

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

The Hawaii Occupational Safety and Health Division (HIOSH)



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I. Executive Summary

A. State Plan Activities, Themes, and Progress

The purpose of this report is to assess the Hawaii Occupational Safety and Health (HIOSH) Division's activities for Fiscal Year (FY) 2016 and its progress in resolving outstanding recommendations from the FY 2015 Comprehensive Federal Annual Monitoring and Evaluation (FAME) Report. The HIOSH Division is part of the Department of Labor and Industrial Relations (DLIR), and is the agency responsible for protecting workers from health and safety hazards on the job in Hawaii's workplaces.

This year, HIOSH had enforcement authority over all industries except for refineries and other private sector facilities that include processes covered by the Process Safety Management (PSM) standard, 29 CFR 1910.119. This transfer of authority was in alignment with the Occupational Status Agreement (OSA), signed on July 12, 2012, that temporarily suspended enforcement authority in specific industries until HIOSH was able to be "at least as effective" as OSHA. HIOSH progressively resumed authority as it rebuilt staffing capacity. Enforcement authority over industries covered by the PSM standard was returned to HIOSH in FY 2017.

The program administrator position remained vacant for the first half of FY 2016, and subsequently the program struggled to meet their fiscal year objectives. As a result, HIOSH conducted 429 of the 700 projected safety and health inspections, did not adopt standards timely, and did not make progress in improving the Voluntary Protection Program (VPP). The vacant consultation program manager position responsible for state and local government consultation was not filled until August 2016. As the result of the trends identified during the year, HIOSH was designated as a high-risk grantee for FY 2017, in accordance with 2 Code of Federal Regulations (CFR) 200.207. The FY 2017 23(g) grant award letter identified five mandatory activities with deadlines tied to funding. HIOSH is meeting or exceeding all deadlines and has received all of the corresponding funding related to performance goals in these areas.

The hiring and retention of qualified staff continued to be an issue for HIOSH. While action was taken to fill vacancies, the inability to retain staff was a challenge as the program worked to regain capacity.

B. State Plan Introduction

The Hawaii State Plan is administered by HIOSH under the DLIR. Linda Chu Takayama, Director of DLIR, is the State Plan Designee. Norman Ahu became the HIOSH Administrator on May 12, 2016. The position had been vacant since November 1, 2015.

HIOSH is comprised of two major sections: the Occupational Safety and Health (OSH) division manages the Hawaii Occupational Safety and Health Law and the Boiler and Elevator Safety division administers the Hawaii Boiler and Elevator Safety Law. The Boiler and Elevator Safety division is not part of the OSHA grant. The OSH division is comprised of the Administration and Technical Support, Occupational Safety, Occupational Health, and Consultation and Training Branches.

The final grant base award to fund the program was \$2,928,000 (\$1,464,000 federal and \$1,464,000 state funds). No funds were de-obligated or lapsed this fiscal year. The grant provided funding for full time staff comprised of four managers, nine occupational safety and health compliance officers, nine environmental health specialists, one state and local government sector safety and health consultant, four clerical staff members, and one program specialist.

C. Data and Methodology

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

Information and data referenced in this report were derived from the computerized State Activity Mandated Measures (SAMMs) dated November 14, 2016, OSHA Information Systems (OIS), Hawaii's FY 2016 State OSHA Annual Report (SOAR), the Bureau of Labor Statistics (BLS) data, the FY 2016 23(g) grant, Complaint About State Program Administration (CASPA) investigations, OSHA's Integrated Management Information System (IMIS) reports, and discussions with state staff during the quarterly meetings.

OSHA conducted an on-site enforcement case file review to verify the status of two findings on the FY 2015 Corrective Action Plan (CAP). There were 31 case files opened after June 30, 2016 and closed before October 1, 2016, with 11 or more workers. An Excel random number generator was used to select 12 files that were reviewed to address the following items: 1) ensuring that the case files included injury and illness data/OSHA 300 logs, and 2) penalty reductions for history were documented.

D. Findings and Observations

There are nine findings and one observation in this report. Progress was made on the nine findings and one observation from the FY 2015 FAME. During FY 2016, three findings were completed, five findings will carry over, one finding was changed to an observation, and the one observation was converted to a finding. OSHA also identified three new findings. Details on the findings and observations being carried over from the FY 2015 FAME are provided in Section III of this report. Appendix A describes new and continued findings and recommendations. Appendix B describes new observations and the observations subject to continued monitoring. Appendix C describes the status of each FY 2015 finding in detail.

II. Assessment of State Plan Performance

A. Major New Issues

Maximum Penalty Increase

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

Program Management

During the previous two evaluations, progress was made in rebuilding the HIOSH program. However, in FY 2016, there were numerous vacancies, including the program administrator position, and this adversely impacted the program. In particular, a low number of inspections were conducted and responses to federal program changes and adoption of standards were not timely. Cooperative programs were not utilized to provide the regulated community with a balanced approach and state and local government workplaces were not provided with consultation, outreach and education opportunities. To assist in restoring an effective program, mandatory activities and timelines were established for FY 2017 with closer oversight being provided throughout the year.

The FY 2017 grant award letter included an addendum identifying five core areas of specific performance goals with a schedule of deadlines tied to funding. These goals are tied to HIOSH's designation as a high risk grant. The five core areas are: number of total inspections; number of on-site public sector consultation visits; outreach for Voluntary Protection Programs (VPP), Partnerships and Alliances; timely adoption of OSHA standards; and timely adoption of required OSHA directives. To date, HIOSH is meeting or exceeding all of the deadlines and has received all of the corresponding funding related to performance goals in these areas.

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

This is the first year of the HIOSH Five-year Strategic Plan (2016-2020). The FY 2016 Annual Performance Plan was developed and submitted as part of the State Plan's grant application

Five-year Strategic Goal 1: Improve workplace safety and health for all workers, as evidenced by fewer hazards, reduced exposures, and fewer injuries, illnesses and fatalities.

Annual Performance Goal 1.1: Reduce the injury and illness rate by approximately 1% from the present average of 4.5 to 4.45 in the construction industry. (Based on 2013 data, the most recent available. At the end of 2020, the latest Bureau of Labor Statistics (BLS) data will be for 2018).

Protect employees from the hazards of toxic dust exposures.

- Conduct 423 inspections in the construction industry, with at least 635 violations identified
- Conduct 25 inspections where monitoring is conducted for a toxic dust

Results:

- 280 construction inspections were conducted, with 743 violations identified
- 0 (zero) toxic dust monitoring inspections were conducted

Assessment:

Annual Performance Goal 1.1 was partially achieved.

The number of construction violations was exceeded. The number of construction inspections fell short of the projected goal; this outcome is addressed in Finding FY 2016-03. The performance goal was not met for inspections in the construction industry or health monitoring inspections. Although only 280 of the 423 projected inspections in the construction industry were completed, 743 violations were identified. No inspections with dust monitoring were conducted and OIS data shows that only three health inspections with sampling were completed. Since there is a two year lag in the BLS statistics, effects of FY 2016 activities will not be evident until 2018. The latest 2015 BLS report indicated that the Total Case Incident Rate (TCIR) for Hawaii construction declined to 3.4.

Finding FY 2016-01: HIOSH did not focus their resources to address the performance goals described in their grant. No toxic dust monitoring inspections were conducted.

Recommendation FY 2016-01: HIOSH must provide effective management of resources to achieve the performance goal of completing toxic dust monitoring inspections.

Annual Performance Goal 1.2:

Reduce the fatality rate by approximately 1% through scheduled inspections and visits at workplaces in targeted industries.

Fatality rate reduction of 1% averaged over a rolling five-year period compared to the Hawaii five-year average (FY 2010-2014) baseline in targeted industries. The 2010-2014 five-year average fatality numbers were as follows: Construction-7, Transportation and Warehousing-2, Landscaping and Other Building Services-3.

- Construction North American Industrial Classification System (NAICS) 23: conduct 423 inspections
- Transportation and Warehousing NAICS 42, 48 – 49: conduct 50 inspections
- Landscaping and Other Building Services NAICS 56: conduct 20 inspections

Results:

- Construction NAICS 23: conducted 280 inspections
- Transportation and Warehousing NAICS 42, 48 – 49: conducted 36 inspections
- Landscaping and Other Building Services NAICS 56: conducted 17 inspections

Assessment:

Annual Performance Goal 1.2 was partially achieved.

The inspection goals were not met for inspections in construction, transportation and warehousing, and landscaping and other building service industries. A total of 36 out of the 50 projected inspections were completed in transportation and warehousing industries. A total of 17 out of the 20 projected inspections were completed in landscaping and other building service industries.

The fatality rate reduction goals of 1% averaged over a rolling five-year period compared to the Hawaii five-year average (FY 2010-2014) baseline was achieved. The 2010-2014 five-year average fatality numbers were as follows: Construction-5, Transportation and Warehousing-0.6, Landscaping and Other Building Services-0.2 compared to the baseline of Construction-7, Transportation and Warehousing-2, Landscaping and Other Building Services-3.

Annual Performance Goal 1.3: Increase the number of new participants in SHARP by one.

- Number of new SHARP participants
- Develop outreach material promoting the SHARP program and benefits for businesses to participate

Results:

- There were 0 (zero) new SHARP participants
- Outreach material promoting the SHARP program and benefits for businesses was not developed

Assessment:

Annual Performance Goal 1.3 should not have been included in the 23(g) Grant. This goal was intended for awarding SHARPS to small businesses in the private sector, which is funded under the 21(d) Grant.

Five-year Strategic Goal 2: Strengthen public confidence through continued excellence in the development and delivery of HIOSH services.

Annual Performance Goal 2.1: Initiate 95% percent of fatalities and catastrophes inspections within one working day of notification.

- Percentage of fatal case investigations initiated within one working day of notification

Results:

- 75% of the fatality and catastrophe investigations were investigated within one working day

Assessment:

Annual Performance Goal 2.1 was not achieved.

There was one fatality that was not investigated timely that occurred on the island of Maui. The investigation was not opened until three working days after the fatality was reported. There are

no CSHOs domiciled on the island of Maui. This can be a contributing factor to HIOSH's difficulties in responding to fatalities in one day. The goal of 95% is not consistent with the SAMM 10 further review level of responding to 100% of fatalities in one day, and this goal will likely be revised in a future annual performance plan.

Annual Performance Goal 2.2: Average number of days to initiate complaint inspections is seven working days, and average number of days to initiate complaint investigations is within two days of notification.

Results:

- Average number of days to initiate complaint inspections was six days
- Average number of days to initiate complaint investigations by phone was 1.2 days

Assessment:

Annual Performance Goal 2.2 was achieved.

A total of 44 complaint inspections were initiated within an average of six days and 125 complaint investigations were initiated within an average of 1.2 days. Both of these measures were within the negotiated reference standard of seven and two days respectively (SAMM 1A and SAMM 2A).

Annual Performance Goal 2.3: 80% of safety and health staff will receive professional development annually through a variety of methods.

- Percent of compliance safety and health staff receiving professional development
- Consultation manager receiving professional development

Results:

- 100% of compliance safety and health staff received professional development
- The consultation manager received professional development

Assessment:

Annual Performance Goal 2.3 was achieved.

All 17 compliance safety and health staff and the consultation manager received at least one professional development course. The OSHA 2220 Respiratory Protection, OSHA 2010 Hazardous Materials, OSHA 3090 Electrical Standards, and OSHA 511 Occupational Safety and Health Standards for General Industry classes were held in Hawaii so all available staff could be trained while saving on travel costs. As part of the OSA, OSHA provided an enhanced case file documentation/worker misclassification/evaluation of safety and health management systems course in Hawaii and two HIOSH compliance officers shadowed OSHA compliance officers for on-the-job PSM training.

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

Percent of Total Inspections in Public Sector (SAMM 6)

There were 15 inspections conducted in state and local government workplaces. According to the FY 2016 grant, the planned number of state and local government inspections was 42 or 6.0% of the 700 total projected inspections. Therefore, the further review level for percent of total inspections in public sector in SAMM 6 is +/- 5% of 6.0%. The 15 inspections conducted in state and local government comprised only 3.5% of the 429 inspections conducted for the fiscal year.

Finding FY 2016-02: HIOSH's state and local government inspections were 3.5% of their total inspections which is below the further review level of 5.7% for SAMM 6 and the numbers projected in their grant.

Recommendation FY 2016-02: HIOSH must develop and implement a program to increase the number of inspections in the state and local government and meet the inspection goal proposed in the grant.

Planned v. Actual Inspections – Safety/Health (SAMM7)

There were 429 inspections conducted in FY 2016, which was short of the 700 inspections planned in their grant. HIOSH's total inspections were 61% of their planned goal as described in their grant.

Finding FY 2016-03: HIOSH conducted 61% of the inspections planned in the FY 2016 grant.

Recommendation FY 2016-03: HIOSH must ensure that the number of inspections conducted meets the goals established in the grant.

Average Current Penalty Per Serious Violation (SAMM 8)

Hawaii OSHA's average current penalty per serious violation in private sector (SAMM 8: 1-250+ workers) was \$1,802.19 in FY 2016. The Further Review Level (FRL) is -25% of the National Average (\$2,279.03) which equals \$1,709.27. Penalties are one component of effective enforcement, and State Plans are required to adopt penalty policies and procedures that are "at least as effective" (ALAE) as those contained in OSHA's FOM, which was revised on August 2, 2016, to include changes to the penalty structure in Chapter 6 – Penalty and Debt Collection. OSHA will continue to explore ALAE analysis of State Plan penalty structures to include evaluation of average current penalty per serious violation data.

Percent of Work Related Fatalities Responded to in 1 Work Day (SAMM 10)

The SAMM 10 measures percent of work related fatalities responded to in one workday and the expectation (further review level) is 100%. SAMM 10 indicated that only three of the five (60%) fatalities were investigated within one work day. One of the two fatalities not investigated timely was later determined to not be occupationally related. The inspection was changed to a referral, but the change was made after the final SAMM report was run. The second fatality not investigated timely was on Maui and the investigation was not opened until three working days after the fatality was reported.

III. Assessment of State Plan Corrective Actions

Finding FY 2015-01: 14 of the 33 case files of employers who were required to maintain the OSHA 300 log did not contain copies of the OSHA 300, nor was the data entered into OIS.

Recommendation FY 2015-01: Ensure every inspection of an employer who maintains the 300 log includes an assessment of trends, potential hazards, types of operations and work-related injuries.

Status: Completed

The corrective action measures were evaluated through case file reviews. Of the 12 case files reviewed, 11 contained copies of the injury and illness data/OSHA 300 logs, and the data was entered into OIS. The one case file without copies of the injury and illness data/OSHA 300 logs was at the start of the transition to the new case file checklist.

Finding FY 2015-02: Penalty reductions for history were not documented in 16 of the 49 case files where the reduction was given.

Recommendation FY 2015-02: Ensure penalty reductions for history are documented in the casefile.

Status: Completed

The corrective action measures were evaluated through case file reviews. All 12 case files reviewed contained documented history searches and all penalty adjustments were applied in accordance with the HIOSH Field Operations Manual.

Finding FY 2015-03 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19): Three standards have not been responded to and adopted in a timely manner to include Occupational Injury and Illness Recording and Reporting Requirements; NAICS Update and Reporting Revisions that was due for adoption on March 19, 2015.

Recommendation FY 2015-03 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19):

Ensure Standards are responded to and adopted within the required timeframes.

Status: Open (Updated List)

The Occupational Injury and Illness Recording and Reporting Requirements; NAICS Update and Reporting Revisions, was sent to the Governor for signature on November 21, 2016. The Final Rule to Improve Tracking of Workplace Injuries and Illnesses standards was sent to the Governor for signature on November 30, 2016. The adoption process started in August 2016 for the Cranes and Derricks in Construction - Operator Certification Final Rule and Confined Spaces in Construction standards. Both are anticipated to be completed by September 30, 2017. New standards in FY 2016 that are delinquent include the following: Final Rule to Improve Tracking of Workplace Injuries and Illnesses, Interim Final Rule on Maximum Penalty Increases, and Final Rule for Occupational Exposure to Respirable Crystalline Silica. There are six standards that have not been responded to and/or adopted in a timely manner in both FY 2015 and FY 2016.

Finding FY 2015-04 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19): Fifteen Federal Program Changes have not been responded to and/or adopted in a timely manner to include the Field Operations Manual that was due for adoption September 26, 2009, and the Whistleblower Manual, that was due for adoption on March 22, 2012.

Recommendation FY 2015-04 (FY 2014-05, 2013-05, 2012-09, 2011-18 and 2011-19):

Ensure Federal Program Changes are responded to and/or adopted within the required timeframes.

Status: Open

All outstanding Federal Program Changes from 2015 and prior were responded to and/or adopted as required. There are two Federal Program Changes that have not been responded to and/or adopted in a timely manner in FY 2016: Field Operations Manual Directive and the Whistleblower Investigations Manual. HIOSH has submitted a draft Whistleblower Investigations Manual to OSHA and it is currently under review.

Finding FY 2015-05: There was no evidence HIOSH coordinated with other agencies during the investigation in two cases reviewed and dismissed on their merits, as required by 2015 Discrimination Investigation Manual (DIM) Chapter 3(IV)(B)(1)(h), 3(IV)(E)(4), and 3(IV)(F).

Recommendation FY 2015-05: Follow procedures to ensure that if information received during the investigation indicates the complainant has filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator must attempt to determine the nature, status, or results of that complaint.

Status: Completed, Awaiting Verification

In July 2016, HIOSH staff were trained that if they received information that indicated the complainant had filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator would attempt to determine the nature, status, or results of that complaint and document either the information and/or attempts made to obtain the information.

Finding FY 2015-06 (FY 11-22, 12-12, 13-06, and 14-09): Information was incorrectly entered in the Integrated Management Information System (IMIS) for whistleblower retaliation investigations, including the filing date, adverse action date, the date the Report of Investigation (ROI) was submitted to the supervisor, and the date the supervisor approved the ROI, as required by 2011 Discrimination Investigation Manual (DIM) Chapter 5(V) and DIM Chapter 5(VII)(A).

Recommendation FY 2015-06 (FY 11-22, 12-12, 13-06, and 14-09): Follow procedures in accordance with 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A) to ensure whistleblower retaliation investigation information is accurately entered into IMIS.

Status: Completed, Awaiting Verification

A whistleblower matrix was developed to assist staff with documenting IMIS information. The supervisor reviews the matrix and the case file to ensure that accurate information is entered into IMIS.

Finding FY 2015-07 (FY 2014-02): HIOSH VPP is not an active, viable program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures instruction (CSP 03-01-003).

Recommendation FY 2015-07 (FY 2014-02): Establish an active voluntary compliance program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures Manual.

Status: Open

There was no action taken for this finding. Required activities for VPP were set forth in the FY 2017 high-risk grant addendum.

Finding FY 2015-08 (FY 2013-14 and 2014-08): State and local government consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.

Recommendation FY 2015-08 (FY 2013-14 and 2014-08): Ensure the appropriate grant fund is charged for state and local government on-site consultation visits.

Status: Changed to an Observation

There were no state and local government consultation visits conducted by HIOSH in FY 2016. In September 2016, a consultation program manager was hired who is partially funded under the 23(g) grant and conducts state and local government inspection. Required activities associated with state and local government consultation visits were imposed during FY 2017.

Observation 2016-OB-01 (FY 2015-08): State and local government consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.

Federal Monitoring Plan 2016-OB-01 (FY 2014-OB-02): OSHA will monitor the Program to ensure appropriate grant fund is charged for state and local government on-site consultation visits.

Finding FY 2015-09 (FY 2012-10, 2013-13 and 2014-13): Adequate marketing strategies were not used to promote the on-site consultation program to state and local government employers.

Recommendation FY 2015-09 (FY 2012-10, 2013-13 and 2014-13): Develop consultation program marketing strategies that target state and local government employers.

Status: Completed

A marketing strategy to target state and local government employers was developed and letters highlighting the benefits of requesting consultation were sent out to all state and local government agencies. The actions were taken at the end of FY 2016 and have already generated several consultation requests for FY 2017.

Observation 2015-OB-01 (FY 2014-OB-02): Policies and procedures for targeting high hazard industries for inspections were not documented and only 68% of programmed inspections were in high hazard industries.

Federal Monitoring Plan 2015-OB-01 (FY 2014-OB-02): Document a high hazard targeting process.

Status: The percentage of programmed inspections in high hazard industries increased to 81%, but procedures have not been documented to ensure resources are prioritized to protect workers in high risk industries. This observation has been converted to Finding FY 2016-09: Policies and procedures for targeting high hazard industries for inspection were not documented; and Recommendation FY 2016-09: HIOSH must document a high hazard targeting process.

**Appendix A – New and Continued Findings and Recommendations
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FY 2016-#	Finding	Recommendation	FY 2015
FY 2016-01	HIOSH did not focus their resources to address their performance goals. No toxic dust monitoring inspections were conducted.	HIOSH must provide effective management of resources to achieve the performance goal of completing toxic dust monitoring inspections.	New Finding
FY 2016-02	HIOSH's state and local government inspections were 3.5% of their total inspections which is below the further review level of 5.7% for SAMM 6 and the numbers projected in their grant.	HIOSH must develop and implement a program to increase the number of inspections in the state and local government and meet the inspections proposed in the grant.	New Finding
FY 2016-03	HIOSH conducted 61% of the inspections planned in the FY 2016 grant.	HIOSH must ensure that the number of inspections conducted meets the goals established in the grant.	New Finding
FY 2016-04	There are six standards that have not been responded to and adopted in a timely manner in both FY 2015 and FY 2016.	HIOSH must ensure standards are responded to and adopted within the required timeframes.	FY 2015-03
FY 2016-05	There are two Federal Program Changes that have not been responded to and adopted in a timely manner in FY 2016.	HIOSH must ensure that Federal Program Changes are responded to and/or adopted within the required timeframes.	FY 2015-04
FY 2016-06	There was no evidence HIOSH coordinated with other agencies during the investigation in two cases reviewed and dismissed on their merits, as required by 2015 Discrimination Investigation Manual (DIM) Chapter 3(IV)(B)(1)(h), 3(IV)(E)(4), and 3(IV)(F).	HIOSH must follow procedures to ensure that if information received during the investigation indicates the complainant has filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator must attempt to determine the nature, status, or results of that complaint.	FY 2015-05
FY 2016-07	Information was incorrectly entered in IMIS for whistleblower retaliation investigations, including the filing date, adverse action date, the date the Report of Investigation (ROI) was submitted to the supervisor, and the date the supervisor approved the ROI, as required by 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A).	HIOSH must follow its own procedures to ensure whistleblower retaliation investigation information is accurately entered into IMIS.	FY 2015-06

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FY 2016-08	The Voluntary Protection Program (VPP) is not an active, viable program.	HIOSH must establish an active VPP program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures Manual.	FY 2015-07
FY 2016-09	Policies and procedures for targeting high hazard industries for inspection were not documented.	HIOSH must document a high hazard targeting process.	FY 2015-OB-01

**Appendix B – Observations Subject to New and Continued Monitoring
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Observation # FY 2016	Observation # FY 2015	Observation	Federal Monitoring Plan	Current Status
FY 2016-OB-01	FY 2015-08	Public sector consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.	OSHA will monitor the Program to ensure that the appropriate grant fund is charged for public sector on-site consultation visits.	Changed from a Finding

**Appendix C – Status of FY 2015 Findings and Recommendations
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FY 2015-#	Finding	Recommendation	State Plan Response/Corrective Action	Completion Date (if Applicable)	Current Status (and Date if Not Completed)
FY 2015-01	Fourteen of 33 (42%) of the case files of employers who were required to maintain the OSHA 300 log did not contain copies of the OSHA 300 log, nor was the data entered into OIS.	Ensure that every inspection of an employer who maintains the 300 OSHA log includes an assessment of trends, potential hazards, types of operations and work-related injuries.	The corrective action measures were evaluated through case file reviews. Of the 12 case files reviewed, 11 contained copies of the injury and illness data/OSHA 300 logs, and the data was entered into OIS. The one case file without copies of the injury and illness data/OSHA 300 logs was at the start of the transition to the new case file checklist.	1/13/2017	Completed
FY 2015-02	Penalty reductions for history were not documented in 16 of 49 (33%) case files where a reduction was given.	Ensure penalty reductions for history are documented appropriately in the case file.	The corrective action measures were evaluated through case file reviews. All 12 case files reviewed contained documented history searches and all penalty adjustments were applied in accordance with the HIOSH Field Operations Manual.	1/13/2017	Completed

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FY 2015-03	Three standards have not been responded to and adopted in a timely manner to include Occupational Injury and Illness Recording and Reporting Requirements; NACIS Update and Reporting Revisions that was due for adoption on March 19, 2015.	Ensure standards are responded to and adopted within the required timeframes.	The Occupational Injury and Illness Recording and Reporting Requirements; NAICS Update and Reporting Revisions was sent to the Governor for signature on November 21, 2016. The Final Rule to Improve Tracking of Workplace Injuries and Illnesses standards was sent to the Governor for signature on November 30, 2016. The adoption process started in August 2016 for the Cranes and Derricks in Construction - Operator Certification Final Rule and Confined Spaces in Construction standards. Both are anticipated to be completed by September 30, 2017. New standards in FY 2016 that are delinquent include the following: Final Rule to Improve Tracking of Workplace Injuries and Illnesses, Interim Final Rule on Maximum Penalty Increases, Final Rule for Occupational Exposure to Respirable Crystalline Silica. There are six standards that have not been responded to and adopted in a timely manner in both FY 2015 and FY 2016.		Open 9/01/2016
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**Appendix C – Status of FY 2015 Findings and Recommendations
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FY 2015-04	Fifteen Federal Program Changes have not been responded to and adopted in a timely manner to including the Field Operations Manual that was due for adoption September 26, 2009, and the Whistleblower Manual, that was due for adoption on March 22, 2012.	Ensure Federal Program Changes are responded to and/or adopted within the required timeframes.	All outstanding Federal Program Changes from 2015 and prior were responded to and/or adopted as required. There are two Federal Program Changes that have not been responded to and adopted in a timely manner in FY 2016: Field Operations Manual Directive and the Whistleblower Investigations Manual.		Open 5/09/2017
FY 2015-05	There was no evidence HIOSH coordinated with other agencies during the investigation in two cases reviewed and dismissed on their merits, as required by 2015 Discrimination Investigation Manual (DIM) Chapter 3(IV)(B)(1)(h), 3(IV)(E)(4), and 3(IV)(F).	Follow its own procedures to ensure that if information received during the investigation indicates the complainant has filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator must attempt to determine the nature, status, or results of that complaint.	In July 2016, HIOSH staff were trained that if they received information that indicated the complainant had filed a concurrent retaliation complaint, safety and health complaint, or any other complaint with another government agency, the investigator would attempt to determine the nature, status, or results of that complaint and document either the information and/or attempts made to obtain the information.		Completed, Awaiting Verification 10/01/2016

**Appendix C – Status of FY 2015 Findings and Recommendations
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FY 2015-06	Information was incorrectly entered in IMIS for whistleblower retaliation investigations including the filing date, adverse action date, the date the Report of Investigation (ROI) was submitted to the supervisor, and the date the supervisor approved the ROI, as required by 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A).	Follow procedures in accordance with 2011 DIM Chapter 5(V) and DIM Chapter 5(VII)(A) to ensure whistleblower retaliation investigation information is accurately entered into IMIS.	A whistleblower matrix was developed to assist staff with documenting WebIMIS information. The supervisor reviews the matrix and the case file to ensure that accurate information is entered into IMIS.		Completed, Awaiting Verification 10/01/2016
FY 2015-07	HIOSH VPP is not an active, viable program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures instruction (CSP 03-01-003).	Establish an active voluntary compliance program in accordance with the Hawaii Voluntary Protection Program Policies and Procedures Instruction (CSP 03-01-003).	There was no action taken for this finding. Mandated activities for VPP were imposed for FY 2017.		Open 10/01/2016

**Appendix C – Status of FY 2015 Findings and Recommendations
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FY 2015-08	State and local government consultation visits were conducted by consultants that were 100% funded by the 21(d) Cooperative Agreement.	Should ensure the appropriate grant fund is charged for state and local government on-site consultation visits.	There were no state and local government consultation visits conducted by HIOSH in FY 2016. In September 2016, a consultation program manager was hired who is partially funded under the 23(g) grant and conducts state and local government inspection. Required activities associated with state and local government consultation visits were imposed during FY 2017.		Changed to an Observation 10/01/2016
FY 2015-09	Adequate marketing strategies were not used to promote the on-site consultation program to state and local government employers.	Develop on-site consultation program marketing strategies that target state and local government employers.	A marketing strategy to target state and local government employers was developed and letters highlighting the benefits of requesting consultation was sent out to all state and local government agencies. The actions were taken at the end of FY 2016 and have already generated several visit requests for FY 2017.	10/10/2016	Completed

**Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report
FY 2016 Hawaii Occupational Safety and Health State Plan Follow-up FAME Report**

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

**Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report
 FY 2016 Hawaii Occupational Safety and Health State Plan Follow-up FAME Report**

U.S. Department of Labor				
Occupational Safety and Health Administration State Plan Activity Mandated Measures (SAMMs)				
State Plan: Hawaii – HIOSH			FY 2016	
SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
1a	Average number of work days to initiate complaint inspections (state formula)	6.07	7	Further review level is negotiated by OSHA and the State Plan.
1b	Average number of work days to initiate complaint inspections (federal formula)	4.91	N/A	This measure is for informational purposes only and is not a mandated measure.
2a	Average number of work days to initiate complaint investigations (state formula)	1.22	2	Further review level is negotiated by OSHA and the State Plan.
2b	Average number of work days to initiate complaint investigations (federal formula)	0.37	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%	Further review level is fixed for all State Plans.
4	Number of denials where entry not obtained	0	0	Further review level is fixed for all State Plans.

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5	Average number of violations per inspection with violations by violation type	SWRU: 2.53	+/- 20% of SWRU: 1.87	Further review level is based on a one-year national rate.
		Other: 0.74	+/- 20% of Other: .99	
6	Percent of total inspections in state and local government workplaces	3.50%	+/- 5% of 6.0%	Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
7	Planned v. actual inspections – safety/health	S: 260	+/- 5% of S: 316	Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
		H: 169	+/- 5% of H: 384	
8	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$1,802.19	+/- 25% of \$2,279.03	Further review level is based on a one-year national rate.
	a. Average current serious penalty in private sector (1-25 workers)	\$1,585.57	+/- 25% of \$1,558.96	Further review level is based on a one-year national rate.
	b. Average current serious penalty in private sector (26-100 workers)	\$1,658.54	+/- 25% of \$2,549.14	Further review level is based on a one-year national rate.
	c. Average current serious penalty in private sector (101-250 workers)	\$3,154.50	+/- 25% of \$3,494.20	Further review level is based on a one-year national rate.
	d. Average current serious penalty in private sector (greater than 250 workers)	\$3,764.43	+/- 25% of \$4,436.04	Further review level is based on a one-year national rate.

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9	Percent in compliance	S: 13.55%	+/- 20% of S: 28.85%	Further review level is based on a one-year national rate.
		H: 27.39%	+/- 20% of H: 35.68%	
10	Percent of work-related fatalities responded to in one workday	60.00%	100%	Further review level is fixed for all State Plans.
11	Average lapse time	S: 51.77	+/- 20% of S: 45.16	Further review level is based on a one-year national rate.
		H: 66.43	+/- 20% of H: 57.28	
12	Percent penalty retained	76.10%	+/- 15% of 69.86%	Further review level is based on a one-year national rate.
13	Percent of initial inspections with worker walk around representation or worker interview	99.77%	100%	Further review level is fixed for all State Plans.
14	Percent of 11(c) investigations completed within 90 days	0%	100%	Further review level is fixed for all State Plans.
15	Percent of 11(c) complaints that are meritorious	13%	+/- 20% of 24%	Further review level is based on a three-year national average.
16	Average number of calendar days to complete an 11(c) investigation	209	90	Further review level is fixed for all State Plans.
17	Percent of enforcement presence	1.66%	+/- 25% of 1.26%	Further review level is based on a one-year national rate.