files were not reviewed by a supervisor beyond the initial assignment in all casefiles reviewed, which led to cases being docketed and investigated that should not have been. Two of 22 (9%) docketed complaints should not have been docketed because they lacked the elements needed for a prima facie claim.

Recommendation FY 2017-11: All casefiles should be reviewed by a supervisor to ensure all WIM policies and procedures are followed when processing (Chapter 2, Section III.4). Ensure casefiles contain all required documentation and are organized as required in the WIM.

Finding FY 2017-12: (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.

Recommendation FY 2017-12: 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.

Finding FY 2017-13: Sixteen of 22 (73%) reviewed casefiles had the incorrect date of docketing in accordance with the WIM. Cases were found to be docketed several weeks to a month after the complaint was filed. Some were found to be docketed several weeks to a month after the case was closed.

Recommendation FY 2017-13: Ensure that docketing dates are entered into WebIMIS in accordance with the WIM Chapter 2, Section III.B.

Finding FY 2017-14: Six of 22 (27%) reviewed complaint casefiles had the incorrect complaint filing date entered into WebIMIS.

Recommendation FY 2017-14: Ensure complaint filing dates are entered into IMIS in accordance with the WIM, Chapter. 2, Section IV.A.

8. COMPLAINT ABOUT STATE PROGRAM ADMINISTRATION (CASPA)

The State received three CASPAs during FY 2017.

One complaint was related to the State Plan not following up on an employer's response to a letter alleging safety and health hazards and providing the results to the complainant. The other two CASPAs were related to discrimination complaints and the State Plan not investigating in a timely manner, not returning calls to complainants and not sending results to the complainants. All three CASPAs resulted in recommendations to the State Plan. The responses received from IOSHA to the recommendations were thorough and timely. IOSHA accepted responsibility for the deficiencies.

9. VOLUNTARY COMPLIANCE PROGRAM

IOSHA has been successful in strengthening cooperative programs by growing their Voluntary Protection Program (VPP), Alliances and Partnerships.

The program is headed by three, full-time staff. They report directly to the Deputy Commissioner. The program also utilizes 120 special government employees (SGEs) in order to assist IOSHA's personnel with performing the evaluations. As of February 19, 2018, there were 86 Star sites and two Merit sites in VPP. This review acknowledged that they followed the VPP Onsite Evaluations as outlined in OSHA's Instruction: Voluntary Protection Programs (VPP) Policies and Procedures Manual, CSP 03-01-003. All VPP applications were acknowledged timely and incomplete items were addressed within 90 days. IOSHA's team leaders do not obtain a medical access order prior to beginning an onsite VPP review as is required in OSHA's VPP directive, CSP 03-01-002, Chapter 6.

10. STATE AND LOCAL GOVERNMENT 23(g) ON-SITE CONSULTATION PROGRAM

The State on-site consultation program, INSafe, performed four on-site visits for State and local government worksites, which did not meet their projected goal of five. Sixty-five percent of the hazards identified were corrected on-site.

Appendix A – New and Continued Findings and Recommendations
 FY 2017 IOSHA Comprehensive FAME Report

FY 2017-#	Finding	Recommendation	FY 2016-# or FY 2016-OB-#
FY 2017-01	IOSHA conducted only 912 inspections (780 safety, 132 health), 75% of the planned number of 1,212 inspections in FY 2017.	IOSHA should develop a strategic management plan to effectively manage the current enforcement division staff and inspection procedures in order to meet their annual inspection goals.	FY 2016-02
FY 2017-02	The average time to initiate complaint investigations was approximately 7.36 workdays, exceeding the further review level of five workdays.	IOSHA should implement administrative controls to ensure complaint investigations are directly assigned to compliance officers to ensure they are initiated in a timely manner.	FY 2016-05
FY 2017-03	IOSHA didn't respond to seven of 27 (26%) valid electronic complaints filed online at www.osha.gov.	IOSHA should ensure all valid electronic complaints are processed timely and entered into OSHA Express in accordance with IOSHA's FOM Chapter 9, Sections I.E.	FY 2016-07
FY 2017-04	In six of 14 (42.9 %) health casefiles reviewed, industrial hygiene sampling was not conducted to address potential health hazards and/or health complaint items.	IOSHA should ensure proper industrial hygiene field evaluations are conducted to determine if sampling is necessary when complaints and referrals alleging employee exposure to health hazards are received and other evidence suggests sampling should be conducted.	FY 2016-03
FY 2017-05	IOSHA failed to respond to two of 25 (8%) work related fatalities within one workday.	IOSHA should ensure fatalities are responded to within one workday and properly entered into OSHA Express.	FY 2016-09
FY 2017-06	IOSHA's in-compliance rate for safety inspections was 38.67% and 52.88% for health both outside the FRLs of +/- 20% of 29.53% and +/-20% of 35.78% respectively.	IOSHA should ensure compliance officers are properly trained in hazard recognition. IOSHA may consider having supervisors conduct field observations with compliance officers who have high in-compliance rates.	

Appendix A – New and Continued Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

FY 2017-07	IOSHA's lapse time for safety and health inspections is 67.33 and 105.87 days, respectively, both outside the FRLs of +/- 20% of 45.29 and +/- 20% of 56.03 days.	IOSHA should ensure that lapse times are tracked using the OSHA Express lapse time report and reported to the CSHOs by their supervisor.	FY 2016-04
FY 2017-08	In seven of 13 (54%) follow-up inspection casefiles reviewed, there was either inadequate verification of abatement or no abatement documentation in the casefiles.	IOSHA should review procedures for abatement verification to certify abatement is received and reviewed in a timely manner to ensure employee exposure to workplace hazards has been eliminated.	FY 2016-OB-01
FY 2017-09	In four of four (100%) casefiles reviewed, procedures to Petition for Modification of Abatement (PMA) were not properly followed, signed agreements were not in the casefiles, and PMAs were not filed within one day of the abatement due date.	IOSHA staff responsible for approving PMAs should review and follow PMA procedures in IOSHA's FOM, Chapter 7, Section III and ensure the drafted checklist is used when PMAs are received.	FY 2016-11
FY 2017-10	In one of 20 (5%) complaint inspections and in three of eight fatality inspections (37.5%), citations were vacated and penalties were reduced with no documentation in the informal conference notes in the casefile to support the actions taken.	IOSHA should document and summarize issues and potential courses of action in the casefile for changes made during informal conferences in accordance with IOSHA's FOM Chapter 8, Section I.	FY 2016-12 & FY 2016-13
FY 2017-11	Intake and screening of whistleblower complaints were not completed in accordance with the WIM. The files were not reviewed by a supervisor beyond the initial assignment in all casefiles reviewed, which led to cases being docketed and investigated that should not have. Two of 22 (9%) docketed complaints should not have been docketed because they lacked the elements needed for a prima facie claim.	All casefiles should be reviewed by a supervisor to ensure all WIM policies and procedures are followed when processing (Chapter 2, Section III.4). Ensure casefiles contain all required documentation and are organized as required in the WIM.	FY 2016-14

Appendix A – New and Continued Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

FY 2017-12	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 2016-17
FY 2017-13	Sixteen of 22 (73%) reviewed casefiles had the incorrect date of docketing in accordance with the WIM. Cases were found to be docketed several weeks to a month after complaint was filed. Some were found to be docketed several weeks to a month after the case was closed.	Ensure that docketing dates are entered into IMIS in accordance with the WIM Chapter 2, Section III.B.	
FY 2017-14	Six of 22 (27%) of all reviewed complaint casefiles had the incorrect complaint filing date entered into IMIS.	Ensure complaint filing dates are entered into IMIS accordance with the WIM, Chapter 2, Section IV.A.	

Appendix B – Observations and Federal Monitoring Plans

FY 2017 IOSHA Comprehensive FAME Report

Observation # FY 2017-OB-#	Observation# FY 2016-OB-# or FY 2016-#	Observation	Federal Monitoring Plan	Current Status
FY 2017-OB-01		IOSHA did not update OSHA Express to show that 420 of 699 referrals and complaints received were valid.	OSHA will discuss and evaluate internal audits conducted by IOSHA during quarterly monitoring meetings.	New
	FY 2016-OB-01	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 casefiles to ensure proper follow up is being conducted on complaints.	Converted to Finding
	FY 2016-OB-02	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.	Closed
	FY 2016-OB-03	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.	Closed
	FY 2016-OB-04	Plain view hazards are not being cited.	OSHA will periodically review casefiles to ensure plain view hazards are being cited.	Closed
	FY 2016-OB-05	Adequate evidence to support violations was not documented in the file, including employer knowledge and employee exposure.	OSHA will periodically review casefiles to ensure adequate evidence to support violations is contained in the files.	Closed

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

FY 2016-#	Finding	Recommendation	State Plan Corrective Action	Completion Date (if Applicable)	Current Status (and Date if Item is Not Completed)
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.	During FY 2017, IOSHA filled 34 of the 39 allocated compliance officers' positions. Positions allocated indicate positions IOSHA funded and may have been reported higher than this in previous FAME reports.	Not Applicable	Completed
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.	During FY 2017, IOSHA conducted 912 (780 safety and 132 health) inspections. IOSHA achieved 75% of the 1,212 inspection goal. The number of inspections completed was up 10% as compared to FY 2016, where only 796 inspections were conducted.	Not Applicable	Open
FY 2016-03	Industrial hygiene casefiles did not contain adequate documentation to clearly demonstrate that employee exposures were below permissible limits to air contaminants when air monitoring was	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	IOSHA should follow the IH Technical manual and ensure proper sampling is conducted when appropriate. IOSHA should not rely on employer's sampling data when sampling is necessary to document employee exposure to health hazards.	Not Applicable	Open

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

	performed. Opportunities were not taken to perform employee exposure monitoring to document worker exposure to air contaminants alleged in complaints.	relying on the employer's sampling data.	Employees were trained to understand the correct sampling protocols.		
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 lapsed time report to track aging inspections and reduce lapse time.	IOSHA is tracking individual lapsed time on a monthly basis and supervisors are reviewing with CSHOs on a monthly basis. Expectations have been clearly communicated and the IOSHA management team will be focused on reducing elapsed time to the national averages. In addition, IOSHA has created an efficiency taskforce to propose ideas to streamline investigations.	Not Applicable	Open
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.	IOSHA will utilize administrative controls to reduce average time to initiate a complaint investigation.	Not Applicable	Open

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

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 casefile. 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 casefile. 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 casefile.	IOSHA has implemented a nonformal 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 file. -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.	8/31/2017	Completed
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 had valid safety and health	Process complaints in accordance with the IOSHA FOM Chapter 9, Sections 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. The Division Director has instructed all Intake personnel on this action.	Not Applicable	Open

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

	concerns.				
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.	IOSHA’s Intake unit has been retrained and redirected to enter received dates as the date that they are emailed to IOSHA and not the day that they are opened and entered.	2/21/2018	Completed
FY 2016-09	Work-related fatalities were not responded to within one day.	IOSHA should ensure casefiles 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. However, during FY 2017 IOSHA failed to respond to two of 25 (8%) work related fatalities within one workday.	Not Applicable	Open
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.	The IOSHA directors have reviewed the Indiana FOM and are properly categorizing reduction factors properly in calculating penalties. On March 2, 2017, all CSHOs in general industry	2/21/2018	Completed

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

			and construction divisions were trained on how to use and enter the probability ratings in OSHA Express.		
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.	Some Procedures to Petition for Modification of Abatement (PMA) were not followed correctly.	Not Applicable	FY 2017-09
FY 2016-12	Follow-up casefiles 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.	In accordance with IOSHA's FOM Chapter 6. <i>Corrective action completed, awaiting verification</i> , when citations are amended, documentation supporting the changes is included in the inspection file.	Not Applicable	Open
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 casefile for all changes made during informal conferences in accordance with IOSHA's FOM Chapter 7.	IOSHA directors and supervisors will ensure that all files that are amended are documented in accordance with the IFOM in the justification of the informal hearings.	Not Applicable	Open
FY 2016-14	Whistleblower investigators failed to	Ensure all casefiles are reviewed by a	A designated supervisor will be held accountable to		

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

	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.	supervisor, all WIM policies and procedures are followed when processing, files contain all required documentation and are organized as required in the WIM.	supervise, train and review whistleblower staff.	Not Applicable	Open
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.	A prima facie elements checklist was utilized to ensure that all elements are appropriately documented in a memo to file.	2/21/2018	Completed

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

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.	CSHO's will be retrained on the evidence needed to perform a correct analysis.	2/21/2018	Completed
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.	The Indiana Commissioner of Labor submitted a proposal to repeal or extend to at least 180 days the statute of limitations for whistleblower cases.	Not Applicable	Open
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	Management staff will ensure that all complainants are contacted for concurrence when administratively closing cases.	2/21/2018	Completed

Appendix C – Status of FY 2016 Findings and Recommendations

FY 2017 IOSHA Comprehensive FAME Report

		file. If this does not happen, the complainant should be granted appeal rights.			
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.	<p>All supervisors including the intake supervisor were retrained in June 2016 on the following NEPs:</p> <ul style="list-style-type: none"> • Combustible Dust • Amputations • Hexavalent Chromium • Isocyanates • Lead • Primary Metal Industries • PSM Covered Chemical Facilities • Petroleum Refinery PSM • Silica <p>Fact sheets are being created on all of the NEPs. The Combustible Dust NEP is completed.</p> <p>Supervisors and intake personnel have been trained. CSHO training is ongoing.</p>	2/21/2018	Completed

Appendix D – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

U.S. Department of Labor				
Occupational Safety and Health Administration State Plan Activity Mandated Measures (SAMMs)				
State Plan: Indiana - IOSHA			FY 2017	
SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
1a	Average number of workdays to initiate complaint inspections (state formula)	8.94	10	The further review level is negotiated by OSHA and the State Plan.
1b	Average number of workdays to initiate complaint inspections (federal formula)	6.49	N/A	This measure is for informational purposes only and is not a mandated measure.
2a	Average number of workdays to initiate complaint investigations (state formula)	7.36	5	The further review level is negotiated by OSHA and the State Plan.
2b	Average number of workdays to initiate complaint investigations (federal formula)	4.57	N/A	This measure is for informational purposes only and is not a mandated measure.
3	Percent of complaints and referrals responded to within one workday (imminent danger)	100%	100%	The further review level is fixed for all State Plans.
4	Number of denials where entry not obtained	0	0	The further review level is fixed for all State Plans.
5	Average number of violations per inspection with violations by violation type	SWRU: 2.50	+/- 20% of SWRU: 1.83	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from 1.46 to 2.20 for SWRU and from 0.79 to 1.19 for OTS.

Appendix D – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

		Other: 0.24	+/- 20% of Other: 0.99	
6	Percent of total inspections in state and local government workplaces	2.30%	+/- 5% of 1.32%	The further review level is based on a number negotiated by OSHA and the State Plan through the grant application. The range of acceptable data not requiring further review is from 1.25% to 1.39%.
7	Planned v. actual inspections – safety/health	S: 780	+/- 5% of S: 1,018	The further review level is based on a number negotiated by OSHA and the State Plan through the grant application. The range of acceptable data not requiring further review is from 967.10 to 1,068.90 for safety and from 184.30 to 203.70 for health.
		H: 132	+/- 5% of H: 194	
8	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$1,236.79	+/- 25% of \$2,516.80	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from \$1,887.60 to \$3,146.00.
	a. Average current serious penalty in private sector (1-25 workers)	\$594.16	+/- 25% of \$1,706.10	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from \$1,279.58 to \$2,132.63.
	b. Average current serious penalty in private sector (26-100 workers)	\$1,315.48	+/- 25% of \$2,867.94	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from \$2,150.96 to \$3,584.93.
	c. Average current serious penalty in private sector (101-250 workers)	\$2,068.62	+/- 25% of \$3,952.26	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from \$2,964.20 to \$4,940.33.
	d. Average current serious penalty in private sector (greater than 250 workers)	\$2,971.62	+/- 25% of \$5,063.48	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from \$3,797.61 to \$6,329.35.
9	Percent in compliance	S: 38.67%	+/- 20% of S: 29.53%	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from 23.62% to 35.44% for safety and from 28.62% to 42.94% for health.
		H: 52.88%	+/- 20% of H: 35.78%	

Appendix D – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

10	Percent of work-related fatalities responded to in one workday	92%	100%	The further review level is fixed for all State Plans.
11	Average lapse time	S: 67.33	+/- 20% of S: 45.29	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from 36.23 to 54.35 for safety and from 44.82 to 67.24 for health.
		H: 105.87	+/- 20% of H: 56.03	
12	Percent penalty retained	58.83%	+/- 15% of 67.44%	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from 57.32% to 77.56%.
13	Percent of initial inspections with worker walk around representation or worker interview	100%	100%	The further review level is fixed for all State Plans.
14	Percent of 11(c) investigations completed within 90 days	59%	100%	The further review level is fixed for all State Plans.
15	Percent of 11(c) complaints that are meritorious	11%	+/- 20% of 25%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 20% to 30%.
16	Average number of calendar days to complete an 11(c) investigation	93	90	The further review level is fixed for all State Plans.
17	Percent of enforcement presence	0.77%	+/- 25% of 1.26%	The further review level is based on a two-year national average. The range of acceptable data not requiring further review is from 0.95% to 1.58%.

**Appendix E – FY 2017 State Activity Mandated Measures (SAMM)
Report**

FY 2017 IOSHA Comprehensive FAME Report

State Occupational Annual Report

*For activities occurring during
Federal Fiscal Year 2017*

December 1, 2017

Eric J. Holcomb, Governor
Rick J. Ruble, Commissioner of Labor



INDIANA
DEPARTMENT OF LABOR

SOAR Table of Contents

A.) Executive Summary

B.) IOSHA Program Narrative written by Deputy Commissioner, Timothy E. Maley

C.) Indiana Department of Labor Performance Plan Summary

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Executive Summary

The Indiana Department of Labor is pleased to provide its State Occupational Assessment Report (SOAR) for the Indiana OSHA workplace safety and health enforcement division for activities for federal fiscal year (FY) 2017 which occurred between October 1, 2016 and September 30, 2017.

On November 9, 2017, the Indiana Department of Labor released the annual nonfatal injury and illness rates for the state and major Hoosier industries. The Indiana Department of Labor's Quality, Metrics, and Statistics Division partners with the federal Bureau of Labor Statistics to collect nonfatal occupational injury and illnesses survey data from approximately 5,800 Hoosier workplaces. The efforts of this data collection provide the results for the BLS Survey of Occupational Injuries and Illnesses (SOII).

According to the most recent SOII release, the Indiana overall nonfatal workplace injury and illness rate for 2016 was 3.5 per 100 Hoosier workers. The 2016 rate, which represents a one-year decrease of more than seven percent, is the lowest rate on record for the state.

Of Indiana's 18 major industries, 13 experienced decreases in their nonfatal workplace injury and illness rate.

At the inception of the SOII in 1992, the overall nonfatal workplace injury and illness rate in Indiana was 11.0 per 100 workers. The rate reached a high of 11.3 in 1994 and has declined by almost 70 percent over the last 22 years.

At the time this report was prepared and submitted to the federal Occupational Safety and Health Administration (OSHA), the BLS Census of Fatal Occupational Injuries (CFOI) data was not available for publishing. The most current CFOI data (2016) will be available on or after December 19, 2017.

FY 2017 was the final year of the agency's current strategic plan. A new strategic plan which covers 2018 – 2022 was developed by Indiana Department of Labor leadership and subsequently approved by the federal Occupational Safety and Health Administration. The new five-year strategic plan incorporates three overarching goals:

1. Help assure improved workplace safety and health for all workers, as evidenced by fewer hazards, reduced exposures, and fewer injuries, illnesses, and fatalities.
2. Strengthen and improve IOSHA and INSafe's infrastructure.
3. Promote and support the agency's cooperative programs.

Each of the three overarching goals has sub-goals and objectives to best ensure the success of the agency.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

The success achieved and the fiscal responsibility demonstrated by the Indiana OSHA division underscores that Indiana has a high quality workplace safety and health enforcement program.

Indiana OSHA (IOSHA) Annual Overview

Commissioner, Rick Ruble (formerly general counsel to the Department of Labor) was appointed by Governor Pence in September of 2013 and continues to serve as Commissioner for the Indiana Department of Labor. Tim Maley, the Deputy Commissioner of Labor, Head of IOSHA, accepted the position in August of 2012 and is continuing to serve in the position. Julie Alexander, former legal counsel for IOSHA has served as Director of General Industry since October of 2012. Jerry Lander, Director of Construction has 10 years of experience in his position with IOSHA. This management team is solidly in place and well positioned to manage the challenges of Indiana OSHA (IOSHA). Indiana OSHA's staff includes: 1 Deputy Commissioner, 2 Directors, 6 Supervisors, 14 Construction Officers, 22 General Industry Officers (10 safety, 12 health), 2 Whistleblower Investigators, 3 VPP Leaders, 2 Intake Clerks and 4 Administrative Assistants for a total of 56 personnel.

IOSHA completed the fifth year of a five year strategic plan (FY 2012 – FY 2017) in FY 2017. Out of 12 annual performance goals, IOSHA exceeded 7 annual performance goals and met 2 annual performance goals. IOSHA did not meet 3 of the annual performance goals. However, 2 of the 3 annual performance goals that were not met actually exceeded the goal for the final five year period. Hence, all but one of the 12 performance goals in the five year strategic were met or exceeded. This five year strategic plan (FY 2012- FY 2017) is included in this report. IOSHA completed a new five year strategic plan (FY 2018 – FY 2022) that was submitted in the FY 2018 23G grant application and is active with the new plan.

In March of 2016, the Indiana Department of Labor received direction from the State to hold on filling any non-essential positions until further notice. This hold was then lifted a year later in early 2017. Along with personnel turnover, this hold resulted in IOSHA having 8 compliance officer positions (5 for general industry and 3 for construction) unfilled for this time period. This hold on 8 compliance officer positions in addition to recruiting and training replacements had a negative effect on IOSHA's number of inspections performed and case lapsed time in FY 2017. Since the hold was lifted, IOSHA has filled all funded positions. At the same time, the number of formal and non-formal complaints rose significantly from 715 in FY 2015, to 1,115 in FY 2016, to 1765 in FY 2017. The number of referrals also rose from 102 in FY 2014, to 473 in FY 2015, to 622 in FY 2016, to 719 in FY 2017. With significant additional work and less personnel, IOSHA was clearly challenged in FY 2017.

IOSHA did not meet the projected inspections numbers for FY 2017 and lapse time suffered. The focus was on training for the new officers to have them productive as soon as possible. Inspections should start to rise to historic levels in Q2 2018, when these new officers become productive. IOSHA estimated finishing FY 2017 with 1,025 inspections. IOSHA missed that estimate performing 912 inspections in FY 2017 largely due to staffing issues. The inspection numbers should normalize as many of the new recruits hired in FY 2017 are being trained and readied to perform inspections in FY 2018. The average annual number of inspections over the

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

last four years is approximately 1,167 inspections. In IOSHA's new 5 year strategic plan, IOSHA will increase inspections by 40% at the end of 5 years to a total of 1,435 inspections.

Training continues to be a priority for IOSHA through utilizing OSHA Training Institute in Chicago as well as IOSHA's internal computer-based training programs. All new officers hired during the last year were provided two day-long training sessions on June 15, 2017, and July 6, 2017, covering topics including OSHA Express and Investigation Techniques.

The management team for the Indiana Department of Labor, along with the State Personnel Department, proposed new increased salary ranges for IOSHA compliance officers. These increases were approved early in 2017. The increase in salary will help in recruiting and retention of staff.

IOSHA continues to utilize a system called the "OSHA Express" that matches the data requirements of the Federal OSHA OIS system and has invested resources to successfully interface IOSHA data with the new Federal OSHA Information System. The system is working very well and Indiana actively maintains the system managing any new additional data requirements or system adjustments. All of the old legacy data from IMIS/NCR was transferred to the OSHA Express allowing IOSHA access to historical data after the NCR was decommissioned. The new system helps IOSHA with greater accuracy and less down time than the previous data system. An advantage of OSHA Express is that Indiana can pull real time numbers and generate its own reports to manage different performance numbers for the group.

Indiana Occupational Safety and Health Administration (IOSHA) strived to meet its measures of performance (SAMM) for FY 2017 despite headcount reductions and high turnover. Indiana OSHA met or exceeded many of its SAMM measures according to the Federal OSHA FY 2017 SAMM report. IOSHA initiate complaint inspections (SAMM 1) in 6.49 days (federal formula) below the goal of 10 days and initiated complaint investigations (SAMM 2) in 4.57 days (federal formula) at the goal of 5 days. IOSHA continues to respond to 100% of imminent danger complaints in 24 hours (SAMM 3). IOSHA excels in the average number of violations per inspection (SAMM 5) with 2.50 serious, willful and repeat violations per inspection compared to the state plan average of 1.68 violations per inspection and the Federal OSHA State average of violations per inspection. This illustrates that IOSHA is finding and fixing many hazards in the workplace that contribute to employee injuries and death. IOSHA has shown significant improvement in the "in compliance" rate (SAMM 9) for both safety and health inspections. For safety inspections, IOSHA's FY 2017 "in compliance" rate was a respectable 38.67% compared to the state plan average of 32.07%. For health inspections, IOSHA's "in compliance" rate was 52.88%. This is compared to the state plan rate of 37.41%. IOSHA continues to work on lapsed time (opening conference to citation issuance) through a review of all phases of the investigation to eliminate any inefficiency. Given headcount reductions and turnover, inspection lapsed time (SAMM 11) has been an issue. IOSHA's average lapsed time for safety inspections is 67.33 days compared to 45.99 days for all state plans. For health inspections, IOSHA's average lapsed time is 105.87 days compared to 50.69 days for all state plans. Employing administrative controls, IOSHA has seen significant reduction in case lapsed time during the months of July, August, September, and October of 2017. In addition, IOSHA has initiating a project to create electronic files and eliminated paper files. This will reduce a significant number of days in file processing by not mailing paper files across the state. It will also eliminate certain administrative cost

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

associated with maintaining paper files. IOSHA plans to be total electronic for all case files by the end of FY 2018. Finally, IOSHA retains 58.83% of initial penalty charged (SAMM 12). This is a respectable percentage of retention compared to the national average of 75.88%.

The Indiana Voluntary Protection Program (VPP) continues to grow with 84 certified sites presently in the program and 122 Special Government Employees (SGEs). The collective injury rates for these Indiana VPP sites are as follows: TCIR (total case incident rate) = 1.2, 71.2% better than BLS (Bureau of Labor Statistics) collective industry average and DART rate (days away, restriction or transfer) = 0.5, 79.7% better than BLS collective industry average. This indicates VPP sites are achieving good results in reducing workplace injuries. Indiana OSHA is projecting that Indiana will have 100 VPP certified sites in the next 2 years. Indiana opened the program to mobile worksites in the fall of 2014 which will allow Contractors to qualify for the program and has certified two mobile contractors in the program. Working closely with Indiana's SGEs, we believe that Indiana has one of the most exciting VPP programs in the country.

The Indiana Department of Labor/ IOSHA maintains alliances with the Central Indiana American Society of Safety Engineers (CIASSE), Indiana Builders Association (IBA), Indiana Municipal Electrical Association (IMEA) and company based Dow AgroScience. Through these alliances, IOSHA is able to reach a broad audience of Indiana companies for the purpose of outreach and education. Indiana OSHA also maintains association based partnerships including Coalition for Construction Safety (CCS), Indiana Construction Association (ICA), and Associated Builders and Contractors (ABC). Indiana OSHA works with these partnerships to promote the highest standards of safety in the construction industry. Finally, Indiana OSHA is managing two site- specific construction projects. Notre Dame University and Barton Malow general contractors reached out to partner with Indiana OSHA in a \$500 million, two-year project named the "Campus Crossroads Project". The project was recently concluded as a very safe and successful project. Another site-specific construction partnership was signed April 20, 2016. It is a \$45 million project with Trinitas Contractors in Indianapolis, Indiana, named the "IUPUI Collegiate". This project is also coming to a safe and successful conclusion. IOSHA's newest partnership agreement was signed May 30, 2017 with Hagerman Construction on a \$20 million project in Ft Wayne, Indiana named the Ft Wayne River Front Project. Indiana OSHA commits to a limited number of site-specific partnerships for the purpose of general safety oversight and injury reduction initiatives. Indiana OSHA also utilizes the site-specific partnerships to allow new compliance officers an opportunity to get real time experience on a large construction site.

In December 2016, the Indiana Department of Labor released its annual preliminary occupational fatality report for calendar year 2015. In 2015, the Indiana Department of Labor reported 115 worker deaths; the lowest experienced since the Bureau of Labor Statistics' Census of Fatal Occupational Injuries report was introduced in 1992.

In 2016, Indiana's number of workplace injuries and illnesses fell to the historic low of 3.5 per 100 full-time workers. From an all-time high in 1994 of 11.0 injuries or illnesses per 100 full-time workers to the current rate of 3.5, Hoosier employers and employees are adopting a culture of workplace safety and health.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

While the numbers of workplace injuries, illnesses and fatalities in Indiana have remained at historic lows, the staff of the Indiana Department of Labor recognizes that it still has work to complete and will continue to focus on reducing the number of workplace injuries and fatalities in Indiana. The Indiana Department of Labor will continue its brand of a balanced approach to worker safety and health through a rigorous enforcement program and a robust consultation division.

The unwavering commitment to Hoosier workplace safety and health excellence demonstrated by the IOSHA division reaffirms that Indiana has a high quality, metrics-driven workplace safety and health enforcement program. It is effective, lean, and represents a good investment of federal and state dollars.

Accomplishments

Construction Division:

The Construction Division experienced a solid year in FY 2017 in performance numbers and managing some significant partnerships for the Indiana Department of Labor. The Construction Division finished with 434 inspections completed for the year. The average lapsed time for construction to complete investigations was a respectable 44.35 days with an incompliance rate of 40.50%.

The IOSHA Construction Division developed and implemented an “Abatement Tracking System”. This tracking system was developed to control an ever growing number of unsatisfactory abatement case files. The system utilizes a special Outlook calendar that has been set up to display warnings and triggers to the management team when PMA's, penalty letters or phone calls to the employers are needed for abatement issues. We have already seen the benefits of this system by having a reduction of 50% fewer unsatisfactory abatement case files to process during this year.

During FY 2017, the Construction safety team hosted our yearly picnic to honor the dedicated work of the construction staff. Three distinguish guests spoke to the staff meeting; an owner of a major roofing company, a top independent consultant and one of the greatest high school basketball players in the state of Indiana, NBA player and now Athletic Director for Marion College in Indianapolis Indiana. The message from all speakers was clear that IOSHA Constructions officers are making a difference in the state of Indiana.

Barton Malow/Notre Dame Campus Crossroads Construction Project Partnership – The Indiana Department of Labor and the IOSHA Construction Division, along with Barton Malow, entered into a partnership agreement for a 450 million dollar, 3-year Notre Dame Campus Crossroads Project. Per the terms of the agreement, IOSHA shall inspect the project a minimum of four times a year and monitor their safety for the project throughout the project duration. So far, this partnership has been very successful for both parties as the contractor has benefited from IOSHA inspecting their site and pointing out potential hazards based on our experience. IOSHA construction team has also benefited by observing and learning about their safety efforts and practices they do on the job site. The project is scheduled for completion sometime Q1 FY 2018.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Trinitas/IUPUI Collegiate at Indianapolis Construction Project Partnership – The Indiana Department of Labor and the IOSHA Construction Division along with Trinitas Contractors have entered into a partnership agreement on April 20, 2016, for a 45 million dollar project, with an anticipated date of project completion on August 14, 2017. This project is for both an 11-story building and 5-story parking facility for student housing with a 4-story parking garage, located in Indianapolis, Indiana.

The Hagerman Group / Fort Wayne’s Riverfront Development Project – The Indiana Department of Labor and the IOSHA Construction Division along with The Hagerman Group have entered into a partnership agreement on May 3, 2017, for a 20 million dollar project, with an anticipated date of project completion early in 2019. This project will consist of an Urban Riverfront Terrace and Dining areas, Riverfront Plaza / Pavilion area and an Interactive Water pool area. Per the terms of the agreement, IOSHA shall inspect the project a minimum of four times a year and monitor safety for the project throughout the project duration.

Coalition for Construction Safety (CCS), Indiana Construction Association (ICA) and Associated Builders and Contractors (ABC) - The Indiana Department of Labor has entered into partnerships with these construction associations because of their commitment to outstanding safety performance. Presently there are 210 companies that belong to these associations in Indiana. The IOSHA Construction team frequently attends the association meetings to communicate and educate large groups of contractors on OSHA regulations and initiatives. This partnership has helped Indiana OSHA reach many of our construction companies in Indiana to promote excellent safety practices.

General Industry Division:

The IOSHA General Industry Division is responsible for operating and maintaining intake for all IOSHA. The General Industry Division in FY 2017 was again able to keep our time from the receipt of a complaint to the time a compliance officer opens an inspection (SAMM 1) below 10 days for the third federal fiscal year in a row. This was quite an accomplishment because the number of incoming complaints rose significantly in FY 2017. A number of enhancements to the efficiency of the intake division and the addition of one intake person to the section were key to keeping up with the increased load.

In FY 2017, our Intake Division for the second fiscal year in a row decreased the response time to initiate a complaint investigation (SAMM 2). In FY 2017, General Industry reduced this response time from 9.24 in FY 2016 to 5.87 days. IOSHA continues to improve the automatically generated letters that are sent to the employer requesting responses to non-formal complaints. Also, the addition of one person to the intake unit allowed for IOSHA to keep up with the increase in the number of nonformal complaints. This was an outstanding performance because the number of nonformal complaints processed by our intake section increased more than 45% from 821 in FY 2016 to 1214 in FY 2017.

Referrals received by IOSHA increased slightly from 700 in FY 2016 to 718 in FY 2017. In FY 2017 IOSHA received 554 employer reported serious injuries and IOSHA inspected onsite 81%

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

of these reports. This is an increase from the 59% inspected of the 555 employer reported serious injuries in FY 2016.

IOSHA remained the leader this fiscal year for citing the most serious, willful, and repeat violations per inspection at 2.51 violations per inspection in FY 2017. IOSHA cited more than double the number of citations than the national average for state plans and cited 25% more violations than federal OSHA per inspection. This is attributed to the continued increase in training at OTI, IOSHA's photo hazard recognition training project, and the agency focus on the need for increased hazard recognition skills among newer CSHOs.

The average lapse time from inspection open date to issuance date stayed approximately the same on average for FY 2017 as the previous year fiscal year for safety and health inspections. However, in June of 2017, IOSHA's General Industry division created an Efficiency Taskforce for the sole purpose of decreasing lapsed time. Time management courses, templates, and training helped lower lapsed time significantly in the last three months of FY 2017. The efforts of the Efficiency Taskforce attributed to lower lapsed time in August of 2017 to 45 days which is below the national average (which includes both federal and state OSHA plans) for safety inspections of 45.3. Even more outstanding was the fact that the General Industry division made massive improvements in decreasing their lapsed time for health inspections in August of 2017 to 43 days and September of 2017 to 53 days which is also less than the national average of 54 days. The General Industry Division decreased lapsed time for health inspections by more than 50% for the same time in FY 2016 for the months of July, August, and September of 2017.

IOSHA has not stopped with just the creation of an Efficiency Taskforce. IOSHA General Industry started an Electronic Pilot Project (EPP) in November of 2017 that is changing the inspections to digital inspections and moving our program toward a paperless process. Already the pilot has taken an additional ten to fourteen days off of our lapsed time just for eliminating the need to mail in files for processing from field offices. A second pilot was started in November of 2017 is converting to the use of voice recorders instead of written interview statements. This will save CSHOs time at the employer facility.

Whistleblower Program

The Whistleblower section conducted 55 investigations in FY 2017, which is 4 more investigations than performed in FY 2016. The average number of days to investigate was 93 days. The Office of the Attorney General settled several Whistleblower cases filed in Indiana courts in FY 2017. Agreements were finally signed and checks delivered to five Indiana Bell/AT&T workers who were disciplined for reporting injuries. All of the workers received their pay for their one day of suspension and their personnel record was wiped clean of the suspensions. In a second case the complainant was a security guard and was fired for calling police on a coworker for workplace violence. She received a check for back pay of \$12,500 dollars. The third case filed by the Office of the Attorney General in state court was settled in May of 2017. The Complainant was fired for voicing safety concerns to management and was suspected of calling IOSHA. The Complainant received a check for in back pay and compensatory damages in the amount of \$14,256. The Whistleblower section was able to secure compensation of over \$22,000 in settlements prior to litigation for Whistleblowers in Indiana for FY 2017. Training continued for the Indiana Whistleblower section this year with a new

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

investigator attending the WB Fundamentals 1420 class at the OSHA Training Institute.

Voluntary Protection Program

The agency performs other important functions in addition to compliance inspections. A key standout is the Indiana Voluntary Protection Program (VPP). The program is growing, as Indiana has 84 worksites certified in VPP. The program is projecting there will be 100 total certified sites within the next two years. The Indiana program is encouraging mobile worksites and public sector sites to become VPP sites. IOSHA personnel consist of three VPP team leaders who guide, train, and coordinate 122 Special Government Employees (SGEs). In FY 2017, 6 new STAR sites were added. Working together, the VPP Leaders coordinated day-long training sessions for the Indiana SGEs and safety and health professionals from current VPP sites and sites working on VPP. Six sessions in the northern, southern and central regions of the state were held during calendar year 2017. The education sessions involved sites sharing best practices, learning about Workplace Violence Prevention from Indiana State Police and Dubois County Sheriff, and discussing ways sites are preventing amputations. The VPP Leaders also conducted two Industrial Hygiene classes. To ensure VPP sites are fatality free, the VPP Leaders emphasize a focus during the evaluations on areas such as fall protection, electrical safety, confined space, and control of hazardous energy. The VPP staff also spends time visiting different areas of the state to discuss and promote the program, safety management systems practices and safety excellence for the Hoosier workforce. VPP continues to provide an effective platform for safety outreach in Indiana. The VPP Team, in conjunction with OSHA Region V, also conducted a SGE training class in July 2017.

IOSHA continues to reap the benefits of SGEs for use during VPP evaluations. The use of SGEs has reduced the burden on enforcement resources as more and more companies become committed to exemplary health and safety management systems through VPP. The agency estimates that each SGE used for a VPP evaluation yields a cost savings of \$2,500, which can then be reinvested in a robust enforcement program.

Fatalities:

The 2015 Census of Fatal Occupational Injuries report shows **115** Hoosier workers lost their lives in a workplace accident. This represents an 11.54% decrease in the number of fatal injuries from the 2014 total of 130 and ties the 2012 total for the lowest number of Hoosier workplace fatalities on record.

It should be noted that Indiana OSHA did not have jurisdiction to investigate in a majority of these fatalities. In FY 2015, Indiana OSHA investigated 21 fatalities and in FY 2016, Indiana OSHA investigated 30 fatalities.

Indiana's **transportation and warehousing** industry experienced the largest number and largest percent of increase in fatal injuries in 2015—from a low in 2014 of 13 to 27 in 2015 (107.69%). Transportation-related incidents accounted for 22 of the 27 fatalities in this industry (81.48%),

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

with most of these fatal injuries resulting from roadway incidents involving motorized land vehicles (17) and pedestrian vehicle incidents (4). Twenty-one (21) of the 27 total fatalities in **transportation and warehousing** were attributed to the truck transportation sub-industry with general freight trucking and specialized freight trucking experiencing 18 and 3 fatalities respectively.

Indiana's **agriculture, forestry, fishing, and hunting** industry experienced 23 fatalities in 2015, which is a 17.86% decrease from the 2014 total of 28 fatal events. Transportation-related events again accounted for the majority (10) of the fatal events in **agriculture, forestry, fishing, and hunting**.

The Public Administration (Local Government) industry experienced no fatalities in 2015, down from 5 in 2014. The **construction** industry saw a 38.89% decrease in fatal events from 18 fatalities in 2014 to 11 in 2015.

Administrative and waste services; other services, except public administration; retail trade; health care and social assistance; wholesale trade; arts, entertainment, and recreation; mining; utilities; and educational services (State Government) experienced significant decreases in fatal injuries.

Manufacturing, however, saw an increase from 10 fatal events in 2014 to 12 in 2015 (20.00%). **Information; accommodation and food services; Health care and social assistance; transportation and warehousing (State Government); and educational services (Local Government)** all experienced slight increases in the number of fatal events.

Since the inception of the CFOI in 1992, **transportation-related incidents** have resulted in the highest number of Hoosier workplace fatalities. In 2015, there were 55 **transportation-related incidents**, which accounted for 47.83% of all Indiana occupational fatalities. These incidents included roadway motor vehicle accidents (36), non-roadway incidents involving motorized land vehicles (8), and pedestrians struck by vehicles while working (9). Heavy tractor-trailer truck drivers experienced the highest number of transportation fatalities (22).

Transportation-related incidents can affect any industry and are not solely limited to work performed in the transportation and warehousing industry. In 2015, 22 fatal **transportation-related incidents** occurred in the transportation and warehousing industry, while 33 fatalities occurred in other industries including agriculture, forestry, fishing and hunting (10); administrative and waste services (6); and construction (3).

Contact with objects and equipment was the second-most frequent fatal Hoosier workplace event with 18 fatal injuries in 2015. Seven (38.89%) of these contact events resulted from being struck by a powered, non-transportation vehicle. Three (16.67%) fatalities were the result of being caught in or compressed by equipment and one was due to an excavation or trenching cave in.

Violence and other injuries by persons or animals (workplace violence) was the third leading cause of Hoosier workplace fatalities in 2015 (16). Events in this category include all intentional

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

injuries; injuries involving weapons (tools designed to be used as weapons, such as firearms and stun guns) regardless of intent; and injuries involving direct physical contact with persons, animals, or insects regardless of intent. Such injuries may be inflicted by another person, by oneself, or by an animal or insect. Nearly all the fatalities included this event were men (14) and white (non-Hispanic) (14). The number of fatalities was evenly split between the goods producing and service providing sectors, with manufacturing experiencing the highest number of fatal violent events (4).

Significant Cases

Recycling Center Incorporated:

On March 23, 2016, while operating a scrap baler, a piece of scrap metal became stuck in front of a magnetic limit switch that was preventing the baler to operate a full cycle. The operator climbed over the guardrail and walked along the beam directly under the hopper. When the piece of scrap metal was taken out, the hopper came down on the victim and crushed him between the hopper and the beam.

Six serious violations for confined space, guard rails, lock out/tag out, guarding and two nonserious violations for not reporting a fatality and performing a hazard assessment were issued for a total of \$42, 500 in penalties.

WCA Group LLC DBA Mr. Plumber:

On May 19, 2016, an employee was completely buried over his head in a trench that was dug for a sanitary sewer lateral replacement. The trench was approximately 10 feet deep and had no cave in protection. Luckily a co-worker and a person walking by the job site was able to expose the workers head and chest so he could breathe till the fire department arrived. Once the fire department arrived, they made everybody get out of the trench due to the possibility of another collapse. The fire department tried to put some shoring in the trench and threw a shovel down to the trapped employee so he could dig the rest of himself out. Once he dug himself out, he climbed up a ladder provided by the fire department. The employee was taken to the hospital for dehydration and to be checked over. As a result of IOSHA's investigation, 8 serious violations were upheld with a reduced amount of \$7,525 settlement and a required INSafe consultation.

US Steel Gary Complex:

On June 15, 2016, during a downturn, two maintenance technicians - electrical (MTE) were lined up to perform work in the Westinghouse basement motor control room. This two-man work group was working on the front side of VV1 cabinet and on the back side of VV3 MCC cabinet. As the two MTEs were completing the lockout procedure to perform the work in this area one MTE would check the load side to verify the electric was not present and the second MTE would verify by testing on the load side. Upon completing the lockout procedure, which included locking out the 250 volt DC knife switches, the 480 volt AC circuit breaker was also opened and verified on the load side. One MTE went to perform their work on the front side while the second MTE (victim) performed his work inside the backside of VV3.

The victim was replacing the grounded 250 volt DC fuse holder in the back side of the VV3 floating table drives cabinet. This fuse holder was approximately 47 inches above the bottom of

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

the cabinet. After about 10 minutes of working, two other MTEs entered the Westinghouse basement and found the victim hunched in the backside of the VV3 cabinet. During US Steel's investigation, it was determined that there was a live 120-volt programmable logic control (PLC) approximately 19 inches below and to the right from the fuse holder.

During the verification process, the other electrical components (PLC and lugs) in the cabinet were not tested to verify whether there was electrical energy present. Per employees interviewed, it was believed that when the 250 volt AC and the 480 volt breaker opened, the entire cabinet was dead and work could be performed. Per employee interviews, prior to this fatality, the only electrical testing being performed was on the electrical equipment that they were directly working on/touching. Nothing else was being tested or verified. Since this fatality, employees have been re-instructed to test other electrical components in the vicinity of where their work is performed. For this particular cabinet, a note has been added to the energy control procedure identifying the presence of the 120-volt and the 480-volt electrical energy and the procedure to lock these out.

Four serious citations were issued of the electrical standard that resulted in a penalty of \$28,000. The case is currently under contest with the Indiana Board of Safety Review.

Forest River, Inc.:

In response to Forest River's excessive serious injury reports received in 2016 and 2017, IOSHA sent a team of six general industry CSHOs to perform a comprehensive NEP amputation inspection of a Forest River plant in Goshen, Indiana and then the next day on August 3, 2017, IOSHA sent the same six member team to another Forest River plant in Middlebury, Indiana to perform another comprehensive NEP amputation inspection. Forest River is a recreational vehicle (RV) manufacturer with over 100 plants in Indiana. Forest River reported in the first nine months of 2017, the following serious injuries:

- 2 Index Fingers Amputated
- 3 Middle Fingers Amputated
- 4 Ring Fingers Amputated
- 1 Pinky Finger Amputated
- A Fractured Pelvis
- Multiple Foot Fractures

The citations resulted in 1 repeat violation, 16 serious violations, and 1 Other than Serious Violation and a penalty of \$64,400 dollars. Currently, corporate wide settlement negotiations are being discussed to include enhanced enforcement and monitoring of their safety programs.

Autoneum North America – Jeffersonville:

On 10/22/17 a fatality occurred at Autoneum, an automobile parts manufacturer. At the time of the accident, the victim accessed the back of a machine, through the interlocked gate, to put a fiber pad over a broken seal. As the victim walked in, the belt and pulley was powering down but still spinning. When she reached over to grab the fiber pad, she was pulled into the belt and pulley. She succumbed to the injuries at the scene.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Safety orders were issued on 11/15/17 with 2 serious violations (\$14,000.00) and 3 knowing violations (\$210,000.00) with a total penalty of \$224,000.00.

Budget

Indiana deobligated \$30,000 at the end FY 2017. This was due to state fund matching issues. The Indiana State Budget Agency has imposed 3% budget reserve during FY 2016 – FY 2017.

Additionally, Indiana was audited by federal DOL with respect to the appropriate expenditure of federal grant dollars. While the auditor noted one minor suggestion, the agency passed with flying colors in managing its federal dollars. In addition, the entire agency was audited by the State Board of Accounts. There were only two minor written comments by the state budget officials.

Emphasis Programs

IOSHA has adopted all of the National Emphasis Programs (NEPs) for this time period with the exception of Commercial Diving. IOSHA also developed a local emphasis programs (LEPs) for fall protection and will be developing one LEP per year over the next five years. IOSHA recently refocused an effort to review all NEPs developed by the federal OSHA to ensure they are followed correctly. IOSHA has drafted a written procedure for establishing local emphasis programs that fit Indiana.

Directives/Regulations

Indiana adopted CPL 02-00-158 Inspection Procedures for the Respiratory Protection Standard, adopted September 5, 2014.

Indiana adopted CPL 02-01-056 Inspection Procedures for Accessing Communication Towers, adopted October 1, 2014.

Indiana adopted TED 01-00-019 Mandatory Training Program for OSHA Compliance, adopted October 1, 2014.

Indiana adopted CPL 02-01-057 Compliance Directive for the Cranes and Derricks in Construction Standard, adopted April 17, 2014.

Indiana adopted CPL 03-00-018 National Emphasis Program-Primary Metal Industries Revision, effective April 20, 2014.

Indiana adopted CPL 02-03-005 Whistleblower Investigations Manual Directive, effective July 20, 2015.

Indiana adopted CPL 02-02-078 Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis Directive, effective October 30, 2015.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Indiana adopted CPL 02-02-079 Inspection Procedures for the Hazard Communication Standard (HCS-2012), effective September 1, 2015.

Indiana adopted CPL 03-00-019 National Emphasis on Amputations, effective January 1, 2016.

Indiana adopted TED 03-01-004 SGE Program Policies and Procedures Manual for the OSHA's VPPs, effective January 1, 2016.

Indiana adopted TED 01-00-020 Mandatory Training Program for OSHA Whistleblower Investigators, effective April 8, 2016.

Indiana adopted CPL 02-00-159 Field Operations Manual (FOM), effective April 1, 2016.

Indiana adopted CSP 02-00-003 Consultation Policies and Procedures Manual, effective May 19, 2016.

Indiana adopted CPL 02-01-058 Enforcement Procedures and Scheduling for Occupational Exposure to Workplace violence, effective 3/10/17.

Indiana adopted 1926 Cranes and Derricks in Construction-Operator Certification-Final Rule, effective January 1, 2015.

Indiana adopted 1910, 1926 Final Rule for Electric Power Generation, Transmission and Distribution; Electrical Protective Equipment, effective February 1, 2015.

Indiana adopted 1904 Occupational Injury and Illness Recording and Reporting Requirements-NAICS Updates and Reporting Revisions, effective March 1, 2015.

Indiana adopted 1926.12 Final Rule for Confined Spaces in Construction, effective February 4, 2016.

Indiana adopted the 1910, 1915, 1926 Final Rule for Occupational Exposure to Respirable Crystalline Silica, effective December 26, 2016.

Indiana adopted 1902, 1904 Final Rule for Improved Tracking of Workplace Injuries and Illnesses (pending) with an effective date of March 1, 2017.

Indiana adopted 1910.1024, 1926.1124 Final Rule on Occupational Exposure to Beryllium with an effective date of September 9, 2017.

Indiana adopted 1910 Subpart D Walking Working Surfaces and Subpart I, Personal Protective Equipment, General Industry with an effective date of July 9, 2017.

Indiana has adopted 1903 Final Rule on the Implementation of 2017 Annual Adjustment to the Civil Penalties for Inflation, pending legislative action.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

New Legislation in Indiana

The Federal OSHA penalty increase has been drafted for submission for a future Indiana state legislative session. IOSHA penalty structure is covered by state statute and the increase will need to be approved by the Indiana Legislature.

Board of Safety Review

At the beginning of the FY 2017, there were 22 cases pending before the Board of Safety Review (BSR). The BSR received 33 new cases during FY 2017. The BSR ended the FY 2017 with 31 open cases. FY 2017 began with two (2) open 2014 case, six (6) open 2015 cases, and fourteen (14) open 2016 cases. The Board of Safety Review closed the fiscal year with one (1) open 2014 cases, three (3) open 2015 cases, nine (9) open 2016 cases, and eighteen (18) open 2017 cases. The docket was significantly reduced by closing twenty four (24) contested cases in the FY 2017 and ending with no contested case over three years old.

CAP/FAME

Indiana OSHA received a federal annual monitoring evaluation (FAME) report for FY 2016 on June 29, 2017. Indiana OSHA received a total 19 findings on the report. Of the 19 findings, 12 have been corrected and are awaiting verification. The remaining 7 findings are under review for the development of corrective action plans. Indiana OSHA welcomes the opportunity to improve deficiencies pointed out in these evaluations.

Future Direction

Indiana OSHA uses leverage points outside the organization to increase its influence in improving safety within the state. Through the utilization of partnerships IOSHA can expand safety enforcement in a broader fashion. Partnerships have benefitted IOSHA by offering low cost “hands on” safety training to the agency when specific needs arise. Indiana OSHA’s utilization of Special Government Employees in the Voluntary Protection Program is another example of this leverage as a volunteer safety group that allows IOSHA Compliance Officers to focus on enforcement inspections.

On the enforcement side, IOSHA is working hard in making the enforcement process a consistent, accurate and timely process. IOSHA has made great strides in timeliness to open investigations. The continued focus is on hazard recognition and making sure files are completed in a timely manner. IOSHA displayed several good indicators for FY 2017 (SAMM). One exception is lapsed time. IOSHA lags behind the national average for lapsed time. Management is closely monitoring lapsed time on a monthly basis. Supervisors are working with CSHOs to assemble files as efficiently as possible. The management team is using both coaching and

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

disciplinary measures to manage lapsed time. IOSHA has included lapsed time as a strategic goal in the 5-year strategic plan. Some of the reasons for the slower lapsed time is attributed to IOSHA's past turnover and a hold on filling 8 CSHO positions by the state in FY 2016 and FY 2017. IOSHA is getting this turned around. IOSHA has now filled all funded positions and is working to quickly train and get new officers productive as soon as possible. IOSHA has initiated a project to move from paper files to electronic files and plans to be completely changed over to electronic files by the end of FY 2018. This will significantly reduce lapsed time as well as the cost associated with handling paper files.

The IOSHA Director of General Industry has been leading an effort to improve IOSHA Intake. Incoming complaints and referrals have greatly increased in the last three years. To address this tremendous increase in intake, IOSHA added a full time clerk and a temporary clerk to help address the increase in incoming calls and processing of files. IOSHA is adding additional phone lines in the intake area. Our goal is to answer all calls live and with additional phones lines, we can better achieve that goal.

Another future challenge for IOSHA is to address employee turnover and reduced staffing. Due to low funding and industry competition for safety professionals, IOSHA experienced turnover of 14 compliance officers from October 2014 to December 2015. Eleven of those officers left the agency for better paying opportunities. Recruiting and replacing IOSHA compliance officers is challenging and time consuming. The IOSHA Management team has successfully worked with the Indiana State Personnel Department and the Governor's office to implement an increase in salary scales for IOSHA Compliance Officers and Supervisors during FY 2017. For example, starting pay for new CSHOs has been increased from \$36,374 to \$42,328. The IOSHA management team continues to improve the competitiveness of IOSHA positions through greater salary and benefits in addition to internal recognition programs. As we continue to improve Indiana OSHA operations and address an increasing regulatory workload, limited resources will be an ever increasing issue. To meet our goals, staff retention will be a focus as we move to the future. We must be competitive in compensation and offer positions that are attractive to talented safety professionals.

Indiana is experiencing record low injury rates. Lots of low hanging fruit has been picked. Future improvement will be more challenging. IOSHA must be effective and focus on ways to continue improving worker safety in Indiana.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report
FY 2017 IOSHA Comprehensive FAME Report

IOSHA's future will focus on a balance of continuing to strengthen our enforcement responsibilities and expanding our Alliances and Partnerships with an agency mission of advancing the safety, health and prosperity of Hoosiers in the workplace.

A handwritten signature in black ink that reads "Timothy E. Maley". The signature is written in a cursive style with a large, stylized initial 'T'.

Timothy E. Maley
Deputy Commissioner of Labor

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

The Indiana Department of Labor’s overriding strategic goal is to reduce occupational injuries, illnesses and fatalities in Indiana, particularly in the high hazard industries that have the greatest number of working Hoosiers.

Strategic Goal #1: Focus resources of INSafe, the Indiana Occupational Safety and Health Administration (IOSHA) and Quality, Metrics and Statistics (QMS) in the underserved Hoosier healthcare industry, which currently has one of the highest single injury and illness rates (5.9* per 100 workers) of all major industries in Indiana. This includes creation of an outreach and education campaign, based upon data, research and stakeholder input and undertaking a focused enforcement effort in the healthcare industry by developing a Local Emphasis Program (LEP), and participating in appropriate National Emphasis Programs (NEPs).

**Source: Bureau of Labor Statistics’ Survey of Occupational Injuries and Illnesses 2010.*

Performance Goal 1.1	Reduce the non-fatal occupational injury and illness rate in the healthcare industry by 15% by end of FY 2017.
Annual Performance Goal 1.1	Reduce injuries and illnesses in the healthcare industry by 3%.
Indicators/Metrics	Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses rate for the healthcare and social assistance industry.
Data Sources	Bureau of Labor Statistics publications and tables.
Baseline	2010 Bureau of Labor Statistics’ Survey of Occupational Injuries and Illness rate of 5.9 per 100 Indiana workers.
Comments	The 2011 BLS SOII rates were unavailable at the time the agency submitted its Five-Year Strategic Plan for review and approval; therefore the 2010 rate was used as the baseline. The FY results will be for each year will be calculated from the baseline for calendar year 2010.
FY 2017 Results	The goal of reducing non-fatal occupational injuries and illnesses in the healthcare industry by 3% was not met for the one-year period.
5-Year Strategic Plan Results	The goal for the five-year period has been exceeded . According to the most recently published nonfatal occupational injury and illness statistics made available by the federal Bureau of Labor Statistics’ Survey of Occupational Injuries and Illnesses (SOII), the 2016 Hoosier healthcare industry rate is 4.9 per 100 workers. While the 2016 healthcare industry rate remains unchanged from the 2015, the rate represents a 16.9% decrease from the 2010 baseline rate of 5.9 per 100 workers.
Performance Goal 1.2	Conduct 50 on-site consultations and 10 speeches directed towards the healthcare industry by end of FY 2017.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Annual Performance Goal 1.2	Conduct 10 consultations and 2 speeches directed towards the healthcare industry.
Indicators/Metrics	
Data Sources	IMIS/NCR/OIS
Baseline	Zero
Comments	
FY 2017 Results	<p>The goal of conducting 2 speeches directed towards the healthcare industry was met during FY 2017.</p> <p>In FY 2017, INSafe and IOSHA staff made 2 presentations to the following organizations about healthcare worker safety and health:</p> <ul style="list-style-type: none"> • MedStat Lutheran Health Network (June 21, 2017). INSafe representative spoke to approximately 20 healthcare employer representatives the IOSHA Top 10. • Worker’s Compensation Symposium at IU Hospital in Bloomington, Indiana. <p>The goal of providing 12 consultations in the healthcare industry was exceeded during FY 2017.</p> <p>INSafe Safety and Health Consultants conducted 12 consultations visits (10 Initial and 2 Follow-up) in healthcare establishments (NAICS 621000 – 623990).</p>
5-Year Strategic Plan Results	<p>The goal of conducting 10 speeches directed towards the healthcare industry for the five-year period has been exceeded as there 28 speeches conducted.</p> <p>The goal of providing 50 consultations directed towards the healthcare industry in the five-year period has been exceeded as there were 72 completed.</p>
Performance Goal 1.3	Conduct 20 inspections in the healthcare industry by end of FY 2017.
Annual Performance Goal 1.3	Conduct 4 inspections in the healthcare industry.
Indicators/Metrics	
Data Sources	IMIS/NCR/OIS

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Comments	
FY 2017 Results	<p>The goal of completing 4 healthcare industry inspections was <u>exceeded</u>.</p> <p>The Indiana Occupational Safety and Health Administration (IOSHA) conducted 8 inspections in the healthcare industry during FY 2017.</p>
5-Year Strategic Plan Results	<p>The goal of completing 20 inspections in the healthcare industry by the end of FY 2017 was <u>exceeded</u> as there were 50 completed in the five-year period.</p>
<i>Strategic Goal #2: Effect improved occupational injury and illness rates in the Hoosier manufacturing industry.</i>	
Performance Goal 2	Reduce the non-fatal occupational injury and illness rate in the manufacturing industry by 15% by end of FY 2017.
Annual Performance Goal 2	Reduce injuries and illnesses in the manufacturing industry by 3%.
Indicators/Metrics	Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses rate for the manufacturing industry.
Data Sources	Bureau of Labor Statistics publications and tables.
Baseline	2010 Bureau of Labor Statistics' Survey of Occupational Injuries and Illness rate for the manufacturing industry of 5.2 per 100 Indiana workers.
Comments	The 2011 BLS SOII rates were unavailable at the time the agency submitted its Five-Year Strategic Plan for review and approval; therefore the 2010 rate was used as the baseline. The FY results will be for each year will be calculated from the baseline for calendar year 2010.
FY 2017 Results	The goal of reducing non-fatal occupational injuries and illnesses in the manufacturing industry by 3% was <u>exceeded</u> for the one-year period.
5-Year Strategic Plan Results	The goal for the five-year period has been <u>exceeded</u> . According to the most recently published nonfatal occupational injury and illness statistics made available by the federal Bureau of Labor Statistics' SOII, the Hoosier manufacturing industry non-fatal occupational injury and illness for 2016 is 4.1 per 100 workers. This represents a one-year decrease of 12.8%. The 2016 rate also represents a 21.2% decrease from the 2010 baseline rate of 5.2 per 100 workers.
<i>Strategic Goal #3: Effect improved occupational injury and illness rates in the Hoosier construction industry.</i>	

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Performance Goal 3	Reduce the non-fatal occupational injury and illness rate in the construction industry by 15% by end of FY 2017.
Annual Performance Goal 3	Reduce injuries and illnesses in the construction industry by 3%.
Indicators/Metrics	Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses rate for the construction industry.
Data Sources	Bureau of Labor Statistics publications and tables.
Baseline	2010 Bureau of Labor Statistics' Survey of Occupational Injuries and Illness rate for the construction industry of 3.8 per 100 Indiana workers.
Comments	The 2011 BLS SOII rates were unavailable at the time the agency submitted its Five-Year Strategic Plan for review and approval; therefore the 2010 rate was used as the baseline. The FY results will be for each year will be calculated from the baseline for calendar year 2010.
FY 2017 Results	The goal of reducing non-fatal occupational injuries and illnesses in the construction industry by 3% was not met for the one-year period.
5-Year Strategic Plan Results	The goal for the five-year period has been exceeded . According to the most recently published nonfatal occupational injury and illness statistics made available by the federal Bureau of Labor Statistics' SOII, the Hoosier construction industry injury and illness rate is 2.8 per 100 workers. While the construction industry rate remains unchanged from 2015, the rate represents a 26.3% decreased from the 2010 baseline rate of 3.8 per 100 workers.
<i>Strategic Goal #4: Increase the number of stakeholder contacts by all Indiana Department of Labor divisions to reach at least 500,000 unique individuals of Indiana's 2.8 million workers. This will include enforcement inspections and consultations, as well as speeches, printed materials, resource tools distributed, web tools, seminars and conferences.</i>	
Performance Goal 4.1	Reach 450,000 individuals by end of FY 2017 through inspections and consultations.
Annual Performance Goal 4.1	Reach 90,000 individuals.
Indicators/Metrics	Number of employees at the location of on-site consultations and inspections.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Data Sources	IMIS/NCR/OIS
Baseline	Zero
Comments	FY2011 NCR data of IOSHA inspections with 105,487 individuals impacted, and 36,811 individuals impacted through INSafe consultations.
FY 2017 Results	<p>The goal of reaching 90,000 individuals through inspections and consultation activities was exceeded for FY 2016.</p> <p>In FY 2017, INSafe affected 32,362 individuals through consultation efforts. In FY 2017, IOSHA impacted 88,519 individuals through inspection-related activities. Total individuals impacted by IOSHA and INSafe were 120,881 individuals.</p>
5-Year Strategic Plan Results	The goal was exceeded for the five-year period. During the five-year period, 793,361 individuals were reached through inspections and consultations.
Performance Goal 4.2	Reach 50,000 individuals by end of FY 2017 through speeches, trainings, events and other outreach.
Annual Performance Goal 4.2	Reach out to/connect with a minimum of 10,000 individuals during combined outreach efforts of speeches, interventions, presentations, electronic media, trainings, events (i.e. conferences, seminars, etc.).
Indicators/Metrics	Number of attendees/participants at speeches, presentations, trainings, events, etc.
Data Sources	IMIS/NCR/OIS and IDOL internal tracking data bases
Baseline	Zero
Comments	FY 2011 CAPR/SOAR Report: 8,821 individuals attended speeches and trainings.

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

FY 2017 Results	<p>The goal of reaching out to/connecting with a minimum of 10,000 individuals during combined outreach efforts of speeches, interventions, presentations, electronic media, trainings, events was not met for this one-year period.</p> <p>In FY 2017, 5,647 individuals attended INSafe speeches, presentations, trainings, and other events (through Interventions). During FY 2017, IOSHA representatives affected approximately 2,746 individuals through the same efforts. Total combined for FY 2017 was 8,393.</p>
5-Year Strategic Plan Results	<p>The goal was exceeded for the five-year period. During the five-year period, 231,224 individuals attended speeches and presentations provided by INSafe and IOSHA representatives.</p>
Performance Goal 4.3	Develop 10 electronic outreach products or resources by end of FY 2017.
Annual Performance Goal	Provide a minimum of 2 electronic outreach products and resources aimed at Indiana high hazard industries, high risk workers, etc.
Indicators/Metrics	
Data Sources	IDOL internal tracking databases
Baseline	Zero
Comments	<p>These products may consist of brochures, checklists for compliance, presentations, webinars etc.</p> <p>Increased or regular visits to the Indiana Department of Labor website, specifically those links, tools and resources developed to provide compliance assistance will help indicate effectiveness.</p> <p>IDOL intends to use the State of Indiana WebTrend report; Data base tracking of materials.</p> <p>January 1 – December 31, 2011: 229,113 visits.</p>

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

FY 2017 Results	<p>This goal was exceeded in FY 2017.</p> <ul style="list-style-type: none"> • IN Review – 2017, annual occupational safety and health publication. • Updated materials available for the Fall Prevention campaign and webpage www.in.gov/dol/2876.htm. • OSHA Electronic Recordkeeping webpage. http://in.gov/dol/3061.htm. • 2 electronic INdiana Labor Insider newsletters. http://in.gov/dol/2366.htm
5-Year Strategic Plan Results	The goal was exceeded for the five-year period. During the five-year period, 19 resources were developed.
<i>Strategic Goal #5: Strengthen the cooperative programs of VPP, INSHARP, Partnerships and Alliances to provide support, mentoring, industry best practices, and acknowledgment of top performers without incentivizing mediocre review or diminished credibility of the program in an effort to encourage duplication of exemplary programs throughout Indiana industries. Actively promote employer and employee awareness of the VPP and INSHARP cooperative programs.</i>	
Performance Goal 5.1	Perform 150 combined preliminary site visits and new or recertification visits for employer participation in VPP or INSHARP by 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.
Indicators/Metrics	<ul style="list-style-type: none"> • Monthly visit counts submitted by VPP and INSHARP staff • Number of VPP and INSHARP inquiries handled each month • Number of new/recertification site visits conducted by staff
Data Sources	IMIS/NCR/OIS and IDOL internal tracking data bases.
Baseline	Zero

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Comments	<p>This will include VPP and INSHARP preliminary visits/consultations to determine a site's readiness for participation in either program.</p> <p>FY 2011 Internal Reports:</p> <p><u>VPP</u></p> <ul style="list-style-type: none"> • Conducted 7 preliminary visits • Conducted 9 recertification visits • Conducted 1 SGE training session and industrial hygiene class • Conducted 1 VPP/INSHARP Annual Meeting <p><u>INSHARP</u></p> <ul style="list-style-type: none"> • Conducted 7 new site/company evaluations (only 6 sites were certified) • Conducted 19 recertification visits (only 18 sites were recertified) • Conducted 6 follow-up/monitoring INSHARP visits • Conducted 1 VPP/INSHARP Annual Meeting
FY 2017 Results	<p>The goal of conducting at least 30 combined preliminary site visits and new or recertification visits for employer participation in VPP or INSHARP has been <u>exceeded</u> in FY 2017.</p> <p><u>INSHARP</u></p> <ul style="list-style-type: none"> • 56 INSHARP site visits • 11 non-evaluation visits to SHARP/potential SHARP sites • Annual meeting <p><i>Total INSHARP Activities = 67</i></p> <p><u>VPP</u></p> <ul style="list-style-type: none"> • Conducted 200 preliminary site visits (non-evaluations) • Conducted 19 recertification evaluations • Conducted 16 SGE training/meetings • Conducted 5 evaluations of new sites <p><i>Total VPP Activities = 240</i></p> <p>Combined INSHARP/VPP activities were 307.</p>

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

5-Year Results	Strategic Plan	The goal was exceeded for the five-year period. During the five-year period, there were 895 combined VPP and INSHARP activities.
Performance Goal 5.2		Develop 10 partnerships or alliances by end of FY 2017.
Annual Performance Goal 5.2		Sign at least 2 strategic occupational safety and health partnerships and/or alliances.
Indicators/Metrics		
Data Sources		IDOL Internal tracking by spreadsheet/database.
Baseline		Zero

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Comments	<p>It is assumed that natural attrition of alliance and partnerships participants will occur during the five-year strategic plan. The completion of site-specific construction and completion of alliance-based strategic agreements that are not renewed is expected, and does not affect the goal of two new ones annually. This goal does not contemplate a net increase year to year.</p> <p><u>Alliances</u> Each of the following alliance agreements have a 2 year term, with the option to renew.</p> <ul style="list-style-type: none"> • Indiana Petroleum Marketers & Convenience Store Association (IPCA) – Signed March 28, 2012 • Mid-America OSHA Education Center – Signed January 31, 2012 • Indiana Builders Association (IBA) – Signed December 21, 2011 <p><u>Site-Specific Partnerships</u> The following site-specific partnership agreements are in place through the duration of the project.</p> <ul style="list-style-type: none"> • Fred Weber, Inc. (Interstate 69, Newberry, Indiana) – Signed June 29, 2011 <p><u>Association-Based Partnerships</u></p> <ul style="list-style-type: none"> • Associated Builders and Contractors (ABC) • Indiana Construction Association (ICA) • Metro Indianapolis Coalition for Construction Safety (MICCS) <p><u>Partnership Injury and Illness Rates</u></p> <ul style="list-style-type: none"> • MICCS’ TRC = 1.39 (September 2009 – May 2012) • ICAs’ TRC = 1.36 (January 2012 – May 2012) • ABCs’ TRC = 1.35 (January 2012 – May 2012)
FY 2017 Results	<p>This goal was met during FY 2017.</p> <p>During FY 2017, the Indiana Department of Labor signed a site-specific partnership with Pepper Construction Company of Indiana for the Community Hospital East Campus Re-development Project on December 16, 2016 and Hagerman Construction for the Riverfront Project on May 31, 2017.</p>
5-Year Strategic Plan Results	<p>The goal was exceeded for the five-year period. During the five-year period, 13 alliances and partnerships were signed/renewed.</p>

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

<p>Strategic Goal #6: Foster a culture of professional growth and development among IOSHA Compliance Safety and Health Officers and INSafe Safety and Health Consultants. Improve the division processes and skills of staff so as to employ the best trained, most technically proficient compliance officers, consultants and supervisory staff throughout state plan programs working at top efficiency.</p>	
Performance Goal 6.1	Provide 10 non-OTI training opportunities by the end of FY 2017.
Annual Performance Goal 6.1	Provide 2 non-OTI training opportunities.
Indicators/Metrics	
Data Sources	IDOL Internal tracking by spreadsheet/database.
Baseline	Zero
Comments	
FY 2017 Results	<p>The Indiana Department of Labor exceeded the goal of providing 2 non-OTI training opportunities per year during FY 2016. Please reference the courses in the list below.</p> <p>Select IOSHA CSHOs, supervisors and managers, and INSafe Safety and Health Consultants participated in non-OTI provided training opportunities during FY 2016. This training included the following:</p> <ul style="list-style-type: none"> • 3 consultation staff members attended the 4-day American Society of Safety Engineers Conference – Denver, Colorado. • 3-day Indiana Safety and Health Conference & Expo. sponsored by INSafe, the Central Indiana Chapter of the American Society of Safety Engineers and Indiana Chamber of Commerce (February 28-March 2, 2017). • IOSHA staff participated in 13 non-OTI training courses including:

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

	<input type="checkbox"/> Safety & Health Conference <input type="checkbox"/> Fred Pryor Seminars <input type="checkbox"/> State Personnel Department <input type="checkbox"/> Indiana Office of Technologies <input type="checkbox"/> Indiana Department of Labor In-house Training <input type="checkbox"/> BLR Management Training
5-Year Strategic Plan Results	The goal was exceeded for the five-year period. During the five-year period, there were 95 non-OTI training opportunities provided.
Performance Goal 6.2	Have five staff attain a professional certification or advanced degree by end of FY 2017.
Annual Performance Goal 6.2	Have one staff member attain a professional certification or advanced degree.
Indicators/Metrics	
Data Sources	IDOL Internal tracking by spreadsheet/database.
Baseline	Zero

Appendix E – FY 2017 State Activity Mandated Measures (SAMM) Report

FY 2017 IOSHA Comprehensive FAME Report

Comments	<p>Professional certifications include Certified Safety Professional (CSP), Certified Industrial Hygienist (CIH), Certified Hazardous Material Manager (CHMM), Occupational Health and Safety Technologist (OHST) and Construction Health and Safety Technician (CHST). Eight different IDOL compliance or consultation staff have obtained one or more of these certifications since 2008.</p> <p>Advanced degrees include a Master’s Degree from an accredited institution, earned before date of hire or during employment with IDOL.</p> <p>As prescribed in the Indiana Department of Labor’s professional development/certification policy, the agency will provide the following for IOSHA compliance and INSafe consultative staff:</p> <ul style="list-style-type: none">▪ Pay registration fees for an appropriate Review Course not to exceed three days of instruction one time per certification pursued. The Review Course may be taken before the ASP portion or the CSP portion of the CSP designation. If additional course instruction is sought (for example, math review), and the employee seeks state reimbursement, written justification along with permission of IOSHA Deputy Commissioner or INSafe Assistant Commissioner should be submitted.▪ Pay lodging, per diem and other allowed state travel costs (including travel days) for a permitted review course. The use of a state car may be allowed based on availability. Mileage reimbursement (or rental) will be
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Appendix E – FY 2017 State OSHA Annual Report (SOAR)

FY 2017 IOSHA Comprehensive FAME Report

	<p>allowed if no state car is available.</p> <ul style="list-style-type: none"> ▪ Pay exam registration fees one-time per designation pursued. The use of a state car may be allowed based on availability. Mileage reimbursement (or rental) will be allowed if no state car is available. ▪ Pay registration fees, lodging, per diem and transportation for an employee who has earned a qualified certification to attend one professional designation conference per year. The IOSHA Deputy Commissioner and INSafe Assistant Commissioner have the discretion to select appropriate conferences. <p>The following are current professional certifications (as listed above).</p> <p><u>IOSHA Compliance Safety and Health Officers</u></p> <ul style="list-style-type: none"> • 2 CSPs • 1 CIH • 1 CHMM <p><u>INSafe Safety and Health Consultants</u></p> <ul style="list-style-type: none"> • 1 CSP • 1 CIH
FY 2017 Results	<p>This annual performance goal of having one staff member attain a professional certification or advanced degree was <u>exceeded</u> for FY 2017. Two employees achieved the ASP certification and one employee achieved the GSP.</p>
5-Year Results	<p>The goal was <u>exceeded</u> for the five-year period. During the five-year period, six consultants/CSHOs achieved professional certification.</p>
Strategic Plan	