

**FY 2019 Comprehensive
Federal Annual Monitoring Evaluation (FAME) Report**

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



INDIANA
DEPARTMENT OF LABOR

Evaluation Period: October 1, 2018 – September 30, 2019

Initial Approval Date: February 25, 1974
State Plan Certification Date: October 6, 1981
Final Approval Date: September 26, 1986

**Prepared by:
U. S. Department of Labor
Occupational Safety and Health Administration
Region V
Chicago, Illinois**



Contents

I.	Executive Summary.....	3
II.	State Plan Background.....	4
	A. Background.....	4
	B. New Issues.....	4
III.	Assessment of State Plan Performance	5
	A. Data and Methodology	5
	B. Review of State Plan Performance.....	6
	1. Program Administration.....	6
	2. Enforcement	7
	3. Review Procedures	13
	4. Standards and Federal Program Changes (FPCs) Adoption	15
	5. Variances	17
	6. State and Local Government Worker Program.....	17
	7. Whistleblower Program.....	17
	8. Complaint About State Program Administration (CASPA)	20
	9. Voluntary Compliance Program.....	20
	10. State and Local Government 23(g) On-Site Consultation Program	20

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 2018 Findings and Recommendations.....	C-1
Appendix D – FY 2019 State Activity Mandated Measures (SAMM) Report.....	D-1
Appendix E – FY 2019 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) 2019, and its progress in resolving outstanding findings and/or observations from previous FAME reports. This report assesses the current performance of the Indiana Occupational Safety and Health Administration (IOSHA) 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 FY 2018 Follow-up FAME identified 10 findings and 1 observation. The single observation, related to IOSHA's in-compliance rate, continues to exceed the Further Review Level (FRL) and was converted to a finding. See the State Activity Mandated Measures (SAMM) report (SAMM 9, Appendix D). Three new observations were identified during the FY 2019 review. Additionally, five of the 10 findings from FY 2018 were closed and of the remaining five, one was converted to an observation and four remain open. Six new findings were identified during the FY 2019 review. A summary of the new findings are 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.

Among the year's highlights, IOSHA is to be commended for determining the issues contributing to the high response time to investigate complaints. This project involved going back several years to look at updates made to the database (OSHA Express), its interface with OIS, and ultimately its effect on SAMM 2a (Appendix D), average number of work days to initiate complaint investigations. The result was a reduction of 73% for the time to initiate complaint investigations from 23 days at the end of FY 2018 to just over six days at the end of FY 2019. IOSHA also continues to maintain a low lapse time, well under the FRL (SAMM 11, Appendix D).

OSHA has had discussions with IOSHA about developing an inspection targeting system for several years. IOSHA has adopted OSHA's National Emphasis Programs (NEP), which have inspection targeting protocols associated with them; however, targeting policies or procedures have not been provided for review to the regional office. This is identified as a finding (FY 2019-03) in this report. In addition, several key findings related to enforcement continue. This may be due to the high staff turnover that IOSHA has experienced year-after-year. It may also be due to case files not being thoroughly reviewed by supervisors prior to issuing citations.

During FY 2019, IOSHA was not successful at revising the 120-day statute of limitation for filing whistleblower cases with the Attorney General and this has been a finding for many years. This finding has been closed. Two other findings related to incorrect filing and docketing dates for whistleblower cases are completed. Two findings related to safety and health complaints have also been completed. As detailed above, IOSHA reduced the time to respond to complaint investigations. Additionally, a sample of e-complaints forwarded to IOSHA from OSHA's e-complaint system on osha.gov were selected for review and were found to be handled in a timely manner by IOSHA.

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 (OSHA 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 Ms. Michelle Ellison, Deputy Commissioner. Ms. Ellison took over when Mr. Tim Maley retired in January of 2019. Ms. Julie Alexander is Director of General Industry and Mr. Jameson Berry is Director of Construction. Mr. Berry took over when Mr. Jerry Lander retired at the end of FY 2019.

IOSHA adopts all safety and health standards and federal program changes, with some differences in programs when allowed. Indiana state law, IC 22-8-1.1-17.5 does not allow IOSHA's regulations to be more stringent than those of OSHA. IOSHA's INSafe division administers the private sector on-site consultation program funded under a 21(d) grant.

The FY 2019 grant included funding totaling \$4,616,000. The federal share was \$2,308,000. The state matched this and added an additional \$536,532 in state funding. Indiana did not deobligate any funds in FY 2019. During the fiscal year, IOSHA received \$300,000 from the State of Indiana, which was used to hire three additional staff members. The State Plan's benchmark staffing level is 47 safety officers and 23 industrial hygienists. IOSHA's allocated staffing level in FY 2019 included six supervisors, 24 safety officers, 15 industrial hygienists and two whistleblower investigators. The full-time equivalent (FTE) for allocated staffing was 59.47 in the FY 2019 grant.

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

B. New Issues

In accordance with the Bipartisan Budget Bill passed on November 2, 2015, OSHA published a rule on July 1, 2016, raising its maximum penalties. As required by law, OSHA then increased maximum penalties annually according to the Consumer Price Index (CPI). The Indiana State Plan has not yet completed the legislative changes to increase maximum penalties.

In April of 2019, the Indiana legislature raised the maximum fines for a knowing (willful) violation in conjunction with a workplace fatality. It established a new maximum penalty of \$132,598 for knowing violations. This new penalty became effective July 1, 2019 and is almost twice the previous maximum of \$70,000 for these violations.

III. Assessment of State Plan Progress and Performance

A. Data and Methodology

OSHA established a two-year cycle for the FAME process. FY 2019 is a comprehensive year and as such, OSHA was required to conduct an on-site evaluation and case file review. A five-person OSHA team, which included a whistleblower investigator, was assembled to conduct a full on-site case file review. The case file review was conducted at the Indiana OSHA State Plan office during the timeframe of January 27-31, 2020. Ninety-two safety and health inspection files were selected and reviewed. The safety and health inspection files were randomly selected from closed inspections conducted during the evaluation period (Oct 1, 2018 through September 30, 2019). The selected population included:

- Twenty (20) fatality case files
- Seventeen (17) complaint case files
- Sixteen (16) referral case files
- Five (5) follow-up case files
- Four (4) case files where petitions to modify the abatement dates were issued
- In addition, 20 closed whistleblower case files

Fifteen non-formal complaint case files were also reviewed. Another 24 complaints that were sent to IOSHA from OSHA's e-complaint system were audited to ensure they were responded to, addressing Finding FY 2018-02. Interviews were conducted with management, enforcement and VPP staff by phone and in person.

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 case file review

Each SAMM Report 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 2019 State Activity Mandated Measures Report and includes the FRL for each measure.

B. Review of State Plan Performance

1. PROGRAM ADMINISTRATION

a) Training

IOSHA safety compliance officers attended 35 courses and health compliance officers attended 32 courses at the OSHA Training Institute (OTI) in FY 2019. The courses attended included: initial compliance, machine guarding, hazardous energy control, accident investigation, electrical standards, fall protection, construction standards, industrial noise, applied spray finishing and coating principles, safety and health in chemical processing industries, health standards and permit-required confined space entry.

Four IOSHA compliance officers attended specialized machine guarding training from an outside company that provides guarding solutions for the manufacturing industry. IOSHA compliance staff also completed numerous webinars and staff attended the annual Indiana Safety and Health Conference and Exposition. New staff was provided in-house training on the OSHA Express database.

b) OSHA Information System

IOSHA uses OSHA Express as its database to access and manage enforcement information and data processing. Real time information can be accessed in OSHA Express. Beginning in 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, assignments, inspections, abatement, debt collection and other program measures.

c) State Internal Evaluation Program Report

IOSHA proposed to improve their high response time to complaint investigations (SAMM 2a, Appendix D) and details of their investigation were reported in the FY 2019 State OSHA Annual Report (SOAR, Appendix E). They discovered issues with data entered in OSHA Express not being properly interfaced with OIS. Coding and data entry errors also contributed to the high response time. IOSHA's OSHA Express vendor provided a report that they are able to use to flag complaints that have not been processed in five days. They corrected the coding and data entry errors and now conduct monthly and quarterly audits of their complaint data. In addition, they do separate audits of the e-complaints received from OSHA and the e-complaints received on their own website. IOSHA was able to show an improvement in their complaint investigation response time with a reduction from 23.4 days at the end of FY 2018 to 6.2 days at the end of FY 2019 (SAMM 2a, Appendix D).

d) Staffing

IOSHA continues to struggle with retaining qualified compliance officers. According to the State’s FY 2019 SOAR, IOSHA loses three to four enforcement members each quarter. Higher paying private sector opportunities are attractive once staff receives training. However, they continue to work with their personnel department to ensure vacancies are posted timely and the vacancies are shared via various media outlets and career fairs. IOSHA’s staff includes the Deputy Commissioner, Director of General Industry, Director of Construction, six Supervisors and two Whistleblower Investigators. At the end of FY 2019, IOSHA had two safety officer and one industrial hygiene vacancies. There were 22 safety and 14 industrial hygienist on board at that time. Many of them were recent hires.

Enforcement Staffing Levels

		FY 15	FY 16	FY 17	FY 18	FY 19
Safety	Benchmark	47	47	47	47	47
	Positions Allocated	22	21	25	24	24
	Positions Filled	20	16	21	21	22
	Vacancies	2	5	4	3	2
	% of Allocations Filled	91%	76%	82%	88%	92%
Health	Benchmark	23	23	23	23	23
	Positions Allocated	19	19	14	15	15
	Positions Filled	18	17	13	13	14
	Vacancies	1	2	1	2	1
	% of Allocations Filled	95%	89%	93%	87%	93%

2. ENFORCEMENT

a) Complaints and Referrals

IOSHA’s complaint process is detailed in Chapter 9 of the IOSHA Field Operations Manual (FOM), Complaint and Referral Processing. This chapter outlines the policies and procedures for processing complaints and referrals. For complaints and referrals that do not meet the criteria for initiating an onsite inspection, IOSHA’s FOM says that an inquiry will be conducted and they will promptly notify the employer of the allegations.

The average number of workdays for IOSHA to initiate complaint inspections was 5.6 days in FY 2019, below the Further Review Level of 10 days (SAMM 1a, Appendix D). The average number of workdays for IOSHA to initiate complaint investigations was 6.23 days (SAMM 2a, Appendix D). While this is slightly above the FRL of 5 days, IOSHA conducted a thorough review of their complaint procedures and data during FY 2019, and was able to reduce the number of days from 23.4 at the end of FY 2018 to just over six days at the end of 2019, an approximate 74% improvement. They now have auditing procedures in place to maintain oversight of this measure. **Finding FY 2018-01 is completed.** In addition, OSHA audited 24 complaints forwarded to IOSHA through the e-complaint system, and found that IOSHA had responded to all of them. Therefore, **Finding FY 2018-02 is completed.**

In 12 of the 15 non-formal complaints reviewed, there were issues with: letters missing from the files, determinations of the adequacy of the employer's response received, and lack of documentation when no inspection was conducted when a serious injury was reported. In several of these, IOSHA should have obtained additional information from the source of the complaint/referral to document why an inspection was not conducted. Chapter 9 of IOSHA's FOM, Procedures for an Inquiry indicates when a complaint or referral does not meet the criteria for an inspection, IOSHA will notify the employer of the allegation(s) in a confirming letter. In addition, this section indicates the complainant will be advised of the employer's response as well as their right to dispute the employer's response.

Finding FY 2019-01 – In 12 of 15 (80%) complaint investigations (non-formal, inquiries) case files reviewed, letters to employers and complainants were either not sent or maintained in the case files. In nine of 15 (60%) of these case files, a determination was not documented to indicate if the employer's response to the inquiry was adequate. In six of 15 (40%) of the case files, serious injuries were reported and the files were not documented to indicate why no inspection was conducted.

Recommendation FY 2019-01 – IOSHA should follow Chapter 9 of their FOM to ensure:

- letters are sent to employers to initiate a complaint inquiry and when an adequate response has been received;
- letters are sent to the complainant acknowledging receipt of their complaint and when the employer's response to the inquiry is adequate;
- copies of all letters are maintained in the file;
- an evaluation is made determining the adequacy of the employer's response to the inquiry and that it is documented in the file; and
- if a decision is made not to inspect after a serious injury report, the reasons are documented in the file.

In seven of 12 (58%) of the health case files reviewed, industrial hygiene sampling should have been done to address potential health hazards and to adequately address the complaints. Six of these were complaints and the other was a referral from the Indiana Department of Environmental Management (IDEM). **Finding FY 2018-03** will remain open.

Five of the seven health files were complaints that alleged employee exposure to air contaminants or noise. Screening and/or personal sampling were not performed to adequately respond to the complaint items. In one of these cases, the file included employer results of lead monitoring from 14 months prior to the inspection; however, nothing in the file indicated these results pertained to the same process or area that the complaint alleged. In another case file, the file included a private consultant's sampling results from a similar operation at two other company locations operating the same process. In another case, the industrial hygienist properly sampled an employee to measure exposure to contaminants during sandblasting; however, the file made no

mention whether the employee was included in a hearing conservation program, nor were there any noise measurements taken. Noise would be considered a plain view hazard during this task. In the case of the IDEM referral, the complaint to IDEM indicated employees were required to clean a chrome line leak and received no training. Although one employee interviewed said the company did air monitoring, monitoring results for hexavalent chromium were not in the file. The industrial hygienist should have investigated the employer's compliance with OSHA's Hexavalent Chromium Standard, 29 CFR 1910.1053, which Indiana OSHA adopted identical, as well as enforced the 2010 National Emphasis Program (NEP) on Hexavalent Chromium.

IOSHA's FOM, Chapter 5, Section V Case File Preparation and Documentation, states the narrative shall contain a discussion clearly addressing all items on the complaint or referral. Chapter 5, Section V, Health Inspections states, Compliance Safety and Health Officers shall document all relevant information concerning potential exposures to chemical substances, or physical agents (including, as appropriate, collection and evaluation of applicable Safety Data Sheets), such as symptoms experienced by employees, duration and frequency of exposures to the hazard, employee interviews, sources of potential health hazards, types of engineering or administrative controls implemented by the employer, and personal protective equipment being provided by the employer and used by employees.

Finding FY 2019-02 (FY 2018-03) – In seven of 12 (58%) health case files reviewed, industrial hygiene sampling was not conducted to address potential health hazards and/or health complaint items.

Recommendation FY 2019-02 – IOSHA should ensure industrial hygienists are following the FOM and properly trained to address all complaint and referral items that allege exposures to health hazards (noise and air contaminants) and conduct industrial hygiene sampling when evidence indicates it should be conducted. Industrial hygienists should investigate health hazards if they are in plain view and if they are covered under National Emphasis Programs (NEPs). Complaints with health hazards alleged should be reviewed with a supervisor prior to inspection to discuss sampling strategy.

b) Fatalities

IOSHA responded to 39 of 39 (100%) fatalities within one workday in FY 2019. This is an improvement from FY 2018 when the data showed three fatalities were not responded to within one workday. The Regional Office continues to discuss with IOSHA the importance of opening fatality investigations immediately.

In many of the fatality case files reviewed, the victim was not listed as an exposed employee even though the cited hazards were related to the fatality. In three of the 20 (15%) case files reviewed, employee misconduct was used by the employer during settlement discussions and the files did not contain all the necessary supporting documentation. As discussed in Finding FY 2019-05 below, in four of the 20 (25%) fatality case files reviewed, the general duty clause was used when an OSHA standard was applicable.

Next of kin letters were sent as appropriate. Additionally, IOSHA was generally notified of the fatality within the required eight hours.

c) Targeting and Programmed Inspections

During FY 2019, IOSHA's construction staff developed a written local emphasis program for fall hazards in construction, which expired September 1, 2019. However, the LEP was not shared with the Region for review prior to implementation. The LEP allowed the compliance officers to inspect sites with supervisor approval if the site had not been inspected in the previous 30 days. If the site had been inspected within the previous 30 days, the safety officer was limited to addressing only imminent danger hazards or at the Director's discretion. One-hundred and twenty four IOSHA inspections in FY 2019 were coded as programmed and 39 of them were coded under this LEP.

IOSHA has adopted OSHA's National Emphasis Programs (NEP) including Amputations, Hexavalent Chromium, Lead, Primary Metals and Process Safety Management, which all include programmed planned inspection targeting protocol. While IOSHA did not adopt Site-Specific Targeting 2016 (SST-16), this federal program change requires State Plans to have an equivalent targeting system. IOSHA did not provide targeting policies and procedures that are either identical or different to the regional office for review for the NEPs or SST-16.

While researching differences in the total number of inspections conducted after the end of FY 2019 between OIS and OSHA Express reports, it was determined that OSHA Express was counting inspections that were coded as "other-other" in IOSHA's SAMM report. According to the OIS algorithms, these type of inspections are not counted on the OIS SAMM report. IOSHA described these inspections as recordkeeping. They were interested in "cleaning up" old non-formal complaint cases that lacked employer responses, and at the same time, ensure employers who were required to provide Injury Tracking Data to OSHA's Injury Tracking Application (ITA) do so. In an effort to determine if these inspections were contributing to the discrepancy in the total number of inspections conducted, IOSHA recoded them as programmed planned. As a result, 73 inspections should not have been counted toward the total end-of-year inspection numbers since these inspections did not follow proper inspection procedures in IOSHA's FOM.

IOSHA's percent in-compliance for safety is 39.63%, which exceeds the FRL (SAMM 9, Appendix D). The FRL is +/-20% of 30.30%, which equals a range of 24.24% to 36.36%. IOSHA's percent in-compliance for health is 54.24%. With an FRL of +/-20% of 36.12% equaling a range of 28.90% to 43.35%, this also exceeds the FRL. The percent in-compliance for health is most concerning and may be due to industrial hygienists not doing health sampling, investigating plain view hazards and citing all apparent violations during inspections. Indiana has yet to solve a long-standing problem of not citing violations in plain sight. Indiana's high in-compliance rate was a finding in FYs 2012, 2013, 2014, and 2015. In 2016, it was considered completed because the State Plan began to require "pre-issuance meetings when serious injury report inspections result in no

citations.” The plan was ineffective, however, so in FY 2017 it returned as a finding. In FY 2018, it was reduced to an observation. Because IOSHA did not satisfactorily address the issue, **Observation FY 2018-OB-01** has been converted to a finding.

Finding FY 2019-03 – IOSHA does not have an inspection targeting system for identifying sites for inspections with specific hazards and/or high injury and illness rates related to NEPs and the SST-16.

Recommendation FY 2019-03 – IOSHA should develop a targeting system for identifying sites for inspection where specific hazards related to the NEP are known to exist. The NAICS lists that have been researched and included with the NEPs can be used to identify work sites to target for inspection. The software and databases that include establishments on these lists can be obtained from OSHA’s Office of Statistical Analysis.

Finding FY 2019-04 (FY 2018-OB-01) – IOSHA’s in-compliance rate for safety inspections is 38.67% and 54.24% for health inspections. These are both outside the Further Review Levels (FRL) of +/- 20% of 30.30% for safety (24.24%-36.36%) and +/- 20% of 36.12% (28.9%-43.35%). (SAMM 9, Appendix D.)

Recommendation FY 2019-04 – IOSHA supervisors should ensure inspection case files with hazards in plain view are thoroughly investigated and all other apparent violations are cited during their case file review. IOSHA should also ensure resources are spent in workplaces that are exposing workers to hazards by implementing corrective action in the most hazardous worksites.

While IOSHA’s in-compliance rates for safety and health inspections are high, their average number of violations per inspection (serious, willful, repeat) is approximately 2.8 (SAMM 5, Appendix D), well above the three-year national average range of 1.4 to 2.2.

d) Citations and Penalties

In 18 of 84 (21.4%) inspection case files, the general duty clause (Indiana Code 22-8-1.1-2) was cited instead of an OSHA standard, all apparent hazards were not cited and the use of 29 CFR 1910.147, OSHA’s lockout/tagout standard was incorrectly applied. Chapter 4, Section III of IOSHA’s FOM says that the general duty clause shall be used only where there is no standard that applies to the particular hazard and in situations where a recognized hazard is created in whole or in part by conditions not covered by a standard. In six of the 18 case files, an OSHA standard was more appropriate. In another seven of the 18 case files, interview statements, narratives and/or notes from the file indicated that additional hazards should have been investigated and cited as appropriate. Additionally, in five of the 18 case files, the wrong section of 1910.147 was cited.

Finding FY 2019-05 - In 18 of 84 (21.4%) inspection case files, the general duty clause (Indiana Code 22-8-1.1-2) was cited instead of an OSHA standard; all apparent hazards were not cited and, sections of 29 CFR 1910.147 (control of hazardous energy, lockout/tagout) were cited incorrectly.

Recommendation FY 2019-05 – IOSHA should ensure that when supervisors review case files, they look for OSHA standards that should be cited in lieu of the general duty clause; they review the investigator’s file thoroughly so that all apparent hazards are cited and when OSHA’s lockout/tagout standard (29 CFR 1910.147) is cited, the correct section is cited appropriately.

IOSHA’s average current serious penalty in the private sector is \$1,185 (SAMM 8, Appendix D). This is well below the further review level (FRL) of +/- 25% of \$2,872 with the acceptable range of \$2,154 to \$3,589. IOSHA’s average serious penalty is 41% of the FRL and is a direct result of the State of Indiana not raising the maximum penalties for serious hazard violations.

e) Abatement

Forty-three of the 83 (51.8%) inspection case files reviewed (excluding follow-up and PMA case files) had serious hazards cited. In nine of the 43 (21%), there were issues with abatement not being included in the file. In two of these case files, enhancements during the informal settlement process required the employer to provide additional documentation that was not found. Employers were given generally 30 days to correct serious hazards. Most of the time, the hazards could have been corrected in a much shorter period. IOSHA FOM, Chapter 5, Section II.C.2.1 states that the “abatement period shall be the shortest interval within which the employer can reasonably be expected to correct the violation.”

Five follow-up case files were reviewed to verify IOSHA’s corrective action to **Finding FY 2018-04**, which was to ensure abatement received was adequate and that documentation was in the file. In four of the five (80%) case files, abatement documentation in the file was inadequate. Two of the case files were follow-ups on fatality inspections. These follow-up inspections were conducted over the phone and no employee interviews were conducted. IOSHA’s FOM, Chapter 3, Inspection Procedures, discusses employee interviews in Sections V.A.2, VII.A.2 and VII.I. In one of these cases, the employer had not sent in training records as IOSHA requested. The safety officer’s notes indicate the employer said the training was completed. Chapter 7, Section XII.A of IOSHA’s FOM, Post-Citation Procedures and Abatement Verification states “brief terms such as ‘corrected’ or ‘in compliance’ will not be accepted as proper documentation for violations having been corrected.” No documentation related to the required training was in the file. Phone calls to employers to follow-up on abatement are not inspections and should not be entered into OSHA Express as inspections.

In another case, the notes in the file indicated the safety officer was following up on only one of the four hazards cited. The original citation item for this case included three machines with employee exposure to the hazards. The safety officer’s notes in the case file indicated only one of the machines was observed during the follow-up inspection. Chapter 7, Section XII.A of IOSHA’s FOM, Post-Citation Procedures and Abatement Verification states the “primary purpose of a follow-up inspection is to determine if the previously cited violations have been corrected.” In addition, it says the “CSHO must include in the narrative the findings pursuant to the inspection, along with

recommendations for action. In order to make a valid recommendation, it is important to have all the pertinent factors available in an organized manner.” This finding will be continued.

Finding FY 2019-06 (Finding FY 2018-04) - In four of five (80%) follow-up case files reviewed, adequate verification of abatement or abatement documentation specific to the cited hazards was not included the case file. In three of five follow-up case files, worker interviews were not conducted.

Recommendation FY 2019-06 – IOSHA should ensure that files include documentation on abatement methods observed that are specific to all identified hazards and follow-up inspections include interviews with employees.

IOSHA follows OSHA’s 29 CFR 1903.14(a) for employers wishing to petition for modification of abatement date (PMA). Four case files were reviewed to determine if PMA procedures were followed properly and to verify IOSHA’s corrective action to **Finding FY 2018-04**. The signed PMA agreement was not found in one case file. In two case files, a letter to the employer approving the PMA was not in the case file. In one case file, the PMA was filed more than one day after the abatement due date and in three case files, dates listed on IOSHA’s PMA checklist did not match dates on the PMA request form completed by the employer. Finding FY 2018-05 remains open.

Finding FY 2019-07 (Finding FY 2018-05) – In four of four (100%) case files reviewed, procedures to Petition for Modification of Abatement (PMA) were not followed properly.

Recommendation FY 2019-07 – IOSHA should ensure checklists used to approve PMAs are followed properly. IOSHA should conduct periodic audits to ensure signed agreements are in the case file; letters to the employer approving the PMA are in the case file; employers’ statements of exceptional circumstances explaining any delay in their request more than one day after the abatement due date are in the case file; and, approval dates on the checklist match dates requested by the employer on the request form.

f) Worker and Union Involvement

Chapter 3, Inspection Procedures, Section VII. Walk-around Inspection, of IOSHA’s FOM discusses union participation and allows CSHOs to question any employee privately during working hours during the course of an IOSHA inspection. The majority of the case files reviewed had worker interviews either in audio or written format. It was noted however, that in three of the five follow-up case files reviewed, interviews were not conducted. When employees were represented by a union, it was noted in the case file.

3. REVIEW PROCEDURES

a) Informal Conferences

IOSHA offers a penalty reduction of 35% for qualifying employers when the case is not a fatality and the case does not include repeat, knowing or failure-to-abate violations. This is referred to as an Expedited Informal Settlement Agreement (EISA) and can be used

when the employer accepts all other aspects of the citations, including the abatement dates, classification, and validity of the violations.

IOSHA retained 54.77% of its penalties in FY 2019. This falls slightly outside of the FRL of 56.42% to 76.33%. (SAMM 12, Appendix D) In 25 of 43 (58%) case files reviewed with citations, there were several issues with informal conference procedures, including reducing penalties by greater than 50%. IOSHA uses a checklist for informal conferences that states that no more than 50% penalty reduction is authorized for upheld citations. Some of these issues include the informal settlement agreement (ISA) being signed by IOSHA before the employer signed it; settlement language included statements that indicate IOSHA did not prove there was a violation and citations that were deleted without the justification documented. Documentation on the checklists in many cases was either missing or was not detailed to thoroughly address why citations were deleted and penalties reduced. In one case file, the handwritten notes were illegible.

Finding FY 2018-06 addressed citations being vacated and penalties being reduced without adequate documentation to support the actions. This finding remains open with additional language.

Finding FY 2019-08 (Finding FY 2018-06) – In 25 of 43 (58%) case files reviewed with citations, informal settlement agreements (ISA) are signed by IOSHA prior to the employer; penalties are reduced greater than 50%; settlement language includes inappropriate statements that indicate IOSHA did not prove there was a violation and citations are deleted without proper justification in the file.

Recommendation FY 2019-08 – IOSHA should audit cases with ISAs on a routine basis to ensure they are executed appropriately: the employer signs the ISA prior to IOSHA; penalties are not reduced to more than 50% of the initial penalty; language included in the ISA does not indicate that IOSHA did not prove there was a violation and citations are not deleted unless proper justification is in the file.

b) Formal Review of Citations

Employers must petition for formal review or contest of cases by submitting a written notice before midnight of the 15th working day after receipt of the safety orders and IOSHA has five working days to consider it for review. If accepted, a hearing is held initially by an administrative law judge who issues a written decision. The decision may be appealed to the full Indiana Board of Safety Review (BSR). The BSR is made up of five members appointed by the Governor, two from labor, two from industry and one safety and health professional. Fifty-eight cases were contested in FY 2019.

4. STANDARDS AND FEDERAL PROGRAM CHANGE (FPC) ADOPTION

**Table 1
Status of FY 2019 Federal Standards Adoption**

Standard:	Response Due Date:	State Plan Response Date:	Intent to Adopt:	Adopt Identical:	Adoption Due Date:	State Plan Adoption Date:
Final Rule on the Standards Improvement Project - Phase IV 1904,1910,1915,1926 (5/14/2019)	7/13/2019	6/4/2019	Yes	Yes	11/14/2019	11/14/2019
Final Rule on the Implementation of the 2019 Annual Adjustment to Civil Penalties for Inflation 29 CFR 1902,1903 (1/23/2019)	3/23/2019	-	-	-	7/23/2019	-
Final Rule on Crane Operator Certification Requirements 29 CFR Part 1926 (11/9/2018)	1/9/2019	6/6/2019	Yes	Yes	5/9/2019	5/9/2019
Final Rule on the Implementation of the 2018 Annual Adjustment to Civil Penalties for Inflation 29 CFR 1902, 1903 (1/18/2017)	3/18/2017	-	-	-	7/18/2017	-
Interim Final Rule on Maximum Penalty Increases 29 CFR 1902, 1903	9/1/2016	-	-	-	1/1/2017	-

a) Standards Adoption

IOSHA did not provide timely notification to OSHA regarding one federally initiated standard change in FY 2019. The Annual Adjustment to Civil Penalties was not adopted because IOSHA has yet to make the legislative change to allow an increase in maximum penalties and the subsequent annual increases. This and the annual increases are reflected in the table above for 2017, 2018 and 2019.

Table 2
Status of FY 2019 Federal Program Change (FPC) Adoption

FPC Directive/Subject:	Response Due Date:	State Plan Response Date:	Intent to Adopt:	Adopt Identical:	Adoption Due Date:	State Plan Adoption Date:
<i>Adoption Required</i>						
National Emphasis Program on Trenching and Excavation CPL 02-00-161 (10/1/2018)	11/30/2018	12/19/2018	Yes	Yes	4/1/2019	4/1/2019
<i>Equivalency Required</i>						
Confined and Enclosed Spaces and Other Dangerous Atmospheres in Shipyard Employment CPL 02-01-061 (5/22/2019)	7/21/2019	6/24/2019	Yes	Yes	11/22/2019	11/22/2019
Shipyard Employment "Tool Bag" Directive CPL 02-00-162 (5/22/2019)	7/21/2019	7/10/2019	Yes	Yes	11/22/2019	11/22/2019
Enforcement Guidance for Personal Protective Equipment (PPE) in Shipyard Employment CPL 02-01-060 (5/22/2019)	7/21/2019	6/24/2019	Yes	Yes	11/22/2019	11/22/2019
Site-Specific Targeting 2016 (SST-16) CPL 02-18-01 (10/16/2018)	12/15/2018	6/6/2019	No	n/a	4/16/2019	n/a
<i>Adoption Encouraged</i>						
Alternative Dispute Resolution (ADR) Processes for Whistleblower Protection Programs CPL 02-03-008 (2/4/2019)	4/5/2019	3/13/2019	No	n/a	n/a adoption not required	n/a

b) Federal Program Change (FPC) Adoption

All but one FPC response was submitted timely. Finding FY 2019-3 addresses IOSHA's lack of an inspection targeting program equivalent to SST-16.

5. VARIANCES

There were no variances requested in FY 2019.

6. STATE AND LOCAL GOVERNMENT WORKER PROGRAM

At 1.36%, IOSHA's percent of inspections in state and local government workplaces is below the further review level (FRL) of +/-5% of 3.7% or 3.52% to 3.89%. IOSHA conducted 16 inspections in this sector FY 2019. It was suggested in the FY 2018 Follow-up FAME that IOSHA train intake staff to ensure opportunities for conducting inspections in this sector are not missed.

7. WHISTLEBLOWER PROGRAM

The IOSHA Whistleblower Protection Program adheres to OSHA's Whistleblower Investigations Manual (WIM), CPL 02-03-007 with an effective date of January 28, 2016. In FY 2019, 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 four months.

During FY 2019, there were 60 complaints docketed for investigation, and 49% (SAMM 14, Appendix D) took more than 90 days to complete. It took an average of 86 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. Of the 60 cases docketed at the time of the FAME audit, 60 investigations had been completed. Of the 60 completed investigations, 20 (33%) investigation files were reviewed. Of the 20 case files that were reviewed, 18 (90%) cases were dismissed as non-merit, one (5%) case was a withdrawal by the complainant prior to a decision being rendered and one (5%) was settled using a standard agreement.

IOSHA received 193 whistleblower complaints in FY 2019. One hundred forty (73%) of those complaints were administratively closed. There were 13 (10%) Administrative Closure records reviewed. Of the 13 records reviewed, three (23%) chose not to proceed, four (31%) were due to no protected activity, four (31%) were due to lack of cooperation, one (8%) lacked an adverse employment action, and one (8%) was determined to lack the required employment relationship. In six of the 13 (46%) administratively closed complaints reviewed, there was no indication of supervisory review prior to closing. In one of the complaints reviewed, there was no closing letter to the complainant.

There were four findings related to IOSHA's Whistleblower Program on the FY 2018 Follow-up FAME. Three of these are closed or completed and one is converted to an observation. The one converted to an observation (**Finding FY 2018-07**) address files not containing documentation that they were reviewed by a supervisor beyond initial assignment and prior to docketing. This occurred in eight of 20 (40%) case files.

The three closed and completed findings are **FY 2018-08**, **FY 2018-09** and **FY 2018-10**.

Finding FY 2018-08 is closed because the Indiana Department of Labor informs all complainants of their right to dual file with federal OSHA at the time of their initial complaint and within the acknowledgement letter sent after complaints are docketed. Although the 120-day statute of limitations for filing Whistleblower cases with the Attorney General remains unchanged, eligible (private sector) complainant's rights to request a federal review of the state's investigation are ultimately being protected. In most situations, OSHA will defer to the state for investigation of such retaliation complaints, but dual filing preserves a complainant's right to seek a federal remedy should the state be unable to effect appropriate relief. OSHA is not aware of any meritorious cases where complaints were not able to be timely filed in court and in accordance with the State's statute of limitation. However, it is recommended that any new merit cases and status of timely filing be a discussion topic during quarterly monitoring meetings. **Finding FY 2018-09** is now completed because only one of 20 files reviewed contained the incorrect docketing date. This was a finding previously when 16 of 22 (73%) files had the incorrect date of docketing. In addition, **Finding FY 2018-10** is completed because only one of 20 files reviewed had the incorrect filing date entered in WebIMIS and all 12 of the administratively closed files reviewed had the correct filing date. Previously, six of 22 (27%) files had the incorrect complaint filing date.

There are three new findings and three new observations related to the Whistleblower Program. After obtaining the respondent's version of the facts, the WIM requires the investigator to contact the complainant and other witnesses as necessary to resolve any discrepancies or proffered non-retaliatory reasons for the alleged retaliation (WIM Chapter 3.VI.I, Resolve Discrepancies). Respondent's defense was not adequately tested in six of the 20 investigation files reviewed, which could result in the inappropriate issuance of a dismissal finding. After having gathered all available relevant evidence, the investigator did not evaluate the evidence and draw conclusions based on the evidence and the law using the guidance given in subparagraph A and according to the requirements of the statute(s) under which the complaint was filed (WIM Chapter 3.VI.J, Analysis). Analysis was not evident in nine of 20 files reviewed which, again, could result in issuance of an inappropriate dismissal determination. Appropriate determination letters must be issued to the parties via certified U.S. mail, return receipt requested (or via a third-party commercial carrier that provides delivery confirmation) according to the WIM Chapter 4, IV.B. Proof of receipt must be preserved in the file with copies of the letters to maintain accountability. In ten of 20 files reviewed, proof of receipt of the determination letters was not evident. As a result, there is no evidence to support that the complainant ever received the determination letter and the opportunity to exercise appeal rights.

The Report of Investigation (ROI) must be signed by the investigator, reviewed and approved in writing by the supervisor (WIM Chapter 3, IV.L). If the supervisor concurs with the analysis and recommendation of the investigator, he or she will sign on the signature block on the last page of the ROI and record the date the review was completed (WIM Chapter 4, IV.B). The supervisor's signature on the ROI serves as approval of the recommended determination. Two of the 20 investigation files reviewed did not contain ROIs that were signed by the supervisor.

If a whistleblower complainant is not personally interviewed and his or her statement is taken by telephone, a detailed memo to file should be prepared relating the complainant's testimony

(WIM Chapter 3, VI.D.3). In eight of the 20 (40%) investigation files reviewed, complainant interviews were not reduced to a memorandum of interview. Additionally, eight of the 12 (67%) administratively closed files reviewed did not contain a memorandum of interview.

Finding FY 2019-09: The respondent's defense was not adequately tested in six of the 20 (30%) Whistleblower investigation files reviewed. The investigation appeared to conclude following receipt of the Respondent's position or the Complainant's failure to provide a rebuttal.

Recommendation FY 2019-09: IOSHA should train or retrain Whistleblower investigative staff with regard to adequately testing Respondent's defense and ensuring that all pertinent information and documentation are pursued prior to concluding the investigation as required by the WIM (Chapter 3.VI.I, Resolve Discrepancies).

Finding FY 2019-10: The Whistleblower investigator did not evaluate the evidence and draw conclusions based on the evidence and the law. Analysis was not evident in nine of the 20 (45%) investigation files reviewed.

Recommendation FY 2019-10: The State Plan should retrain Whistleblower staff on preparation of the analysis as well as writing the Report of Investigation (ROI). Attendance at the Writing for WB course #1630 is recommended for investigators when it is available through the OSHA Training Institute.

Finding FY 2019-11: Appropriate Whistleblower determination letters must be issued to the parties via certified U.S. mail, return receipt requested (or via a third-party commercial carrier that provides delivery confirmation) (WIM Chapter 4.IV.B). Proof of receipt must be preserved in the file with copies of the letters to maintain accountability. Proof of receipt of the determination letters was not evident in ten of the 20 (50%) investigation files reviewed.

Recommendation FY 2019-11: IOSHA should ensure that proof of receipt is preserved in the file with copies of the Whistleblower determination letters, as required by WIM Chapter 4.IV.B.

Observation FY 2019-OB-01: Two of the 20 (10%) Whistleblower investigation files reviewed did not contain Reports of Investigation (ROI) that were signed by the supervisor.

Federal Monitoring Plan FY 2019-OB-01: OSHA will discuss and evaluate IOSHA's internal audits conducted in this area during quarterly monitoring meetings.

Observation FY 2019-OB-02: In eight of the 20 (40%) Whistleblower investigation files reviewed, complainant interviews were not reduced to a memorandum of interview. Additionally, eight of the 12 administratively closed files reviewed did not contain a memorandum of interview.

Federal Monitoring Plan FY 2019-OB-02: OSHA will discuss and evaluate IOSHA's internal audits conducted in this area during quarterly monitoring meetings.

Observation FY 2019-OB-03: The Report of Investigation (ROI) approval date in OSHA's WebIMIS system was either not entered or inaccurate in nine of the 20 (45%) Whistleblower investigation files reviewed.

Federal Monitoring Plan FY 2019-OB-03: OSHA will discuss and evaluate IOSHA's internal audits conducted in this area during quarterly monitoring meetings.

Observation FY 2019-OB-04 (Finding FY 2018-07) - Eight of the 20 (40%) investigation files reviewed did not have documentation that the file was reviewed by a supervisor beyond the initial assignment and prior to docketing.

Federal Monitoring Plan FY 2019-OB-04 - OSHA will discuss and evaluate IOSHA's internal audits conducted in this area during quarterly monitoring meetings.

8. COMPLAINT ABOUT STATE PROGRAM ADMINISTRATION (CASPA)

OSHA did not receive any CASPAs relating to Indiana during FY 2019.

9. VOLUNTARY COMPLIANCE PROGRAM

Indiana's Voluntary Protection Program (VPP) has three, full-time team leaders and there are currently 87 active VPP sites in the state. The safety and health professionals from these sites participate in an annual meeting during the Indiana Safety and Health Conference & Expo to exchange information. In addition, best practice meetings are held with these sites and Indiana Safety and Health Achievement Recognition Program (INSHARP) sites in the fall. In FY 2019, one of the VPP sites hosted training for special government employees (SGE). One new site was approved in the program in FY 2019 and 15 were recertified. IOSHA follows the Voluntary Protection Programs (VPP) Policies and Procedures Manual, CSP 03-01-002.

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

The State on-site consultation program, INSafe, conducted 20 visits for State and Local Government worksites. This exceeded their projected goal of 16. All of the identified hazards were either corrected while the consultant was on-site or within the original due date.

Appendix A –New and Continued Findings and Recommendations
 FY 2019 IOSHA State Plan FAME Report

FY 2019-#	Finding	Recommendation	FY 2018-# or FY 2018-OB-#
FY 2019-01	In 12 of 15 (80%) complaint investigations (non-formal, inquiries) case files reviewed, letters to employers and complainants were either not sent or maintained in the case files. In nine of 15 (60%) of these case files, a determination was not documented to indicate if the employer’s response to the inquiry was adequate. In six of 15 (40%) of the case files, serious injuries were reported and the files were not documented to indicate why no inspection was conducted.	IOSHA should follow Chapter 9 of their FOM to ensure: <ul style="list-style-type: none"> • letters are sent to employers to initiate a complaint inquiry and when an adequate response has been received; • letters are sent to the complainant acknowledging receipt of their complaint and when the employer’s response to the inquiry is adequate; • copies of all letters are maintained in the file; • an evaluation is made determining the adequacy of the employer’s response to the inquiry and that it is documented in the file; and • if a decision is made not to inspect after a serious injury report, the reasons are documented in the file. 	
FY 2019-02	In seven of 12 (58%) health case files reviewed, industrial hygiene sampling was not conducted to address potential health hazards and/or health complaint items.	IOSHA should ensure industrial hygienists are following the FOM and properly trained to address all complaint and referral items that allege exposures to health hazards (noise and air contaminants) and conduct industrial hygiene sampling when evidence indicates it should be conducted. Industrial hygienists should investigate health hazards if they are in plain view and if they are covered under National Emphasis Programs (NEP). Complaints with health hazards alleged should be reviewed with a supervisor prior to inspection to discuss sampling strategy.	FY 2018-03
FY 2019-03	IOSHA does not have an inspection targeting system for identifying sites for inspections with specific hazards and/or high injury and illness rates related to OSHA’s NEPs and the SST-16.	IOSHA should develop a targeting system for identifying sites for inspection where specific hazards related to OSHA’s NEPs that IOSHA has adopted are known to exist. The NAICS lists that have been researched and included with the NEPs can be used to identify work sites to target for inspection. The software and databases that include establishments on these lists can be obtained from OSHA’s Office of Statistical Analysis.	
FY 2019-04	IOSHA’s in-compliance rate for safety inspections is 38.67% and 54.24% for health inspections. These are	IOSHA supervisors should ensure inspection case files with hazards in plain view are thoroughly investigated	

Appendix A – New and Continued Findings and Recommendations
FY 2019 IOSHA State Plan FAME Report

FY 2019-#	Finding	Recommendation	FY 2018-# or FY 2018-OB-#
	both outside the Further Review Levels (FRL) of +/- 20% of 30.30% for safety (24.24%-36.36%) and +/- 20% of 36.12% (28.9%-43.35%).	and all apparent violations are cited during their case file review. IOSHA should also ensure resources are spent in workplaces that are exposing workers to hazards by implementing corrective action in the most hazardous worksites.	FY 2018-OB-01
FY 2019-05	In 18 of 84 (21.4%) inspection case files, the general duty clause (Indiana Code 22-8-1.1-2) was cited instead of an OSHA standard; all apparent hazards were not cited and, sections of 29 CFR 1910.147 (control of hazardous energy, lockout/tagout) were cited incorrectly.	IOSHA should ensure that when supervisors review case files, they look for OSHA standards that should be cited in lieu of the general duty clause; they review the investigator's file thoroughly so that all apparent hazards are cited and when OSHA's lockout/tagout standard (29 CFR 1910.147) is cited, the correct section is cited appropriately.	
FY 2019-06	In four of five (80%) follow-up case files reviewed, adequate verification of abatement or abatement documentation specific to the cited hazards was not included the case file. In three of five (60%) follow-up case files, worker interviews were not conducted.	IOSHA should ensure that files include documentation on abatement methods observed that are specific to all identified hazards and follow-up inspections include interviews with employees.	FY 2018-04
FY 2019-07	In four of four (100%) case files reviewed, procedures to Petition for Modification of Abatement (PMA) were not followed properly.	IOSHA should ensure checklists used to approve PMAs are followed properly. IOSHA should conduct periodic audits to ensure signed agreements are in the case file; letters to the employer approving the PMA are in the case file; employers' statements of exceptional circumstances explaining any delay in their request more than one day after the abatement due date are in the case file; and, approval dates on the checklist match dates requested by the employer on the request form.	FY 2018-05
FY 2019-08	In 25 of 43 (58%) case files reviewed with citations, informal settlement agreements (ISA) are signed by IOSHA prior to the employer; penalties are reduced greater than 50%; settlement language includes statements that IOSHA did not prove there was a violation and is not appropriate; and, citations are deleted without proper justification in the file.	IOSHA should audit cases with ISAs on a routine basis to ensure they are executed appropriately: the employer signs the ISA prior to IOSHA; penalties are not reduced to more than 50% of the initial penalty; language included in the ISA does not indicate that IOSHA did not prove there was a violation and citations are not deleted unless proper justification is in the file.	FY 2018-06
FY 2019-09	The respondent's defense was not adequately tested in six of the 20 (30%) Whistleblower investigation files reviewed. The investigation appeared to conclude	IOSHA should train or retrain the Whistleblower investigative staff with regard to adequately testing the respondent's defense and ensuring that all pertinent	

Appendix A – New and Continued Findings and Recommendations

FY 2019 IOSHA State Plan FAME Report

FY 2019-#	Finding	Recommendation	FY 2018-# or FY 2018-OB-#
	following receipt of the respondent’s position or the complainant’s failure to provide a rebuttal.	information and documentation are pursued prior to concluding the investigation as required by the WIM (Chapter 3.VI.I, Resolve Discrepancies).	
FY 2019-10	The Whistleblower investigator did not evaluate the evidence and draw conclusions based on the evidence and the law. Analysis was not evident in nine of the 20 (45%) investigation files reviewed.	The State Plan should retrain Whistleblower staff on preparation of the analysis as well as writing the Report of Investigation (ROI). Attendance at the Writing for WB course #1630 is recommended for investigators when it is available through the OSHA Training Institute.	
FY 2019-11	Proof of receipt of the determination letters was not evident in ten of the 20 (50%) whistleblower investigation files reviewed.	IOSHA should ensure that proof of receipt is preserved in the file with copies of the Whistleblower determination letters, as required by WIM Chapter 4.IV.B.	

Appendix B – Observations Subject to New and Continued Monitoring
 FY 2019 Indiana State Plan FAME Report

Observation # FY 2019-OB- #	Observation# FY 2018-OB-# or FY 2018-#	Observation	Federal Monitoring Plan	Current Status
	FY 2018-OB-01	IOSHA’s in-compliance rate for safety inspections is 38.64% and 50% for health inspections, both above the high end of the FRL range at 35.88% for safety and 43.43% for health.	OSHA will monitor in-compliance rates throughout the year and discuss at each quarterly meeting.	Converted to Finding
FY 2019-OB-01		Two of the 20 (10%) Whistleblower investigation files reviewed did not contain Reports of Investigation (ROI) that were signed by the supervisor.	OSHA will discuss and evaluate IOSHA’s internal audits conducted in this area during quarterly monitoring meetings.	New
FY 2019-OB-02		In eight of the 20 (40%) Whistleblower investigation files reviewed, complainant interviews were not reduced to a memorandum of interview. Additionally, eight of the 12 administratively closed files reviewed did not contain a memorandum of interview.	OSHA will discuss and evaluate IOSHA’s internal audits conducted in this area during quarterly monitoring meetings.	New
FY 2019-OB-03		The Report of Investigation (ROI) approval date in OSHA’s WebIMIS system was either not entered or inaccurate in nine of the 20 (45%) Whistleblower investigation files reviewed.	OSHA will discuss and evaluate IOSHA’s internal audits conducted in this area during quarterly monitoring meetings.	New
FY 2019-OB-04	FY 2018-07	Eight of the 20 (40%) Whistleblower investigation files reviewed did not have documentation that the file was reviewed by a supervisor beyond the initial assignment and prior to docketing. Seven of the investigation files were FY 2018 files and one was a FY 2019 file. All but one Indiana FY 2019 investigation files documented supervisory review prior to docketing utilizing the “screening worksheet” or the activity log indicating that supervisory review of complaints prior to docketing or closing is becoming more consistent with the FY 2019 complaints.	OSHA will discuss and evaluate IOSHA’s internal audits conducted in this area during quarterly monitoring meetings.	

Appendix C - Status of FY 2018 Findings and Recommendations

FY 2019 IOSHA Comprehensive FAME Report

FY 2018-#	Finding	Recommendation	State Plan Corrective Action	Completion Date (if Applicable)	Current Status (and Date if Item is Not Completed)
FY 2018-01	The average time to initiate complaint investigations was approximately 23.44 workdays, exceeding the further review level of five workdays.	On a quarterly basis, IOSHA must examine complaint data in OSHA Express to ensure data is entered accurately and aligns with data in OIS by comparing OSHA Express reports to the unprogrammed activity (UPA) auditing report in OIS. Management must also ensure complaints are processed timely, within five workdays.	IOSHA staff members have begun to review and audit complaint data on a regular basis to ensure data is entered timely. Routine audits are conducted to ensure state data aligns with data in OIS by comparing OSHA Express reports and measure outliers to the UPA report sent by the Region V Office. IOSHA's response time to initiate complaint investigations has improved in FY 2019 to date and is at 8.42 days after three quarters.	July 30, 2019	Completed
FY 2018-02	IOSHA did not respond to four of 30 (13%) 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.	IOSHA's General Industry Division now receives monthly reports from federal OSHA of the eComplaints sent to Indiana. IOSHA's Intake Division conducts monthly audits of the eComplaints and requests complaints for those not received from federal OSHA in order to process the complaint. IOSHA also verifies that all e-complaints received are responded to.	May 30, 2019	Completed
FY 2018-03	In FY 2017, in six of 14 (42.9 %) health case files 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	All General Industry CSHOs and supervisors participated in the federal Webinar regarding Sampling Strategies in 2018. Also, all Industrial Hygiene files that are recommended for no citations are now reviewed with the Director to ensure that sampling was done when necessary and when sampling is done, that it was done properly.	Not Applicable	Open

Appendix C - Status of FY 2018 Findings and Recommendations

FY 2019 IOSHA Comprehensive FAME Report

		evidence suggests sampling should be conducted.			
FY 2018-04	In seven of 13 (54%) follow-up inspection case files reviewed in FY 2017, there was either inadequate verification of abatement or no abatement documentation in the case files.	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.	General Industry and the Construction Division have created general email inboxes for abatement only documentation from employers. Email addresses for abatement are provided to employers in the safety orders and on the abatement verification forms. This prevents abatement documentation from being inadvertently misplaced or lost. Training was provided to staff during staff meetings to ensure they evaluate abatement received for adequacy.	Not Applicable	Open
FY 2018-05	In four of four (100%) case files reviewed in FY 2017, procedures to Petition for Modification of Abatement (PMA) were not followed properly. Signed agreements were not in the casefiles. PMAs were filed more than one day after the abatement due date and they did not have proper justification for filing after the 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.	A PMA Checklist and Procedures document was generated and is being used in all files with a PMA.	Not Applicable	Open
FY 2018-06	In FY 2017, 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	IOSHA should document and summarize issues and potential courses of action in the case file for changes made during informal conferences in accordance with IOSHA's FOM Chapter 8, Section I.	IOSHA's General Industry Division created and uses checklists for proper justification of changes to citations in the informal hearing process. All supervisors were trained on the requirements of the FOM for informal hearings and how to follow the checklists.	Not Applicable	Open

Appendix C - Status of FY 2018 Findings and Recommendations

FY 2019 IOSHA Comprehensive FAME Report

	notes in the case file to support the actions taken.				
FY 2018-07	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 case files reviewed, which led to cases being docketed and investigated that should not have. In FY 2017, two of 22 (9%) docketed complaints should not have been docketed because they lacked the elements needed for a prima facie claim.	All case files should be reviewed by a supervisor to ensure all WIM policies and procedures are followed when processing (Chapter 2, Section III.4). Ensure case files contain all documentation and are organized as required in the WIM. required	The Whistleblower supervisor reviews all cases for Prima Facie elements before a case may be docketed. The supervisor created a screening sheet that is required to be utilized in all Whistleblower cases to ensure that the docketing has the supervisor approval.	Not Applicable	Converted to an observation
FY 2018-08	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. Ensure complainants are notified of their right to dual file with OSHA.	IOSHA has sought revision of the 120 day statute of limitations with the legislature and the Governor's office. IOSHA does not have the authority to enact legislation and has done everything possible as an agency. During recorded interviews of complainants, investigators provide direction regarding dual filing with federal OSHA. Also, an acknowledgement of receipt of their complaint letter is sent certified to the complainant with directions for dual filing.	March 4, 2019	Closed
FY 2018-09	Sixteen of 22 (73%) case files reviewed in FY 2017 had the incorrect date of docketing in accordance with the	Ensure that docketing dates are entered into WebIMIS in accordance with the WIM Chapter 2, Section III.B.	See corrective action response to FY 2018-07. All docketing is done within 5 working days of receipt of the complaint and, only after approval of the whistleblower supervisor.	November 9, 2018	Completed

Appendix C - Status of FY 2018 Findings and Recommendations

FY 2019 IOSHA Comprehensive FAME Report

	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.				
FY 2018-10	Six of 22 (27%) complaint case files reviewed in FY 2017 had the incorrect complaint filing date entered into WebIMIS.	Ensure complaint filing dates are entered into WebIMIS accordance with the WIM, Chapter 2, Section IV.A.	The General Industry Director trained the whistleblower investigators on the correct complaint filing date that should be entered into WebIMIS during the agency meeting in October, 2018. The date of postmark, facsimile transmittal, email communication, telephone call, hand-delivery, delivery to a third-party commercial carrier, or in-person filing at the Department of Labor office will be considered the date of filing.	October 16, 2018	Completed

Appendix D - FY 2019 State Activity Mandated Measures (SAMM) Report

FY 2019 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 2019	
SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
1a	Average number of work days to initiate complaint inspections (state formula)	5.79	10	The further review level is negotiated by OSHA and the State Plan.
1b	Average number of work days to initiate complaint inspections (federal formula)	5.27	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)	6.23	5	The further review level is negotiated by OSHA and the State Plan.
2b	Average number of work days to initiate complaint investigations (federal formula)	3.40	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.

Appendix D - FY 2019 State Activity Mandated Measures (SAMM) Report

FY 2019 IOSHA Comprehensive FAME Report

5	Average number of violations per inspection with violations by violation type	SWRU: 2.82	+/- 20% of SWRU: 1.79	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.43 to 2.15 for SWRU and from 0.78 to 1.16 for OTS.
		Other: 0.20	+/- 20% of Other: 0.97	
6	Percent of total inspections in state and local government workplaces	1.36%	+/- 5% of 3.70%	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 3.52% to 3.89%.
7	Planned v. actual inspections – safety/health	S: 1,045	+/- 5% of S: 996	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 946.20 to 1,045.80 for safety and from 183.35 to 202.65 for health.
		H: 132	+/- 5% of H: 193	
8	Average current serious penalty in private sector - total (1 to greater than 250 workers)	\$1,184.97	+/- 25% of \$2,871.96	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from \$2,153.97 to \$3,589.95.
	a. Average current serious penalty in private sector (1-25 workers)	\$685.97	+/- 25% of \$1,915.86	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from \$1,436.89 to \$2,394.82.
	b. Average current serious penalty in private sector (26-100 workers)	\$1,299.88	+/- 25% of \$3,390.30	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from \$2,542.73 to \$4,237.88.
	c. Average current serious penalty in private sector (101-250 workers)	\$2,191.39	+/- 25% of \$4,803.09	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from \$3,602.31 to \$6,003.86.

Appendix D - FY 2019 State Activity Mandated Measures (SAMM) Report

FY 2019 IOSHA Comprehensive FAME Report

	d. Average current serious penalty in private sector (greater than 250 workers)	\$2,976.81	+/- 25% of \$5,938.59	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from \$4,453.94 to \$7,423.23.
9	Percent in compliance	S: 39.63%	+/- 20% of S: 30.30%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 24.24% to 36.36% for safety and from 28.90% to 43.35% for health.
		H: 54.24%	+/- 20% of H: 36.12%	
10	Percent of work-related fatalities responded to in one workday	100%	100%	The further review level is fixed for all State Plans.
11	Average lapse time	S: 31.63	+/- 20% of S: 47.61	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 38.08 to 57.13 for safety and from 45.78 to 68.68 for health.
		H: 50.49	+/- 20% of H: 57.23	
12	Percent penalty retained	54.77%	+/- 15% of 66.38%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 56.42% to 76.33%.
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	51%	100%	The further review level is fixed for all State Plans.
15	Percent of 11(c) complaints that are meritorious	5%	+/- 20% of 23%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 18.40% to 27.60%.
16	Average number of calendar days to complete an 11(c) investigation	86	90	The further review level is fixed for all State Plans.

Appendix D - FY 2019 State Activity Mandated Measures (SAMM) Report

FY 2019 IOSHA Comprehensive FAME Report

17	Percent of enforcement presence	0.97%	+/- 25% of 1.23%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 0.92% to 1.54%.
-----------	---------------------------------	-------	------------------	---

FISCAL YEAR 2019 STATE OSHA ANNUAL REPORT

Indiana Occupational Safety and Health Administration

Evaluation Period: October 1, 2018 – September 30, 2019

Report Date: December 23, 2019



Indiana Department of Labor
402 West Washington Street, Room W195
Indianapolis, Indiana 46204

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

EXECUTIVE SUMMARY

The Indiana Department of Labor is pleased to provide the State OSHA Annual Report (SOAR) for the Indiana Occupational Safety and Health Administration (IOSHA). The activities largely described in this report took place in during the federal fiscal year 2019 between October 1, 2018 and September 30, 2019.

On November 7, 2019, the Indiana Department of Labor released the Bureau of Labor Statistic's Survey of Occupational Injuries and Illnesses (SOII) 2018 nonfatal occupational injury and illness rates for the state overall and the state's major Hoosier industries. According to Bureau of Labor Statistics, the 2018 nonfatal occupational injury and illness rate for the state was 3.3 per 100 workers. This rate is a historic low for the State of Indiana and represents a one-year decline of nearly six percent (6%). 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 per 100 workers in 1994 and has declined by more than 70 percent over the last 24 years.

In addition to a decrease in the overall state rate of 3.3 per 100 workers, 12 of Indiana's 21 major industries experienced decreases in their nonfatal workplace injury and illness rate.

Annually, the Indiana Department of Labor's Quality, Metrics, and Statistics division partners with the federal Bureau of Labor Statistics to collect this data from nearly 6,000 Indiana employers. These collection efforts result in the ability to release the above referenced data.

The Indiana Department of Labor's QMS division also conducts the Census of Fatal Occupational Injuries (CFOI) on behalf of the BLS. The data for 2018 were released by the federal BLS on December 17, 2019. The 2018 BLS Census of Fatal Occupational Injuries report shows 173 workers lost their lives in a workplace accident in the Hoosier state. This represents an increase of 25.36% in the number of fatal workplace injuries from the 2017 total of 138. It is important to note that the BLS' CFOI counts include events and activities not covered by IOSHA or its workplace safety and health standards. For instance, the BLS CFOI includes self-employed workers. Generally speaking, self-employed individuals are not covered by the Indiana (or federal) Occupational Safety and Health Act (IOSH Act). In 2018, 45 (26.01%) of the 173 workplace fatalities occurred among self-employed workers.

Since the inception of the BLS CFOI in 1992, transportation-related incidents have resulted in the highest number of Hoosier workplace fatalities. This trend continued in 2018 with 78 transportation-related incidents accounting for 45.09% of all Indiana's occupational fatalities. These incidents represents a one-year increase of 56% from the 2017 total of 50. These incidents included roadway incidents involving vehicles (70). Incidents involving highway vehicles, motorized (40) were the leading cause of the fatal transportation incidents, along with nonroadway incidents involving motorized land vehicles (17), and pedestrians struck by vehicles while working (13). Workplace fatalities involving aircrafts also increased from (1) in 2017 to (8) 2018. It should also be noted IOSHA does not have lawful authority to investigate a significant number of the above-mentioned incidents.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

The Indiana Department of Labor implemented its new five-year strategic plan in federal fiscal year 2018. This plan covers activities which occur in fiscal years 2018 through 2022. The Indiana Department of Labor's current 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.

The success achieved and the fiscal responsibility demonstrated by IOSHA underscores the Indiana Department of Labor has a quality workplace safety and health enforcement program.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

IOSHA PROGRAM NARRATIVE

The Indiana Occupational Safety and Health Administration (IOSHA) is administered by the Indiana Department of Labor. IOSHA received final state plan approval from the federal Occupational Safety and Health Administration (OSHA) on September 26, 1986. IOSHA maintains jurisdiction in both the private and public sector entities (state agency, city, municipal, town, etc. workers) as well. In essence, the same workplace safety and health standards which cover private industry establishments and employees, also cover public sector establishments and employees.

The mission of the Indiana Department of Labor is to advance the safety, health, and prosperity of Hoosiers in the workplace. IOSHA plays a key role in the Department's mission by assuring safe and healthful working conditions for Hoosier workers. IOSHA staff work in the Industrial Compliance (General Industry) or Construction Safety Division and largely carry out this duty by conducting safety and health inspections of workplaces and jobsites throughout the State of Indiana.

Inspections conducted by IOSHA may be a result of formal and nonformal complaints received by IOSHA, serious injury and workplace fatality reports, programmed/planned inspections, and others.

Other services provided by IOSHA include voluntary employer participation in site-specific partnerships, alliances, and certification in the Indiana Voluntary Protection Program (VPP).

The Indiana Department of Labor believes that an effective safety and health program is a well-balanced approach to enforcement and voluntary employer compliance. This balanced approach is validated by the most recently published nonfatal workplace injury and illness rates provided by the federal Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses. On November 17, 2019, the state announced a historic low nonfatal occupational injury and illness rate of 3.3 per 100 workers.

IOSHA leadership meets monthly to discuss the previous month's performance using an internally-generated State Activity Mandated Measures (SAMM) report. The Deputy Commissioner also provides an IOSHA Performance Spreadsheet in which select SAMM and internal measures are reviewed on a green, yellow, and red color-coded scale. Other topics discussed during these monthly meetings include position vacancies, recruitment, and new hires as well as training for these and current IOSHA team members. Exceptions to the SAMM are reviewed throughout the month, discussed, and corrected, if necessary.

At least monthly, the Deputy Commissioner provides a goal progress report via email to all IOSHA staff members. This communication includes key measures such as timeliness for complaint response, inspection goals, lapse time measures, and in-compliance rates for safety and health inspections. These messages are proactively sent with the goal of educating all team members on the team's monthly performance.

According to the federal OSHA SAMM during FY 2019, Compliance Safety and Health Officers and Construction Safety Inspectors conducted a combined 1,177 inspections.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

In short, IOSHA completed 99% of its inspection goal (1,189). These enforcement inspections assisted in the identification of more than 2,100 safety and health violations.

IDOL Five-Year Strategic Plan

The current IDOL Five-Year Strategic Plan includes FY 2018 through 2022. The plan outlines three overarching goals of IOSHA:

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.

IOSHA leadership voiced concerns regarding the feasibility of the increase of 8% as set forth in IOSHA/INSafe Five-Year Strategic Plan to federal OSHA Region V representatives.

Inspection targets as set forth in the Indiana Department of Labor's Five-Year Strategic Plan are as follows:

Strategic Plan Year	Fiscal Year	Inspection Goal
<i>Baseline</i>	<i>2017</i>	<i>1,025</i>
1	2018	1,107
2	2019	1,189
3	2020	1,271
4	2021	1,353
5	2022	1,435

Upon further review of the last five fiscal years, the average annual number of inspections completed by IOSHA was 1,048. The Five-Year Strategic Plan 2022 goal represents an increase of nearly 37% over the average annual number of inspections. This goal is not achievable given IOSHA's funding levels and staff turnover. IOSHA has developed and submitted an "Inspection Goal Recalibration Proposal" to the OSHA Region V Office review. IOSHA is awaiting feedback from OSHA Region V on this proposal.

Training

Training for IOSHA staff continues to be a priority and is emphasized in individual employee goals. Staff participate in training at the OSHA Training Institute both onsite (core and elective courses) and webinars.

Staff also attended training through other providers. Some of the non-OTI provided training and events included Rockford Systems (Machine Safeguarding), Global Leadership Seminar, VPPPA Region V Conference, annual Indiana Safety and Health Conference & Expo, and others. The

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Indiana Department of Labor hosted a two-day in-house training for newer staff as well. This training included OSHA Express, IOSHA's database that interfaces with OSHA's Information System (OIS) using federal OSHA electronic resources (letters of interpretations, directives, etc.), and investigation techniques.

Budget

IOSHA is funded by both federal and state dollars. Both the State of Indiana and federal OSHA provided 50% of the total funding for the program--\$2,308,000. According to the FY 2019 23(g) grant base award levels which accompany the annual grant instructions, the total federal funding for state plans is \$102,350,000, of which only 2.25% is awarded to the Indiana state plan.

IOSHA used all funds made available in FY 2019. IOSHA did not de-obligate any federal funds. The Indiana State Budget Agency imposed a 2% budget reserve during FY 2019.

Indiana was also audited by the United States Department of Labor with respect to appropriate expenditure of federal grant dollars. There were only minor written comments regarding misclassification of budget categories and submission of paperwork. The entire Indiana Department of Labor was audited by the Indiana State Board of Accounts. There was only one minor written comment by the state auditors which did not even warrant a written reply.

Additionally, IOSHA was awarded nearly \$15,000 in de-obligated funds by federal OSHA. A significant portion of these funds were used to send IOSHA General Industry Division CSHOs to Machine Safeguarding training provided by Rockford Systems, located in Rockford, Illinois. This additional training will assist CSHOs in responding to and conducting inspections as a result of employer-reported serious injury reports of amputation. Other funds were used to procure additional equipment for the IOSHA Construction Safety Division for inspectors to use for their inspections.

In addition to the \$15,000 IOSHA received in the federal OSHA de-obligation/re-obligation process, IOSHA also requested and received an additional \$300,000 from the State of Indiana. The additional state awarded funding supported the recruitment and hiring of three additional positions within IOSHA. The positions added to the IOSHA staffing table included the following: one industrial hygienist (CSHO), one Construction Safety Inspector, and an additional VPP Leader.

The newly added positions became effective on July 1, 2019 and have been subsequently filled.

Legislative Update Affecting Maximum Civil Penalties for “Knowing” Violations

On April 24, 2019, a bill was signed raising the maximum fines for a knowing (or willful in federal) violation in conjunction with a workplace fatality inspection. House Enrolled Act No. 1341 established this new maximum of \$132,598 for knowing violations. The new maximum, which became effective on July 1, 2019, represents nearly a 90% increase over the prior maximum of \$70,000 for a knowing violation.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

This increase matches the current federal OSHA minimum and maximum penalty in effect for willful violations. All other maximum penalties for other violations remained unchanged.

Highlight of Successes

SAMM

- SAMM 1a: Average number of days to initiate Complaint inspections (State Formula) is 5.79, which is well-below the standard of 10 days or less and the national average (state plan and federal OSHA) of 7.50 days.
- SAMM 2a: Average number of days to Initiate Complaint investigations (State Formula) in FY 2019 was 6.23, which is slightly above the reference standard of five days or fewer. While this measure is slightly above the reference standard, it is important to note that there has been a 73% reduction from the FY 2018 average of 23.44 days.
- SAMM 3: Timely Response to Imminent Danger Complaints and Referrals was 100%. The national average was 97.31%.
- SAMM 5: Average Violations per Inspection with Violations for serious, willful, and repeat for FY 2019 was 2.82. This measure is significantly above the national (federal and state plan) average of 1.78.
- SAMM 10: Percent of Work-related Fatalities Responded to in 1 Workday was 100% for FY 2019. The national average was 98.08%.
- SAMM 11: Average Lapse Time from Inspection Open-Date to Issue-Date is reflective of the work done primarily by the CSHO or Construction Safety Inspector and his or her supervisor. The safety lapse time measure is 31.63 days and the health lapse time measure is 50.49 days. The national average for the same measures were 49 and 59 days, respectively.

IOSHA Lapse Time Reduction

Overall, the IOSHA team continued to reduce its lapse time for inspections. Much of this reduction can be attributed to division-wide efficiencies such as maintaining electronic case files, developing and implementing checklists, and the regular communication and coordination between supervisory and front-line CSHOs/Construction Safety Inspectors.

- FY 2019 Safety lapse time (from inspection open-date to issue-date) = 31.63 days
- FY 2019 Health lapse time (from inspection open-date to issue-date) = 50.49 days

Nonformal Complaint Initiation Time Reduction

Average number of days to Initiate Complaint investigations (State Formula) in FY 2019 was 6.23. While this is slightly above the reference standard of five (5) or fewer, there was an emphasis placed

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

on reducing this measure throughout the year (see State Internal Evaluation Program) and was ultimately reduced by more than 73%.

Indiana VPP

Indiana's VPP is a progressive key component of IOSHA and is supported at the highest level in the state. Currently, there are 87 Hoosier workplaces that actively participate in VPP. These workplaces often exceed OSHA requirements and set new best practices to protect the more than 25,000 Hoosier employees who work at these sites. These sites have top-level management commitment to and high levels of employee involvement in the workplace safety and health management system.

The Indiana VPP Leaders continually engage this network of safety and health professionals with the goal of cross-promoting company and industry best practices, sharing ideas, and educating one another in matters related to worker safety and health excellence. VPP Leaders conducted more than 180 outreach site visits collectively in FY 2019. These site visits include providing onsite assistance, follow-up for 90-day item hazard correction, and evaluation readiness visits.

An annual meeting of VPP sites as well as workplaces who participate in the Indiana Safety and Health Achievement Recognition Program (INSHARP) is held in conjunction with the Indiana Safety and Health Conference & Expo as a way to promote this dialogue, provide an update on matters related to the agency and OSHA standards, and exchange information. In addition to this meeting, the team works with VPP and INSHARP sites to host best practice meetings in the fall for the same purposes. These best practice meetings are hosted by VPP and INSHARP sites throughout the state to minimize travel for participants. The Indiana VPP Leaders also partnered with federal OSHA to host a special government employee (SGE) training in the state. In FY 2019, this training was hosted by Cintas 588, in Indianapolis, Indiana. In addition to the SGE training, VPP Leaders provided an industrial hygiene training. This training immediately followed the SGE training and provided attendees with information about VPP requirements for the industrial hygiene program as well as hands-on experience using industrial hygiene equipment.

In FY 2019, one new Indiana worksite achieved VPP certification. The team also conducted multiple outreach and site visits along with 15 recertification evaluations.

Indiana VPP Leaders continued to work with the University of Notre Dame representatives as it pursues certification in VPP. VPP Leaders also worked with the first public sector employer in the state, Community Justice Center of Madison County, to pursue VPP certification.

Next calendar year will bring challenges to the team as in addition to working with new sites interested in VPP, the team is scheduled to conduct 32 recertification evaluations. This is the most recertifications the VPP team will conduct in any one year. The team is already putting together this evaluation schedule and employing the help of its group of more than 140 SGEs.

Challenges

Staff Turnover

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

The low funding level and industry competition for experienced safety and health professionals continues to be a challenge for IOSHA.

Despite an across-the-board salary increase that was implemented in FY 2017 for CSHOs; Construction Safety Inspectors; and supervisors, IOSHA continues to have high employee turnover. CSHO and Construction Safety Inspector salaries were increased by 16.36% from a hire salary of \$36,374 to \$42,328.

On average, IOSHA loses three-to-four CSHOs and/or Construction Safety Inspectors each quarter. While some staff members received promotional opportunities within the Indiana Department of Labor this year, a number of individuals left for higher paying opportunities in the private sector. Exiting employees indicated salary increases of \$10,000 - \$20,000, annually.

Recruiting and hiring personnel is challenging and time consuming. However given that, IOSHA management works diligently with State of Indiana's State Personnel Department (human resources) to ensure position vacancies are posted to the State of Indiana Job Bank in a timely manner. In addition, vacancies are posted on the agency's website, shared via social media (e.g. Facebook and Twitter), promoted at career fairs, advertised in the Department's external newsletter, and sent via email to industry contacts and partners (e.g. Central Indiana ASSP, Anthony Wayne Chapter of the ASSP, Associated General Contractors of Indiana, Indiana Constructors, Inc., Construction Coalition for Safety, Indiana University, Indiana State University, Purdue University, etc.). In some cases, vacancies are posted multiple times in an effort to generate a good number of qualified candidates for consideration. Ultimately, the goal is to hire the best qualified candidate in a timely manner.

In an additional effort to promote employment with the State of Indiana, and more specifically, IOSHA, an employee referral program was developed and implemented in FY 2019. The program became effective in July. The employee referral program provides an opportunity to recognize current staff for assisting in the recruitment process for IOSHA technical positions which include CSHOs, Construction Safety Inspectors, and supervisory staff. Current Indiana Department of Labor employees who refer qualified candidates may be paid a one-time \$250 referral bonus if the applicant he or she referred is hired.

IOSHA's General Industry Division has also created a folder on the shared drive to upload resumes and applications of future candidates. All supervisors have access to this folder. The purpose of this folder is to create a candidate pool for future vacancies. IOSHA's General Industry Division also maintains a continual/perpetual job posting for an industrial hygiene position on the State of Indiana Job Bank. This helps better assure vacancies are filled as timely as possible.

As IOSHA continues to further improve its operations and address a high number of complaints and serious injury reports, the division's limited resources will be an ever-increasing issue. To meet goals, staff retention will need to be a focus as IOSHA moves to the future. IOSHA must be competitive in compensation and offer positions that are attractive to talented safety and health professionals.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

As of the date of this report, IOSHA has only one position vacancy – IOSHA Construction Safety Inspector. This position will be recruited for at the beginning of the 2020 calendar year.

OSHA Express System

IOSHA continues to use OSHA Express as its data collection system for its day-to-day enforcement activities. OSHA Express has an interface to transmit data for the federal OSHA Information System (OIS). The system has been in place since 2013 and provides a great deal of flexibility in generating real-time data and generating reports to manage different performance numbers for IOSHA.

Data collected may be timely generated and analyzed for decision-making purposes.

Complaints and Serious Injury Reports

Two intake personnel are largely responsible for receiving and processing incoming inquiries, reports of serious injuries, referrals, and complaints.

IOSHA received 395 formal and 1,238 nonformal complaints in FY 2019. Formal complaints about unsafe working conditions in FY 2019 remained fairly consistent with the number received in FY 2018 (404). Nonformal complaints received in FY 2019 were fewer than 2018 (1,516).

IOSHA also received 780 serious injury reports during FY 2019. These reports included amputations (227), in-patient hospitalizations (551), and losses of eyes (2). This represents a slight decrease from the 799 serious injury reports in FY 2018.

Whistleblower

Indiana is one of the few states that has a statute of limitations to complete a whistleblower investigation. The statute of limitations is 120 days. Indiana presently has two full time whistleblower investigators that perform all whistleblower investigations.

The Whistleblower Protection Unit conducted 60 investigations in FY 2019, which is 11 more than in FY 2018. The average number of days to investigate was 86 days.

State Internal Evaluation Plan (SIEP)

Activity/Program Evaluated: Nonformal Investigation Initiation Response Time/Unprogrammed Activities

IOSHA focused on making improvements to its SAMM 2a – Average number of days to initiate complaint investigations. The reason for the focus on this measure was that it was significantly outside the reference standard of five days or less. For FY 2018, the cumulative average for SAMM 2a was 23.44 days. This means on average, it took IOSHA nearly 24 days to initiate a nonformal complaint with the respective employer.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Identifying the underlying issues was problematic in the beginning. This became easier when federal OSHA Region V Office shared an OSHA Information System (OIS) Unprogrammed Activities report which had all the data received from our state OSHA Express for complaints. According to the report, some complaints were older and seemed to take many days to initiate an inquiry to an employer or had no unprogrammed activity data associated with the complaint. This attributed to the reported higher than average initiation response time.

Initially, in January of 2014 when OSHA Express went live in Indiana, there was only a Tab 39/40 to enter complaint unprogrammed activity (dates for letters sent to complainant, initial letters sent to employer, reminder letters to employer, grant of extension to employer, send the complaint to the complainant for signature, acknowledgement to complainant, investigation results to complainant, etc.).

A year later in 2015, it was discovered that Tab 39/40 were not syncing/uploading data to the federal OIS. Therefore, in March of 2015, the vendor created a separate Unprogrammed Activities tab for entering the exact same complaint dates/letters information that was entered in to the existing Tab 39/40. After the Unprogrammed Activities tab was created, Intake staff were required to enter duplicate information in both Tab 39/40 and the Unprogrammed Activities tab. The duplication was required because the OSHA Express SAMM and complaint reports were not being populated from the Unprogrammed Activities tab and the federal Unprogrammed Activities complaint reports were not being populated from Tab 39/40.

However, information pertaining to the in which the date letters were sent to the employer and responses received from the employer was not syncing/uploading and populating federal OIS Unprogrammed Activities Complaint reports until September of 2016. The data entry duplication for Intake staff was required until May 17, 2017 when Tab 39/40 was deactivated and was no longer a field that data could be input. Also, in May of 2017, OSHA Express complaint reports could be produced and populated with Unprogrammed Activities tab data.

In July of 2017, there were lingering issues as some of the Unprogrammed Activities data (employer response due dates and dates for signature letters sent/received) were still not syncing and it would be several months before it would be corrected.

From January of 2014 to May of 2017, there was data that was stored in Tab 39/40 that was never put into the Unprogrammed Activities tab and thus never synced or uploaded to OIS. This resulted in the federal and state reports erroneously reporting higher SAMM 2a data or a higher number of average days to send initial letters to employers. The SAMM and OIS Unprogrammed Activities complaint reports would start counting from the date the complaint was received to the Unprogrammed Activities that was further along in the investigation process when data began syncing with both the OSHA Express and OIS reports. In other words, the initial letter sent to employer was not being synced to any of the reports.

In 2018 and 2019, this error was discovered, and intake staff migrated Tab 39/40 data to the Unprogrammed Activities tab. This was only possible because the Tab 39/40 data was visible if there was data previously entered into the field, but data could not be entered into Tab 39/40 because of

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

the deactivation back in May of 2017. This data migration decreased the overall SAMM 2a metric in Indiana.

To adequately address the overall initiation response time, IOSHA did the following:

- Worked with the OSHA Express System vendor to develop and implement an “Exceptions” tab in the OSHA Express SAMM Report not only for SAMM 2a, but also SAMM 1a which represents formal complaint inspection response time. This has reduced the time necessary to research data exceptions and correct potential data coding errors.
- Conducted an audit using the newly updated OSHA Express SAMM report to correct coding errors. This type of audit report was only possible through the recently added feature in the system that provided an exception list for SAMM 2a complaints over five days. In addition, the SAMM report also had the capability of sorting the exception list of complaints by the highest number of days to respond initially to an employer. All complaint files that had an abnormally large initial response time to employers were reviewed to determine if the actual letter sent was an initial response to an employer or a follow up letter. Corrections to errors were made in OSHA Express only when appropriate and could be verified by letters attached in the actual complaint file.
- Performed monthly audits of “complaint data” and quarterly audits of Unprogrammed Activities reports using the report provided by the Region V Office to ensure information and actions are received, appropriately entered into the OSHA Express system, and also successfully interfaced with the federal OIS system.
- Review and triage nonformal complaints upon receipt and process the same day or next business day.
- As current employees of an establishment file an online complaint using the IOSHA Complaint Form, the complainant automatically receives a request for signature via email. This reduces the time in which the complaint is “out for signature.”

In summary, unmigrated data, coding issues, not regularly auditing electronic complaints received from federal OSHA, and not conducting audits of IOSHA complaint electronic mail inboxes contributed to the high SAMM #2 metric. New features added to OSHA Express, retraining of staff, and regular audits significantly reduced the SAMM #2 average days to initially request a response from the employer regarding alleged hazards in the workplace.

Ultimately, this project assisted in the reduction of the average time for IOSHA to initiate an inquiry with the employer representative. IOSHA ended FY 2019 with a SAMM 2a cumulative average of 6.23 days. While the measure is slightly above the reference standard of five days, it has improved by more than 73% in less than one year.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Conclusion

Indiana's overall nonfatal workplace injury and illness rate is at a historic low. Moving forward, further improvements to reduce workplace injuries and illnesses will prove to be even more challenging. IOSHA must be innovative and effective and focus on ways to continue improving workplace safety and health in Indiana.

IOSHA's future will focus on a balance of strengthening its enforcement responsibilities and expanding cooperative programs which best support the Indiana Department of Labor's mission to advance the safety, health, and prosperity of Hoosiers in the workplace.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

INDIANA DEPARTMENT OF LABOR ANNUAL PERFORMANCE PLAN

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: <i>Help assure improved workplace safety and health for all workers, as evidenced by fewer hazards, reduced exposures, and fewer injuries, illnesses, and fatalities.</i>	
Performance Goal 1.1a	Reduce workplace injuries and illnesses in high hazard industries by a combined 15% by the end of federal fiscal year 2022.
Annual Performance Goal 1.1	<p>Reduce workplace injuries and illnesses in high hazard industries by a combined 3%.</p> <ul style="list-style-type: none"> • Food manufacturing (311) • Beverage and tobacco product manufacturing (312) • Wood product manufacturing (321) • Primary metal manufacturing (331) • Metalworking machinery manufacturing (333) • Nursing and residential care facilities (623) • Hospitals (622) • Warehousing and storage (493)
Indicators/Metrics	Bureau of Labor Statistics’ (BLS) Survey of Occupational Injuries and Illnesses (SOII) rate for the Indiana high hazard industries identified.
Data Sources	BLS SOII Table 1. Incident Rates of nonfatal occupational injuries and illnesses by industry and case types.
Baseline	<p>2015 BLS SOII rates for the Indiana high hazard industries:</p> <ul style="list-style-type: none"> • Food Manufacturing (311) 5.9 • Beverage and tobacco product manufacturing (312) 6.2 • Wood Product Manufacturing (321) 10.4 • Primary Metal Manufacturing (331) 4.3 • Metalworking Machinery Manufacturing (3335) 8.0 • Hospitals (622) 5.8 • Nursing and Residential Care Facilities (623) 7.4 • Warehousing and storage (493) 4.7
Comments	<p>IOSHA will prioritize complaints from the industries (NAICS) referenced in <i>Annual Performance Goal 1.1 a</i>. Given the high incident rates, non-formal complaints received by IOSHA in these industries may be upgraded to formal complaint status.</p> <p>INSafe will prioritize onsite consultation, training, and outreach requests from the industries (NAICS) referenced in <i>Annual Performance Goal 1.1 a</i>. “Initial” onsite consultation requests with serious hazards identified in the</p>

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

	above referenced industries will require an onsite “Follow-up” visit. INSafe will provide other additional outreach activities specifically aimed at these emphasis industries.
FY 2019 Results	<p>2018 BLS SOII rates for the Indiana high hazard industries:</p> <ul style="list-style-type: none"> • Food Manufacturing (311) 4.4 – <i>represents a 25.42% decrease from 2015 baseline rate of 5.9</i> • Beverage and tobacco product manufacturing (312) 3.5 – <i>represents a 43.55% decrease from 2015 baseline rate of 6.2</i> • Wood Product Manufacturing (321) 5.4 – <i>represents a 48.07% decrease from 2015 baseline rate of 10.4</i> • Primary Metal Manufacturing (331) 3.6 – <i>represents a 16.28% decrease from 2015 baseline rate of 4.3</i> • Metalworking Machinery Manufacturing (3335) <i>Exact NAICS unavailable for Indiana, used 333. 2.6 – represents a 67.50% decrease from 2015 baseline rate of 8.0</i> • Hospitals (622) 6.1 – <i>represents a 5.17% increase from 2015 baseline rate of 5.8</i> • Nursing and Residential Care Facilities (623) 6.9 – <i>represents a 6.76% decrease from 2015 baseline rate of 7.4</i> • Warehousing and storage (493) 4.5 – <i>represents a 4.26% decrease from 2015 baseline rate of 4.7</i> <p>As of the publication of the 2018 SOII results, this goal was exceeded. The SOII numbers, however, are obtained through a survey which can lead to volatility in the numbers and wide fluctuations from year-to-year.</p>
Performance Goal 1.1b	Reduce workplace fatalities within IOSHA’s jurisdiction by a combined 10% in Indiana high fatality industries – transportation and warehousing, agriculture, and manufacturing by the end of federal fiscal year 2022.
Annual Performance Goal	Reduce workplace fatalities within IOSHA’s jurisdiction by a combined 2% in Indiana high fatality industries – transportation and warehousing; agriculture; forestry, fishing, and hunting; and manufacturing.
Indicators/Metrics	BLS Census of Fatal Occupational Injuries (CFOI) fatalities for the transportation and warehousing; agriculture; forestry, fishing, and hunting; and manufacturing and internal tracking of fatalities within IOSHA’s jurisdiction.
Data Sources	BLS CFOI Table A-1. Fatal occupational injuries by industry and event or exposure, Indiana.
Baseline	<p>2015 BLS CFOI count for Indiana high fatality industries:</p> <ul style="list-style-type: none"> • Transportation and warehousing, 27 • Agriculture, forestry, fishing, and hunting, 23 • Manufacturing, 12
Comments	IOSHA will give top priority to inspecting fatalities in these high fatality industries. INSafe will prioritize outreach efforts in the same industries.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

FY 2019 Results	<p>2018 BLS CFOI count for Indiana high fatality industries from the baseline established in 2015:</p> <ul style="list-style-type: none"> • Transportation and warehousing, 27 – <i>No change from baseline.</i> • Agriculture, forestry, fishing, and hunting, 30 – <i>30.43% increase from baseline.</i> • Manufacturing, 15 – <i>25% increase from the baseline.</i> <p>This goal was not met.</p>
Performance Goal 1.2a	Reduce workplace injuries and illnesses in the construction (NAICS 23) industry by 15% by the end of federal fiscal year 2022.
Annual Performance Goal	Reduce workplace injuries and illnesses in the construction industry by 3%.
Indicators/Metrics	BLS SOII rate for the Indiana construction industry.
Data Sources	BLS SOII Table 1. Incident Rates of nonfatal occupational injuries and illnesses by industry and case types.
Baseline	2015 BLS SOII rate for the Indiana construction industry is 2.8.
Comments	
FY 2019 Results	The 2018 BLS SOII rate for the Indiana construction industry unchanged at its historic low of 2.6 per 100 workers. Although the 2018 rate was unchanged from the 2017 rate, it met the 3% reduction (2.63) from the baseline of 2.8 with a 7.14% reduction from the baseline. The FY 2019 annual goal was met .
Performance Goal 1.2b	Reduce construction industry fatalities within IOSHA’s jurisdiction by 10% by focusing efforts on leading causes of worker deaths (i.e. falls, trenching, and scaffolds) by the end of federal fiscal year 2022.
Annual Performance Goal	Reduce construction industry fatalities within IOSHA’s jurisdiction by 2% by focusing efforts on leading causes of worker deaths (i.e. falls, trenching, and scaffolds).
Indicators/Metrics	BLS CFOI count for the Indiana construction industry.
Data Sources	BLS CFOI Table A-1. Fatal occupational injuries by industry and event or exposure, Indiana.
Baseline	2015 BLS CFOI count for the Indiana construction industry = 11.
Comments	
FY 2019 Results	2018 BLS CFOI count for the Indiana construction industry is 31. This results in an increase of 182%. This goal was not met.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Performance Goal 1.3	Develop 15 electronic or printed workplace safety and health education and outreach products or resources which focus on educating and informing Hoosier stakeholders.
Annual Performance Goal	Develop 3 electronic or printed workplace safety and health education and outreach products or resources which focus on educating and informing Hoosier stakeholders.
Indicators/Metrics	
Data Sources	Internally tracked.
Baseline	
Comments	
FY 2019 Results	The following 13 outreach and educational materials were developed during FY 2019: IN Review (February 2019), 3 quarterly newsletters, 4 INSHARP Newsletters, video: What to Expect When IOSHA Inspects (October 2018), video: Good Dirt Video (April 8, 2019), video: Personal Fall Arrest Systems (May 3, 2019), video: Inspecting and Wearing Personnel Fall Arrest Gear (May 3, 2019), and video: Hearing Conservation (August 12, 2019). This goal was exceeded for FY 2019.
Strategic Goal #2: Strengthen and improve IOSHA and INSafe's infrastructure.	
Performance Goal 2.1a	Improve IOSHA elapsed time (from opening to citation issuance) by 25% for safety inspections.
Annual Performance Goal	Improve IOSHA elapsed time (from opening to citation issuance) by 5% for safety inspections.
Indicators/Metrics	Federal OSHA State Activities Mandated Measures (SAMM) for federal fiscal year-end.
Data Sources	Federal OSHA SAMM Measure 11.
Baseline	IOSHA FY 2016 YTD SAMM 11 Safety is 54.67 working days
Comments	National Average from SAMM 11 will be targeted. FY 2016 = 45 working days.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

FY 2019 Results	FY 2019 lapse time for safety inspections was an average of 31.63 which exceeded the goal of 49.20 days by 55.54%. This goal was exceeded for FY 2019.
Performance Goal 2.1b	Improve IOSHA elapsed time (from opening to citation issuance) by 40% for health inspections.
Annual Performance Goal	Improve IOSHA elapsed time (from opening to citation issuance) by 8% for health inspections.
Indicators/Metrics	Federal OSHA SMM for federal fiscal year-end.
Data Sources	Federal OSHA SMM Measure 11.
Baseline	IOSHA FY 2016 YTD SMM 11 Health is 99.79 working days
Comments	National Average from SMM 11 will be targeted. FY 2016 = 57 working days.
FY 2019 Results	FY 2019 lapse time for health inspections was 50.49 days which exceeded the goal of 83.82 by 39.76%. This goal was exceeded for FY 2019.
Performance Goal 2.1c	Increase the number of IOSHA enforcement inspections by 40%.
Annual Performance Goal	Increase number of inspections by 8%.
Indicators/Metrics	Federal Fiscal Year reporting
Data Sources	OSHA Express/OSHA Information System
Baseline	FY 2018 estimated number of inspections = 1025
Comments	
FY 2019 Results	The target number of inspections for FY 2019 was 1,189 inspections. In FY 2019, 1,185 or 99.7% of the inspection goal was completed. This goal was not met .

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Performance Goal 2.1d	Complete IOSHA whistleblower investigations within 80 days for the investigator portion and 120 days total for IOSHA.
Annual Performance Goal	Whistleblower cases completed within 80 days for investigator, 120 total for IOSHA.
Indicators/Metrics	SAMM 14 and 16
Data Sources	OSHA Express/OIS
Baseline	N/A
Comments	
FY 2019 Results	The average number of days for the investigator portion was 72 days and case completion was 86 days total. This goal was exceeded .
Performance Goal 2.2	Improve INSafe consultation request response time (from employer submission of request to onsite visit) by 20%.
Annual Performance Goal	Improve INSafe consultation request response time (from employer submission of request to onsite visit) by 4%.
Indicators/Metrics	OSHA Express
Data Sources	Internal tracking (average) using OSHA Express Visit Lapse Report for closed visits.
Baseline	FY 2016 average consultation request response time (from employer submission of request to onsite visit) = 56 days.
Comments	
FY 2019 Results	FY 2019 average consultation request response time (from employer submission of request to onsite visit) = <i>44.22 days 21% decrease</i> . This goal was exceeded .
Performance Goal 2.3	Respond to formal complaint inspections made to IOSHA within 10 working days.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Annual Performance Goal	Respond to formal complaint inspections made to IOSHA within 10 working days.
Indicators/Metrics	SAMM 1a
Data Sources	OSHA Express
Baseline	FY 2016 = 8.93
Comments	
FY 2019 Results	The average response time to respond to complaints inspections was 5.61 days. This goal was exceeded .
Performance Goal 2.4	Ensure 95% of non-contested cases have abatement completed within 60 working days of the last abatement due date.
Annual Performance Goal	Ensure 95% of non-contested cases have abatement completed within 60 working days of the last abatement due date.
Indicators/Metrics	
Data Sources	OSHA Express “Unsatisfied Activities” Report.
Baseline	N/A
Comments	
FY 2019 Results	171 cases had abatement incomplete greater than 60 days out of 751 cases with citations resulting in 77.23% of non-contested cases with abatement completed within 60 days of due date. This goal was not met .
Performance Goal 2.5	Provide 10 non-OTI opportunities for IOSHA and INSafe staff to grow professionally and improve technical proficiencies.
Annual Performance Goal	Provide 2 non-OTI opportunities for IOSHA and INSafe staff to grow professionally and improve technical proficiencies.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Indicators/Metrics	Indiana Department of Labor internal tracking.
Data Sources	Internally maintained spreadsheet
Baseline	Provided 2 non-OTI opportunities for IOSHA and INSafe staff to grow professionally and improve technical proficiencies in FY2017.
Comments	
FY 2019 Results	<p>IOSHA and INSafe staff participated in a variety of training opportunities in addition to core and specialized training at OTI. Non-OTI training included:</p> <ul style="list-style-type: none"> • Indiana Safety and Health Conference & Expo (February 26-28, 2019) • OSHA General Industry Outreach Training Program for Trainers (OSHA 503) (May 8-10, 2019) • VPPPA Region V Conference (May 14-16, 2019) • ASSP Conference (June 9-12, 2019) • Rockford Machine Safeguarding (September 18-20, 2019) • Global Leadership Seminar (August 8, 2019) • Construction Safety Division all employee Training (September 27, 2019) <p>This goal was exceeded.</p>
<i>Strategic Goal #3: Promote and support the agency's cooperative programs.</i>	
Performance Goal 3.1	Increase the number of IOSHA's VPP and INSafe's INSHARP sites by 50.
Annual Performance Goal	Increase the number of IOSHA's VPP and INSafe's INSHARP sites by a combined total of 10.
Indicators/Metrics	Indiana Department of Labor internal tracking.
Data Sources	Internally maintained spreadsheet.
Baseline	FY 2016 new INSHARP sites = 6, FY 2016 new VPP sites =10

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Comments	
FY 2019 Results	One new VPP site was certified in FY 2019. One new INSHARP site was certified in FY 2019. This goal was not met .
Performance Goal 3.2	Coordinate and offer 10 meetings/best practice sessions for IOSHA’s VPP and INSafe’s INSHARP participants and other interested parties.
Annual Performance Goal	Coordinate and offer 2 meetings/best practice sessions for VPP and INSHARP participants and other interested parties.
Indicators/Metrics	Indiana Department of Labor internal tracking.
Data Sources	Internally maintained spreadsheet.
Baseline	N/A
Comments	
FY 2019 Results	<p>Three separate regional “Best Practices” meetings/educational events were held in south, central, and southern Indiana for VPP and INSHARP participants in FY 2019. In addition to the regional meetings, a “Best Practices” and educational session was hosted in coordination with the annual Indiana Safety and Health Conference & Expo in March 2019. A new special government employee (SGE) training was conducted by federal OSHA. The training was hosted by Indiana VPP site, Cintas 588 in Indianapolis. In addition to this training event, the VPP team provided an industrial hygiene training event for SGEs and IOSHA staff as two new VPP Leaders attended this FY.</p> <p>This goal was exceeded.</p>
Performance Goal 3.3	Conduct a combined 600 IOSHA’s VPP and INSafe’s INSHARP outreach visits.
Annual Performance Goal	Conduct a combined 120 IOSHA VPP and INSafe INSHARP outreach visits.
Indicators/Metrics	Indiana Department of Labor internal tracking.

Appendix E - FY 2019 State OSHA Annual Report (SOAR)

Data Sources	Internally maintained spreadsheet.
Baseline	N/A
Comments	
FY 2019 Results	VPP staff conducted a total of 186 visits in FY 2019. The INSHARP coordinator conducted 22 (previous year = 28) visits in FY 2019. This goal was exceeded .
Performance Goal 3.4	Sign five new/renew strategic workplace safety and health partnerships or alliances by the end of federal fiscal year 2022.
Annual Performance Goal	Sign one new strategic workplace safety and health partnership or alliance.
Indicators/Metrics	Indiana Department of Labor internal tracking.
Data Sources	Internally maintained spreadsheet.
Baseline	
Comments	
FY 2019 Results	Two partnerships were signed in FY 2019. This goal was met . <ul style="list-style-type: none"> • Indy Safety Partners (December 2018) • Barton Malow (April 2019)