# FY 2024 Follow-up Federal Annual Monitoring Evaluation (FAME) Report

**Hawaii Department of Labor and Industrial Relations Occupational Safety and Health Division (HIOSH)**



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## Executive Summary

The primary purpose of this report is to assess Hawaii Occupational Safety and Health’s (HIOSH’s) progress during Fiscal Year (FY) 2024 in resolving outstanding findings identified in the FY 2023 Comprehensive Federal Annual Monitoring Evaluation (FAME) Report. HIOSH’s progress in meeting its annual performance plan and five-year strategic goals is addressed in its FY 2024 State OSHA Annual Report (SOAR).

HIOSH was responsive to identified findings and recommendations and continued to maintain an average level of program performance. Continuing hiring difficulties and compliance staff retention challenges resulted in limited availability of qualified staff to conduct inspections. FY 2024 was the sixth consecutive year that HIOSH did not meet its projected inspection goal. Only 422 (77%) of the projected 550 inspections were conducted and the average number of serious, willful, repeat, and unclassified (SWRU) violations cited per inspection continued to decrease.

HIOSH made some progress addressing the previous seven findings and five observations from the FY 2023 Comprehensive FAME Report. No findings were completed. All findings and observations were carried over to FY 2024. An on-site case file review is necessary to verify corrective actions for five of the seven findings and will be scheduled as part of the FY 2025 comprehensive FAME. There was one new observation pertaining to the low health inspection number.

## State Plan Background

The Department of Labor and Industrial Relations (DLIR) administers the Hawaii State Plan. Jade T. Butay, Director of DLIR, was the State Plan Designee and Norman Ahu was the HIOSH Program Administrator until retiring in April 2024. Alan Yamamoto was the acting HIOSH Administrator for the remainder of the year.

HIOSH is comprised of two major sections: the Occupational Safety and Health (OSH) division administered the Hawaii Occupational Safety and Health Program, and the Boiler and Elevator Safety division administered the Hawaii Boiler and Elevator Safety Laws. OSHA does not monitor the Boiler and Elevator Safety division as it is not funded by the 23(g) grant. The OSH division consists of the Administrative and Technical Support; Occupational Safety; Occupational Health; and Consultation and Training branches.

In FY 2024, the initial federal base award to fund the 23(g) program was $1,584,700. Hawaii matched the federal funds, bringing the total award to $3,169,400. There were $132,300 unclaimed funds, due to the fund reduction of all OSHA 23(g) programs, the unclaimed funds were decreased by $62,000 in July, bringing the unclaimed funds to $70,300. Hawaii did not accept any additional one-time only funds and did not de-obligate any federal funds. Hawaii reported final expenditures to be $3,169,400 ($1,584,700 federal, $1,584,700 state match). The next financial review will be in FY 2026.

The grant provided funding for 29 full-time staff including four managers, nine safety compliance officers, eight health compliance officers, one whistleblower investigator, four clerical staff, one program specialist, one compliance assistance specialist (CAS), and one part-time state and local government agency safety and health consultant. Staffing levels fluctuated throughout the year and at the end of FY 2024, HIOSH employed four safety and seven health compliance officers. The CAS position remained vacant for the entire year. Although HIOSH continued to experience staffing vacancies and high turnover rates, it has been actively working with state hiring officials to fill vacancies and increase salaries.

State and local government consultation services are provided under the 23(g) grant and private sector consultation is provided under the 21(d) Cooperative Agreement. The private sector consultation program is evaluated separately in the FY 2024 Regional Annual Consultation Evaluation Report (RACER).

During FY 2024, loss of key personnel resulted in decreased outreach activities. HIOSH conducted limited outreach through their website and radio and newspaper advertisements.

**New Issues**

None.

## Assessment of State Plan Progress and Performance

###  A. Data and Methodology

OSHA has established a two-year cycle for the FAME process. This is the follow-up year, and as such, OSHA did not perform an on-site case file review associated with a comprehensive FAME. This strategy allows the State Plan to focus on correcting deficiencies identified in the most recent comprehensive FAME. The analyses and conclusions described in this report are based on information obtained from a variety of monitoring sources, including:

* State Activity Mandated Measures (SAMM) Report (Appendix D, dated 01/06/2025)
* State Information Report (SIR, dated 11/12/2024)
* State OSHA Annual Report (SOAR)
* State Plan Annual Performance Plan (APP)
* State Plan 23(g) Grant Application
* Quarterly monitoring meetings between OSHA and the State Plan
* Whistleblower Application in the OSHA IT Support System (OITSS)
* OSHA Information System (OIS)
* State Plan Application (SPA)

###  B. Findings and Observations

**Findings (Status of Previous and New Items)**

HIOSH made some progress addressing the seven findings and five observations from the FY 2023 Comprehensive FAME Report. This follow-up FAME report contains seven continued and no new findings. No findings were completed, but five findings will be part of the focus of next year’s case file review for the FY 2025 comprehensive FAME. All observations were continued. There was one new observation in FY 2024. Appendix A describes continued findings and recommendations. Appendix B describes observations subject to continued monitoring and the related federal monitoring plan. Appendix C describes the status of each FY 2024 finding and recommendation.

**Completed Findings**

No findings were completed in FY 2024.

**Closed Findings**

No findings were closed in FY 2024.

**Continued Findings**

**Finding** **FY 2024-01 (FY 2023-01):** In FY2023,inspection and UPA records were not established and/or maintained for all opened inspections and UPAs.

**Status:** HIOSH implemented new policies and procedures on February 1, 2024. Dismissals of complaints that do not result in an inquiry or inspection are collected, compiled, and documented in electronic format in the OSHA Information System (OIS) file using a combination of e-mail correspondence and/or written letters mailed to the complainant. A case file review is necessary to evaluate performance in relation to this finding. This finding will be focus of next year’s case file review during the FY 2025 comprehensive FAME.

**Finding FY 2024-02 (FY 2023-02):** In FY2023,there was no evidence in one of two (50%) fatality investigation files reviewed that the families of victims were contacted during the investigation.

**Status:** HIOSH trained staff on May 24, 2024. The training included documentation of communication with the victim’s families. Letters are also documented on HIOSH’s Inspection Correspondence Log. A case file review is necessary to evaluate performance in relation to this finding. This finding will be focus of next year’s case file review during the FY 2025 comprehensive FAME.

**Finding FY 2024-03 (FY 2023-03):** In FY 2023, 15 of 39 (38.46%) cases, files did not contain adequate evidence that substantiated the employer had or could have known of the hazardous condition.

**Status:** HIOSH trained staff on May 24, 2024. The training covered employer knowledge. Additional training on employer knowledge will be conducted when new inspectors attend required OSHA Training Institute (OTI) courses. Adequate evidence of employer knowledge will be monitored by Branch Managers during review of case files prior to issuance of citations. A case file review is necessary to evaluate performance in relation to this finding. This finding will be focus of next year’s case file review during the FY 2025 comprehensive FAME.

**Finding FY 2024-04 (FY 2023-04):** In FY 2023,seven of ten (70%) case files there was no evidence that union or other labor representatives were contacted to participate in the opening and closing conferences or walk around inspections and provided with copies of the citations.

**Status:** HIOSH trained staff on May 24, 2024. The training covered the importance of identifying employee representation, providing employee representation the opportunity to participate in the inspection, and documentation of the above in the field notes and inspection narrative forms. Additionally, when there is employee representation, inspectors informed administrative support staff of the need to mail citations to the employee representation via HIOSH’s CSHO Inspection Summary form. Branch Managers monitored documentation of employee representation while reviewing case files prior to the issuance of citations. This finding will be focus of next year’s case file review during the FY 2025 comprehensive FAME.

**Finding FY 2024-05 (FY 2023-05):** HIOSH has not completed adoption of all the required standards by the adoption due date.

**Status:** HIOSH continued to work towards updating its standards. HIOSH’s last major standard update took effect on July 1, 2017. Due to the number of standards that have been updated and/or promulgated since July 1, 2017, this is a lengthy process. The projected completion date is September 30, 2025.

**Finding FY 2024-06 (FY 2023-06):** Requirement for adopting federal program changes were not completed within six months of the effective date of the directive or official issuance of the federal register notice.

**Status:** HIOSH has created a due date tracking calendar to document the due dates set forth by OSHA for official responses and adoptions and to ensure appropriate required actions are taken before the due date. Completion of adoption of existing federal program changes was expected by September 1, 2024. However, the Field Operations Manual (FOM), Whistleblower Investigations Manual (WIM), and Communicating OSHA Fatality Inspection Procedures to a Fallen Worker’s Family are still pending.

**Finding FY 2024-07 (2023-07):** Retaliation case files lacked the required documentation, such as interview summaries, activity logs, evidence of review by a supervisor, or other documents required to be in the retaliation case file.

**Status:** The HIOSH Whistleblower unit has started documentation of its case files into OIS. HIOSH has updated their procedures to maximize the use of OIS and decrease reliance on paper files. HIOSH’s WIM is in the process of being updated to incorporate electronic case file requirements, policies, and procedures. Completion and adoption of the WIM was expected by November 1, 2024; however, one chapter is still pending. This finding will be focus of next year’s case file review during the FY 2025 comprehensive FAME.

**New Findings**

There were no new findings identified in FY 2024.

**Observations**

**Closed Observations**

There were no closed observations identified in FY 2024.

**Continued FY 2024 Observations**

**Observation** **FY 2024-OB-01 (FY 2023-OB-01):** Allocated positions remained vacant for extended periods of time.

**Status:** HIOSH continued to struggle with retaining qualified staff and is pro-actively working with state hiring officials to fill vacancies and increase salaries. As of January 2025, HIOSH has six safety field inspectors and seven environmental health specialists. Staffing benchmarks are nine safety inspectors and nine health inspectors. OSHA recognizes the potential impact caused by the reduction of federal FY 2024 State Plan 23(g) funding during the last quarter of the fiscal year. However, HIOSH has been challenged to match and claim funding increases over the past several years. Their reduction in FY 2024 was taken entirely from funds they had not yet claimed, thereby likely lessening any immediate impact. Even after this reduction, HIOSH still has funding they could match and claim, to supplement salaries or increase hiring. This observation remains open.

**Observation FY 2024-OB-02 (FY 2023-OB-02):** HIOSH conducted 232 (SAMM 7a) safety inspections, which was below the lower end of the Further Review Level (FRL) of 285.

**Status:** The lower than planned inspections continued to most likely be due to the high turnover of staff within the year, limiting the number of qualified staff available to conduct inspections.

**Observation FY 2024-OB-03 (FY 2023-OB-03):**  The average number of days to initiate complaint inspections was 23 days (SAMM 1a) and above the negotiated Further Review Level (FRL) of 7 days.

**Status: In FY 2024,** of the 97 complaint inspections identified as “serious” severity, 22 complaint inspections were initiated over the state-negotiated average of 7 days. Three complaints were received by phone, two by e-mail, and 17 online. HIOSH took over 10 days to initiate inspections for 13 complaints of which 5 required travel to the neighbor islands and nine were online complaints. Three of the eight complaints on the main island of Oahu were in the state and local government sector. Two of the 13 complaints where inspection initiation took over 10 days had serious violations identified. HIOSH has implemented a new procedure where an inspector will visit the neighbor islands each month. This observation remains open.

**Observation FY 2024-OB-04 (FY 2023-OB-04):** The average serious, willful, repeat, unclassified (SWRU) of 1.22 (SAMM 5a) and other-than-serious 1.59 (SAMM 5b) violations were outside of established Further Review Levels (FRLs).

**Status:** Average number of other-than-serious violations identified has risen above the FRL, but the average number of SWRU violations identified remains below the FRL. Except for one compliance officer, HIOSH’s compliance staff averages less than three years of experience. HIOSH will obtain additional hazard identification training for new staff. This observation remains open.

**Observation FY 2024-OB-05 (FY 2023-OB-05):** Staff in the whistleblower protection program serve two functions with enforcement and retaliation duties. This has led to a constant turnover of personnel, lack of training, and consistency.

**Status:** HIOSH has hired a full-time supervisor for the whistleblower protection program and is in the process of hiring a full-time whistleblower investigator. This observation remains open.

**New Observations**

**Observation FY 2024-OB-06:** HIOSH conducted 190 (SAMM 7a) health inspections, which was below the lower end of the Further Review Level (FRL) of 238.

**Federal Monitoring Plan:** OSHA will monitor the progress of conducting health inspections during quarterly meetings with HIOSH.

###  C. State Activity Mandated Measures (SAMM) Highlights

Each SAMM has an agreed upon 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 2024 SAMM Report and includes the FRLs for each measure.

It should be noted that OSHA is in the final stages of transitioning from the Whistleblower Application in the OSHA IT Support System (OITSS), a legacy data system, to the Whistleblower module in OIS, a modern data system. For FY 2024, a portion of the State Plan whistleblower data was recorded OITSS, and a portion was captured in OIS. OSHA encountered challenges in combining the report that generates SAMM 14, 15, and 16 from both systems. As such, OSHA will not be relying on SAMMs 14, 15, or 16 in their evaluation of the State Plans whistleblower programs for FY 2024.

The Hawaii State Plan was outside the FRL on the following SAMMs that have not been previously addressed in this report:

**SAMM 2a – Average number of work days to initiate complaint investigations (state formula)**

**Discussion of State Plan Data and FRL:** The FRL for the average number of work days to initiate a complaint investigation is state-negotiated at two days. HIOSH averaged 2.77 days to initiate a complaint investigation.

**Explanation:** Of the 95 complaints that have an Action Date to Initiate Inquiry and identified as “serious” severity, 37 phone/fax inquiries were initiated over the state-negotiated average of two days. One complaint was received by e-mail, 1 in-person, 10 by phone, and 25 online. Fourteen of the 37 phone/fax inquiries took over five days to initiate inquiry. HIOSH has implemented new forms and procedures. Due to the circumstances, this result does not rise to the level of an observation but OSHA will continue to discuss this issue at quarterly meetings.

**SAMM 8d – average current serious penalty in private sector (greater than 250 workers)**

**Discussion of State Plan Data and FRL:** The FRL for average current serious penalty in the private sector was +/- 25% of $7,533.58, which provides a range of $5,650.19 to $9,416.98. HIOSH averaged $5,447 serious penalty in the private sector (greater than 250 workers).

**Explanation:** With the exception of SAMM 8d, average current serious penalties in the private sector are within the FRLs. The state of Hawaii does not have many large employers, and therefore it is expected that average penalties will vary due to a small data set. This is not a cause for concern and OSHA will continue to monitor this metric quarterly.

**SAMM 13 – percent of initial inspections with worker walk-around representation or worker interview**

**Discussion of State Plan Data and FRL:** The FRL for percent of initial inspections with worker walk-around representation or worker interview is fixed at 100%. In FY 2024, HIOSH’s percent of initial inspections with worker walk-around representation or worker interview was 99.53%.

**Explanation:** One SAMM outlier was a programmed planned inspection and one was a complaint inspection. Both inspections did not have “yes” selected for “employees walkaround” nor “employees interviewed”. As OSHA did not conduct a file review, it could not be determined if this was a documentation training issue or if HIOSH inspectors did not involve workers. Due to the small number of inspections where worker involvement was not recorded in OIS, this result does not rise to the level of an observation but will continue to be discussed at quarterly meetings.

## Appendix A – New and Continued Findings and Recommendations

FY 2024 Hawaii Occupational Safety and Health Follow-up FAME Report

| **FY 2022-#** | **Finding** | **Recommendation** | **FY 2021-# or** **FY 2021-OB-#** |
| --- | --- | --- | --- |
|  FY 2024-01 | In FY2023,inspection and UPA records were not established and/or maintained for all opened inspections and UPAs. | HIOSH should develop a system to ensure records for all opened inspections are developed and maintained, in accordance with retention requirements. Corrective action complete, awaiting verification. | FY 2023-01 |
|  FY 2024-02 | In FY2023,there was no evidence in one of two (50%) fatality investigation files reviewed that the families of victims were contacted during the investigation. | HIOSH should develop a system to ensure the victim’s families are contacted and the information documented in the investigation file. Corrective action complete, awaiting verification. | FY 2023-02 |
|  FY 2024-03 | In FY 2023, 15 of 39 (38.46%) cases, files did not contain adequate evidence that substantiated the employer had or could have known of the hazardous condition. | HIOSH should develop a system to ensure adequate evidence of employer knowledge is gathered and documented in the case file. Corrective action complete, awaiting verification. | FY 2023-03 |
| FY 2024-04 | In FY 2023,seven of ten (70%) case files there was no evidence that union or other labor representatives were contacted to participate in the opening and closing conferences or walk around inspections and provided with copies of the citations. | HIOSH should ensure that union or other labor representatives are invited to participate during inspections, the union contact documented in the file and copies of the citations provided and documented in the file. Corrective action complete, awaiting verification. | FY 2023-04 |
| FY 2024-05 | HIOSH has not completed adoption of all the required standards by the adoption due date. | HIOSH should ensure the standards are adopted by the due date. | FY 2023-05 |
| FY 2024-06 | Requirement for adopting federal program changes were not completed within six months of the effective date of the directive or official issuance of the federal register notice. | HIOSH should ensure they meet the requirements for response and adoption of OSHA’s federal program changes. | FY 2023-06 |
| FY 2024-07 | Retaliation case files lacked the required documentation, such as interview summaries, activity logs, evidence of review by a supervisor, or other documents required to be in the retaliation case file. | HIOSH should promulgate its own case file requirement policy, using OSHA’s CPL 02-03-009 as a model, or incorporate detailed case file procedures and document requirements in its Whistleblower Investigations Manual (WIM). | FY 2023-07 |

## Appendix B – Observations Subject to Continued Monitoring

FY 2024 Hawaii Occupational Safety and Health Follow-up FAME Report

| **Observation #****FY 2024-OB-#** | **Observation#****FY 2023-OB-# *or* FY 2023-#** | **Observation** | **Federal Monitoring Plan** | **Current Status** |
| --- | --- | --- | --- | --- |
| FY 2024-OB-01 | FY 2023-OB-04 | Allocated positions remained vacant for extended periods of time. | OSHA will monitor the progress of filling vacancies during quarterlymeetings with HIOSH. | Open |
| FY 2024-OB-02 | FY 2023-OB-02 | HIOSH conducted 232 (SAMM 7a) safety inspections, which was below the lower end of the Further Review Level (FRL) of 285. | OSHA will monitor the progress of conducting safety inspections during quarterly meetings with HIOSH. | Open |
| FY 2024-OB-03 | FY 2023-OB-03 | The average number of days to initiate complaint inspections was 23 days (SAMM 1a) and above the negotiated Further Review Level (FRL) of 7 days. | OSHA will monitor progress quarterly to ensure complaint inspections are initiated within thenegotiated time frame. | Open |
| FY 2024-OB-04 | FY 2023-OB-04 | The average serious, willful, repeat, unclassified (SWRU) of 1.22 (SAMM 5a) and other-than-serious 1.59 (SAMM 5b) violations were outside of established Further Review Levels (FRLs). | OSHA will monitor progress quarterly to ensure serious, willful, repeat, unclassified (SWRU) (SAMM 5a) and other-than-serious (SAMM 5b) violations are within the FRL. | Open |
| FY 2024-OB-05 | FY 2023-OB-05 | Staff in the whistleblower protection program serve two functions with enforcement and retaliation duties. This has led to a constant turnover of personnel, lack of training, and consistency. | OSHA will monitor progress and discuss ensuring continuity of operations with a minimum of at least one investigator and one supervisor dedicated and trained in workplace retaliation. | Open |
| FY 2024-OB-06 | New | HIOSH conducted 190 (SAMM 7a) health inspections, which was below the lower end of the Further Review Level (FRL) of 238. | OSHA will monitor the progress of conducting health inspections during quarterly meetings with HIOSH. | Open |

## Appendix C - Status of FY 2023 Findings and Recommendations

FY 2024 Hawaii Occupational Safety and Health Follow-up FAME Report

| **FY 2023-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status** **and Date** |
| --- | --- | --- | --- | --- | --- |
| FY 2023-01 | Inspection and UPA records were not established and/or maintained for all opened inspections and UPAs. | HIOSH should develop a system to ensure records for all opened inspections are developed and maintained, in accordance with retention requirements. | HIOSH implemented new policies and procedures on February 1, 2024. | 02/01/2024 | Awaiting Verification 02/01/2024 |
| FY 2023-02 | There was no evidence in one of two (50%) fatality investigation files reviewed that the families of victims were contacted during the investigation. | HIOSH should develop a system to ensure the victim’s families are contacted and the information documented in the investigation file. | HIOSH trained staff on May 24, 2024 in regards to documenting communication with the victim’s families. Letters are also documented on HIOSH’s Inspection Correspondence log. |  05/24/2024 | Awaiting Verification 05/24/2024 |
| FY 2023-03 | In 15 of 39 (38.46%) cases, files did not contain adequate evidence that substantiated the employer had or could have known of the hazardous condition. | HIOSH should develop a system to ensure adequate evidence of employer knowledge is gathered and documented in the case file. | HIOSH trained staff on May 24, 2024 covering employer knowledge. Additional training on employer knowledge will be conducted when new inspectors attend required OSHA Training Institute (OTI) courses. Adequate evidence of employer knowledge will be monitored by Branch Managers during review of case files prior to issuance of citations. | 05/24/2024 | Awaiting Verification 05/24/2024 |
| FY 2023-04 | In seven of ten (70%) case files, there was no evidence that union or other labor representatives were contacted to participate in the opening and closing conferences or walk around inspections and provided with copies of the citations. | HIOSH should ensure that union or other labor representatives are invited to participate during inspections, the union contact documented in the file and copies of the citations provided and documented in the file. | HIOSH trained staff on May 24, 2024 covering the importance of identifying employee representation, providing employee representation the opportunity to participate in the inspection, and documentation of the above in the field notes and inspection narrative forms. Additionally, when there is employee representation, inspectors inform administrative support staff of the need to mail citations to the employee representative via HIOSH’s CSHO Inspection Summary form. Branch Managers will monitor documentation of employee representation during review of case files prior to issuance of citations. | 05/24/2024 | Awaiting Verification 05/24/2024 |
| FY 2023-05 | HIOSH has not completed adoption of all the required standards by the adoption due date. | HIOSH should ensure the standards are adopted by the due date. | HIOSH is working to update its standards to become at least as effective as Occupational Safety and Health Administration (OSHA). HIOSH’s last major standard update took effect on July 1, 2017. Due to the number of standards that have been updated and/or promulgated since July 1, 2017, this will be a lengthy process. Projected completion date is September 30, 2025. | Not Completed | Open 01/28/2025 |
| FY 2023-06 | Requirement for adopting federal program changes were not completed within six months of the effective date of the directive or official issuance of the federal register notice. | HIOSH should ensure they meet the requirements for response and adoption of OSHA’s federal program changes. | HIOSH has created a due date tracking calendar to document the due dates set forth by OSHA for official responses and adoptions and to ensure appropriate required actions are taken before the due date. Completion of adoption of existing federal program changes was expected by September 1, 2024. | Not Completed | Open 01/28/2025 |
| FY 2023-07 | Retaliation case files lacked the required documentation, such as interview summaries, activity logs, evidence of review by a supervisor, or other documents required to be in the retaliation case file. | HIOSH should promulgate its own case file requirement policy, using OSHA’s CPL 02-03-009 as a model, or incorporate detailed case file procedures and document requirements in its Whistleblower Investigations Manual (WIM). | The HIOSH Whistleblower unit has started documentation of its casefiles into OSHA Information System (OIS). HIOSH is in the process of updating their Whistleblower Manual to incorporate electronic case file requirements, policies, and procedures; one final chapter is pending. | Not Completed | Open 01/28/2025 |

## Appendix D – FY 2024 State Activity Mandated Measures (SAMM) Report

FY 2024 Hawaii Occupational Safety and Health Follow-up FAME Report

| **SAMM Number** | **SAMM Name** | **State Plan Data** | **Further Review Level** | **Notes** |
| --- | --- | --- | --- | --- |
| **1a** | Average number of workdays to initiate complaint inspections (state formula) | 23.00 | 7 | The further review level is negotiated by OSHA and the State Plan. |
| **1b** | Average number of workdays to initiate complaint inspections (federal formula) | 18.35 | N/A | This measure is for informational purposes only and is not a mandated measure. |
| **2a** | Average number of workdays to initiate complaint investigations (state formula) | 2.77 | 2 | The further review level is negotiated by OSHA and the State Plan. |
| **2b** | Average number of workdays to initiate complaint investigations (federal formula) | 0.44 | 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. |
| **5a** | Average number of violations per inspection with violations by violation type (SWRU) | 1.22 | +/- 20% of 1.74   | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.39 to 2.08 for SWRU.  |
| **5b** | Average number of violations per inspection with violations by violation type (other) | 1.59 | +/- 20% of 0.94  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 0.75 to 1.12 for OTS. |
| **6** | Percent of total inspections in state and local government workplaces | 12.09% | +/- 5% ofGrant 12.18% | 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 11.57% to 12.79%. |
| **7a** | Planned v. actual inspections (safety) | 232 | +/- 5% of Grant 300 | 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 285 to 315 for safety. |
| **7b** | Planned v. actual inspections (health) | 190 | +/- 5% of Grant 250 | 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 238 to 253 for health. |
| **8** | Average current serious penalty in private sector - total (1 to greater than 250 workers) | $3,871.76 | +/- 25% of $3,793.81  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $2,845.36 to $4,742.27. |
| **8a** | Average current serious penalty in private sector (1-25 workers) | $2,850.00 | +/- 25% of $2,498.51  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $1,873.88 to $3,123.14. |
| **8b** | Average current serious penalty in private sector (26-100 workers**)** | $4,574.73 | +/- 25% of $4,322.61  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $3,241.96 to $5,403.26. |
| **8c** | Average current serious penalty in private sector(101-250 workers) | $5,518.88 | +/- 25% of $6,114.84  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $4,586.13 to $7,643.55. |
| **8d** | Average current serious penalty in private sector(greater than 250 workers) | $5,447.00 | +/- 25% of $7,533.58  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $5,650.19 to $9,416.98. |
| **9a** | Percent in compliance (safety) | 16.67% | +/- 20% of32.83% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 26.27% to 39.40% for safety. |
| **9b** | Percent in compliance (health) | 43.50% | +/- 20% of44.18% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 35.34% to 53.01% for health. |
| **10** | Percent of work-related fatalities responded to in one workday | 100% | 100% | The further review level is fixed for all State Plans. |
| **11a** | Average lapse time (safety) | 37.70 | +/- 20% of 56.02  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 44.82 to 67.23for safety. |
| **11b** | Average lapse time (health) | 45.72 | +/- 20% of 67.21  | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 53.77 to 80.65 for health. |
| **12** | Percent penalty retained | 72.36% | +/- 15% of70.81% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 60.19% to 81.44%. |
| **13** | Percent of initial inspections with worker walk-around representation or worker interview | 99.53% | 100% | The further review level is fixed for all State Plans. |
| **14** | Percent of 11(c) investigations completed within 90 days | N/A\* | N/A\* | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| **15** | Percent of 11(c) complaints that are meritorious | N/A\* | N/A\* | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| **16** | Average number of calendar days to complete an 11(c) investigation | N/A\* | N/A\* | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| **17** | Percent of enforcement presence | 1.40% | +/- 25% of1.00% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 0.75% to 1.25%. |

NOTE: The national averages in this report are three-year rolling averages. Unless otherwise noted, the data contained in this Appendix D is pulled from the State Activity Mandated Measures (SAMM) Report in OIS and the State Plan WebIMIS report run on November 12, 2024, as part of OSHA’s official end-of-year data run.

\*Due to the transition of 11(c) data from IMIS to OIS, SAMMs 14, 15, and 16 are not being reported for FY 2024.