

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



Evaluation Period: October 1, 2015 – September 30, 2016

Initial Approval Date: January 10, 1973
Program Certification Date: November 16, 1976
Final Approval Date: July 16, 1985

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I. Executive Summary

A. State Plan Activities, Themes, and Progress

The purpose of this report is to assess the activities of the Utah Occupational Safety and Health Division (UOSH) for Fiscal Year (FY) 2016 and its progress in resolving outstanding findings and observations from previous Federal Annual Monitoring and Evaluation (FAME) Reports, with a focus on the FY 2015 Comprehensive FAME Report.

Throughout FY 2016, UOSH was able to maintain its management staff and add a compliance field operations manager position, as well. By creating this position, UOSH has been able to spread out its management functions between an operations manager and a compliance program manager. The overall stability of the program proved to be a major asset in helping UOSH meet or exceed its performance goals.

There were two findings and eight observations in the FY 2015 FAME Report. Throughout the last year, UOSH has worked diligently to address each of these findings and observations.

B. State Plan Introduction

UOSH is housed within Utah’s Labor Commission. The State Plan designee is Labor Commissioner Jaceson Maughan. During the evaluation period, Christopher Hill served as the UOSH program director; however, as of March 2017, the UOSH program director is Cameron Ruppe. The UOSH program consists of enforcement, whistleblower, cooperative programs, and private sector and state and local government consultation. The Voluntary Protection Program (VPP) and Partnerships are administered by the Enforcement Division and funded under the 23(g) grant. State and local government consultation activities are administered by 23(g), but no funding is provided through the grant. Consultation in the private sector is funded through a 21(d) cooperative agreement. UOSH operates on a traditional five-day workweek from a centrally located office in Salt Lake City. UOSH closely mirrors the federal program, with some differences that allow for accommodation of unique state demands and issues.

UOSH currently employs 27 full-time positions in the Compliance Section, which includes 10 safety compliance officers and nine health compliance officers, as well as one full-time whistleblower investigator and one compliance assistance specialist. In the last quarter of FY 2016, UOSH reduced the number of front-line supervisors to one.

The following table shows the federal award levels, State Plan matching funds, and one-time money from FY 2014 through FY 2016.

Fiscal Year	Federal Award	State Plan Match	100% State Funds	Total Funding	% of State Plan Contribution	One-time Money
2016	\$1,528,800	\$1,528,800	\$237,132	\$3,294,732	54%	
2015	\$1,522,000	\$1,522,000	\$315,533	\$3,359,533	54%	
2014	\$1,522,000	\$1,522,000	\$127,173	\$3,171,173	52%	\$58,866

UOSH has jurisdiction over private employers with one or more workers, as well as all state and local government agencies, including public education. During FY 2016, UOSH had jurisdiction over approximately 1,348,247 workers, with 198,668 of these individuals working in state and local government.

Federal enforcement jurisdiction remains over maritime employment in the private sector; employment at Hill Air Force Base and Tooele Army Depot, which includes the Tooele Chemical Demilitarization Facility; and the U.S. Department of Energy's Naval Petroleum and Oil Shale Reserve to the extent it remains a Department of Energy facility. Federal jurisdiction remains in effect with regard to the federal government and the U.S. Postal Service.

C. Data and Methodology

OSHA has established a two-year cycle for the FAME process. This is the follow-up year, and as such, 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 Report.

The following data sources were used to support the information in this FAME Report:

- FY 2016 State Operations Annual Report
- FY 2016 State Plan Grant Application
- FY 2016 State Activity Mandated Measures (SAMM) Report
- Mandated Activities Report for Consultation
- Minutes from quarterly meetings
- 2016 State Information Report

D. Findings and Observations

There were no new findings or observations in FY 2016; however, the two findings and seven of the eight observations from the FY 2015 FAME are continued. UOSH has implemented corrective action for one of the findings, but a case file review during the next FAME audit is needed to verify completion. With regard to the observations identified in the FY 2015 FAME, each was addressed through the development of new policies and procedures and by conducting internal training for the compliance staff. Again, verification of any improvement will take place during the next FAME audit.

II. Assessment of State Plan Performance

A. Major New Issues

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 the annual increase.

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

According to the OSHA Information System (OIS), UOSH conducted a total of 814 inspections, so UOSH exceeded its projected goal of 725 inspections for FY 2016. The following table, which is derived from OIS, shows that UOSH exceeded its projected goals for total inspections, private sector inspections, and total safety inspections. They were also able to meet their inspection goal for the total number of health inspections. The only category where UOSH was short of their inspection goal was in the state and local government.

Inspections for FY 2016	Projected Value	Actual Value	Percent of Goal
Total Inspections	725	814	112%
Private Sector	700	797	113%
State and Local Government	25	17	68%
Total Safety	626	715	114%
Total Health	99	99	100%

Strategic Goal 1: Achieve an effective impact in the reduction of Utah’s fatality rate for industries that are under UOSH jurisdiction by 2019, measured by the most current averages of Bureau of Labor Statistics (BLS) fatality data available.

Performance Goal 1: The first of UOSH’s annual performance goals is to reduce the number of workplace fatalities. UOSH measures this by comparing the Utah average three-year fatality rate (calculated by the BLS average baseline of 1.1 from FY 2010 to FY 2012) to the fatality rate for FY 2016.

Result: In FY 2016, there were 11 workplace fatalities that were covered by UOSH’s jurisdiction. Five of the fatalities occurred in operations in general industry, and the remaining six were in construction. The leading causes of death were caught-in-between (five) and struck-by/against (three). The three remaining cases involved a fall, asphyxiation, and cardiac arrest. Given the number of workers under UOSH’s jurisdiction, the fatality rate in Utah for FY 2016 was 0.81. This rate equates to a reduction in fatalities of nearly 26% from the baseline. Based on this information, UOSH achieved their annual performance goal to reduce the number of workplace fatalities.

Strategic Goal 2: Achieve an effective impact in the reduction of injuries and illnesses in industries that are under UOSH jurisdiction, measured by the most current average of BLS total recordable cases (TRC) rate.

Performance Goal 2: The second annual performance goal is to achieve an effective impact in

the reduction of injuries and illnesses in industries that are under UOSH’s jurisdiction. To evaluate achievement of this goal, the total recordable case (TRC) rate is compared to the three-year average BLS baseline.

Result: According to BLS, the three-year average for FY 2010 to FY 2012 is 3.6. Comparing the BLS rate of 3.6 to the FY 2016 TRC rate of 3.3, UOSH achieved their year-end goal of reducing the number of injuries and illnesses.

Strategic Goal 3: Increase participation in consultation services, recognition programs, and compliance assistance to promote workplace safety and health.

Performance Goal 3: The third annual performance goal is to increase participation in recognition programs and compliance assistance to promote workplace safety and health.

Result: UOSH partially met this goal. The strategy that UOSH uses to ensure that this goal is met is to promote state and local government consultation services, VPP, Partnerships, and compliance assistance. UOSH is largely meeting this goal as shown in the following table.

	2016 Goal	2016 Results	Percent of Goal
State and Local Government Consultation Visits	43	17	39%
State and Local Government Compliance Assistance Visits	37	66	178%
VPP Participants	7	8	114%
VPP Applications	1	2	200%
State and Local Government SHARP Applications	2	1	50%
State and Local Government SHARP Participants	6	8	133%
Private Sector Compliance Assistance Visits	198	134	67%

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

UOSH’s average current penalty per serious violation in private sector (SAMM 8: 1-250+ workers) was \$1,365.83 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 Field Operations Manual (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.

Three areas of the SAMM where UOSH performed particularly well in FY 2016 include Measures 7, 9, and 11. Measure 7 identifies the projected number of inspections and the actual number of inspections conducted by the State Plan. In this case, UOSH met their inspection goal exactly for health inspections with 99 and exceeded their safety inspection goal by 89. However, UOSH was outside the further review level for SAMM 6, percent of total inspections in state and local government workplaces. In their grant application, UOSH committed to completing 3.45% of their total inspections in state and local government workplaces, and only completed 2.09% (the further review level is 3.28% or -5% of the 3.45% goal). Measure 9 reflects the in-compliance rate for the State Plan’s inspection activity. In FY 2016, UOSH had in-compliance rates of 32.81% for safety and 38.04% for health, which are both below the further review levels of 34.62% for safety and 42.82% for health (further review levels are +20% of the national averages). Lastly, Measure 11 tracks the overall lapse time for enforcement inspections. In FY 2016, UOSH improved upon their already low lapse time; decreasing their safety lapse time to 28 days and their health lapse time to 41 days. Both of these values are well below the further review levels of 54.19 for safety and 68.74 for health. .

Section III of this report addresses several of the measures related to findings and observations detailed in the FY 2015 FAME Report.

III. Assessment of State Plan Corrective Actions

The FY 2015 FAME Report identified two findings and eight observations. UOSH has corrected one of the findings, to be verified in the FY 2017 onsite case file review, and one finding remains open. In addition, one of the observations was able to be closed, but seven are continued. The assessment of State Plan corrective actions is as follows:

FY 2015-1 (currently FY 2016-1 and formerly FY 2014-2): The percentage of health inspections where no violations were found, 59.42%, is high as compared to the national average of 33.58%. Not all of the health files included information about the calibration of monitoring equipment (two cases), the results of sampling (two cases), or that the sampling results were shared with the employer (seven cases).

Recommendation: UOSH should provide additional training for compliance officers in the recognition of violations and documentation of violations. Areas of focus should include hazard recognition, sampling strategies, and case file documentation. The completion of the UOSH FOM will also assist in satisfying this finding.

Status: With respect to the in-compliance rate for health inspections, UOSH was able to reduce their in-compliance rate to 38.04%. This is a vast improvement over FY 2015. Along with continued training for both supervisors and compliance officers, the development of a formal FOM has had a positive impact on the resolution of this finding. The items in this finding that relate specifically to case file documentation are also addressed by the new FOM. This finding is completed but awaiting verification.

FY 2015-2 (currently FY 2016-2 and formerly FY 2014-8): The whistleblower program had significant programmatic deficiencies involving the receipt, processing, and disposition of whistleblower complaints.

Recommendation: UOSH should ensure that appropriate training and oversight are conducted.

Status: Since the FY 2015 FAME audit, UOSH has hired a new full-time whistleblower investigator. UOSH has dedicated resources to improving their receipt and processing of complaints, as well as developing new forms and systems for tracking cases. UOSH is also in the process of finalizing their Whistleblower Manual, which will formalize their policies and procedures for the handling of whistleblower complaints. This finding is open.

The status of the FY 2015 findings and recommendations can be found in Appendix C of this report.

With regard to the eight observations from the FY 2015 FAME, UOSH has performed internal training and implemented new policies and procedures to address each issue. One observation has been closed. Each of the remaining seven observations related to case file management or information contained within the inspection files or inquiry files will be reviewed in the FY 2017 FAME audit to be conducted in the first or second quarter of FY 2018. The status of the FY 2015 observations can be found below and in Appendix B of this document.

FY 2015-OB-1 (currently FY-2016-OB-1): Eight of the 30 complaint files reviewed lacked a thorough response to the complaint items, did not include all complaint items, and/or did not address all complaint items alleged by the complainant.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

FY 2015-OB-2 (formerly FY 2014-OB-2 and FY 2013-OB-3): Next-of-kin letters were not written or sent in two of the seven fatality case files reviewed, and family members must request inspection findings after the completion of the inspection.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: Compliance officers were trained on how to properly document fatality case files and correspond with victims' families in FY 2016. This has been verified by Region VIII. This observation is closed.

FY 2015-OB-3 (currently FY 2016-OB-2): For FY 2015, UOSH was 28% below the national average with respect to the issuance of citations that are considered to be serious, willful, repeat, or unclassified. Nine of 40 cases showed inconsistent application of the gravity-based penalty system (probability/severity), inappropriate use of grouping, or improper classification of issued citations.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

FY 2015-OB-4 (currently FY 2016-OB-3): According to the FY 2016 SAMM data, UOSH was approximately 40% below their negotiated percentage of inspections conducted in the state and local government sector.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

FY 2015-OB-5 (currently FY 2016-OB-4): The case file review found that in seven of 68 cases, the employer's OSHA-300 logs were not kept for various reasons (e.g. employer believed they were exempt, but they were covered by the standard), were incomplete, and/or were not entered into OIS.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

FY 2015-OB-6 (currently FY 2016-OB-5): UOSH does not currently have a written policy for processing complaints and referrals. For several years, UOSH has been working toward completing a FOM, but a final FOM has not been implemented.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

FY 2015-OB-7 (formerly FY 2014-5 and currently FY 2016-OB-6): Abatement policies were not consistently followed. It was determined that six of the 38 files with citations had deficiencies with abatement. These deficiencies were mainly related to providing too much time for abatement or not including abatement for conditions that were "corrected during inspection". However, there have been improvements regarding the receipt of abatement.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

FY 2015-OB-8 (currently FY 2016-OB-7): It was determined that 12 of the 68 case files lacked documentation that worker interviews had been conducted as part of the investigative process.

Federal Monitoring Plan: The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.

Status: This observation is continued and will be a focus of the onsite case file review during the FY 2017 comprehensive FAME.

Appendix A – New and Continued Findings and Recommendations

FY 2016 Utah Follow-up FAME Report

FY 2016-#	Finding	Recommendation	FY 20XX-# or FY 20XX-OB-#
FY 2016-1	The percentage of health inspections where no violations were found (59.42%) is high as compared to the national average of 33.58%. Not all of the health files included information about the calibration of monitoring equipment (two cases), the results of sampling (two cases), or that the sampling results were shared with the employer (seven cases).	UOSH should provide additional training for compliance officers in the recognition of violations and documentation of violations. Areas of focus should include hazard recognition, sampling strategies, and case file documentation. The completion of the UOSH FOM will also assist in satisfying this finding. <i>Corrective action complete, awaiting verification.</i>	FY 2015-1 FY 2014-2
FY 2016-2	The whistleblower program had significant programmatic deficiencies involving the receipt, processing, and disposition of whistleblower complaints.	UOSH should ensure that appropriate training and oversight are conducted.	FY 2015-2 FY 2014-8

Appendix B – Observations Subject to New and Continued Monitoring

FY 2016 Utah Follow-up FAME Report

Observation # FY 2016-OB-#	Observation# FY 20XX-OB-# or FY 20XX-#	Observation	Federal Monitoring Plan	Current Status
FY 2016-OB-1	FY 2015-OB-1	Eight of the 30 complaint files reviewed lacked a thorough response to the complaint items, did not include all complaint items, and/or did not address all complaint items alleged by the complainant.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.	Continued
FY 2016-OB-2	FY 2015-OB-3	For FY 2015, UOSH was 28% below the national average with respect to the issuance of citations that are considered to be serious, willful, repeat, or unclassified. Nine of 40 cases showed inconsistent application of the gravity-based penalty system (probability/severity), inappropriate use of grouping, or improper classification of issued citations.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.	Continued
FY 2016-OB-3	FY 2015-OB-4	According to the FY 2015 SAMM data, UOSH was approximately 49% below their negotiated percentage of inspections conducted in the state and local government sector.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2016.	Continued
FY 2016-OB-4	FY 2015-OB-5	The case file review found that in seven of 68 cases, the employer's OSHA-300 logs were not kept for various reasons (e.g. employer believed exempt, but they were covered by the standard), were incomplete, and/or were not entered into OIS.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.	Continued
FY 2016-OB-5	FY 2015-OB-6	UOSH does not currently have a written policy for processing complaints and referrals. For several years, UOSH has been working toward completing a FOM, but a final FOM has not been implemented.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.	Continued
FY 2016-OB-6	FY 2015-OB-7 FY 2014-5	Abatement policies were not consistently followed. It was determined that six of the 38 files with citations had deficiencies with abatement. These deficiencies were mainly related to providing too much time for abatement or not including abatement for conditions that were "corrected during inspection". However, there have been improvements regarding the receipt of abatement.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.	Continued
FY 2016-OB-7	FY 2015-OB-8	It was determined that 12 of the 68 case files lacked documentation that worker interviews had been conducted as part of the investigative process.	The OSHA Regional Office will continue to effectively monitor the State Plan's performance in this area during quarterly meetings throughout FY 2017.	Continued

Appendix B – Observations Subject to Continued Monitoring

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	FY 2015-OB-2 FY 2014-OB-2 FY 2013-OB-3	Next-of-kin letters were not written or sent in two of the seven fatality case files reviewed, and family members must request inspection findings after the completion of the inspection.		Closed
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Appendix C - Status of FY 2015 Findings and Recommendations

FY 2016 Utah Follow-up FAME Report

FY 2015-#	Finding	Recommendation	State Plan Response/Corrective Action	Completion Date	Current Status and Date
FY 2015-1	The percentage of health inspections where no violations were found (59.42%) is high as compared to the national average of 33.58%. Not all of the health files included information about the calibration of monitoring equipment (two cases), the results of sampling (two cases), or that the sampling results were shared with the employer (seven cases).	UOSH should provide additional training for compliance officers in the recognition of violations and documentation of violations. Areas of focus should include hazard recognition, sampling strategies, and case file documentation. The completion of the UOSH FOM will also assist in satisfying this finding.	With respect to the in-compliance rate for health inspections, UOSH was able to reduce their in-compliance rate to 38.04%. This is a vast improvement over FY 2015. Along with continued training for both supervisors and compliance officers, the development of a formal FOM has had a positive impact on the resolution of this finding. The items in this finding that relate specifically to case file documentation are also addressed by the new FOM but will need to be verified during the next onsite comprehensive audit.	November 2, 2016	Awaiting Verification, February 13, 2017
FY 2015-2	The whistleblower program had significant programmatic deficiencies involving the receipt, processing, and disposition of whistleblower complaints.	UOSH should ensure that appropriate training and oversight are conducted.	This item remains open. Since the FY 2015 FAME audit, UOSH has hired a new full-time whistleblower investigator. UOSH has dedicated resources to improving the receipt and processing of complaints, as well as developing new forms and systems for tracking cases. UOSH is also in the process of finalizing their Whistleblower Manual, which will formalize their policies and procedures for the handling of whistleblower complaints.	Not Applicable	Open, February 13, 2017

Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report

FY 2016 Utah 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 Utah Follow-up FAME Report

U.S. Department of Labor				
Occupational Safety and Health Administration State Plan Activity Mandated Measures (SAMMs)				
State Plan: Utah - UOSH			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)	3.35	5	State Plan data is pulled from OIS. Further review level is negotiated by OSHA and the State Plan.
1b	Average number of work days to initiate complaint inspections (federal formula)	2.56	N/A	State Plan data is pulled only from OIS. 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)	0.97	3	State Plan data is pulled from OIS. Further review level is negotiated by OSHA and the State Plan.
2b	Average number of work days to initiate complaint investigations (federal formula)	0.0	N/A	State Plan data is pulled only from OIS. This measure is for informational purposes only and is not a mandated measure.

Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report
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3	Percent of complaints and referrals responded to within one workday (imminent danger)	100%	100%	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
4	Number of denials where entry not obtained	0	0	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
5	Average number of violations per inspection with violations by violation type	SWRU: 1.47	+/-20% of SWRU: 1.87	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
		Other: .34	+/-20% of Other: .99	
6	Percent of total inspections in state and local government workplaces	2.09%	+/-5% of 3.45%	State Plan data is pulled from OIS. 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: 715	+/-5% of S: 626	State Plan data is pulled from OIS. Further review level is based on a number negotiated by OSHA and the State Plan through the grant application.
		H: 99	+/-5% of H: 99	

Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report

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8	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$1,365.83	+/- 25% of \$2,279.03	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	a. Average current serious penalty in private sector (1-25 workers)	\$979.00	+/- 25% of \$1,558.96	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	b. Average current serious penalty in private sector (26-100 workers)	\$1,738.53	+/- 25% of \$2,549.14	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	c. Average current serious penalty in private sector (101-250 workers)	\$2,204.28	+/- 25% of \$3,494.20	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
	d. Average current serious penalty in private sector (greater than 250 workers)	\$3,422.88	+/- 25% of \$4,436.04	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
9	Percent in compliance	S: 32.81%	+/-20% of S: 28.85%	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
		H: 38.04%	+/-20% of H: 35.68%	

Appendix D – FY 2016 State Activity Mandated Measures (SAMM) Report
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10	Percent of work-related fatalities responded to in one workday	100%	100%	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
11	Average lapse time	S: 28.11	+/-20% of S: 45.16	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
		H: 41.77	+/-20% of H: 57.28	
12	Percent penalty retained	76.13%	+/-15% of 69.86%	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.
13	Percent of initial inspections with worker walk around representation or worker interview	100%	98.50%	State Plan data is pulled from OIS. Further review level is fixed for all State Plans.
14	Percent of 11(c) investigations completed within 90 days	59%	100%	State Plan data is pulled from WebIMIS. Further review level is fixed for all State Plans.
15	Percent of 11(c) complaints that are meritorious	21%	+/-20% of 24%	State Plan data is pulled from WebIMIS. Further review level is based on a three-year national average, pulled from WebIMIS.

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16	Average number of calendar days to complete an 11(c) investigation	85	90	State Plan data is pulled from WebIMIS. Further review level is fixed for all State Plans.
17	Percent of enforcement presence	1.46%	+/-25% of 1.26%	State Plan data is pulled from OIS. Further review level is based on a one-year national rate, pulled only from OIS.