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

**Iowa Department of Inspections, Appeals, & Licensing**

**Iowa Occupational Safety and Health Division**



**Evaluation Period: October 1, 2023– September 30, 2024**

**Initial Approval Date: July 20, 1973**

**Program Certification Date: September 14, 1976**

**Final Approval Date: July 2, 1985**

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## Executive Summary

The primary purpose of this report is to assess the Iowa Occupational Safety and Health Administration’s (IOSHA) State Plan’s progress in Fiscal Year (FY) 2024, in resolving outstanding findings from the previous FY 2023 Comprehensive Federal Annual Monitoring Evaluation (FAME) Report. Among the State Plan’s accomplishments during FY 2024, the Iowa Occupational Safety and Health Administration (IOSHA) conducted a total of 573 enforcement inspections (460 safety and 113 health). These inspections resulted in 653 violations. The previous fiscal year totaled 539 enforcement inspections; therefore, this represents a 6.3% increase in the number of inspections in FY 2024. Legal staff settled 10 contested cases with 13 contested cases still pending at the end of FY 2024. Additionally, the IOSHA legal team handled 136 open records requests during FY 2024, a decrease of 17 from FY 2023.

IOSHA did not receive any Complaints About State Plan Administration (CASPA) in FY 2024.

In FY 2024 IOSHA moved its physical location from 150 Des Moines St., Des Moines, IA to 6200 Park Ave., Des Moines, IA. Additionally, IOSHA was mandated to become paperless, in which 10 years’ worth of case files were scanned into a computer for IOSHA to maintain compliance with the State’s retention policy. IOSHA is still researching electronic ways to create, manage, and store electronic casefiles moving forward. Currently IOSHA’s casefile creation utilizes the federal OSHA Information System (OIS) partnered with a system of shared files outside of OIS to facilitate management review and post inspection activities. This is a temporary organization of the files, while IOSHA evaluates an electronic management system.

No new findings or observations were identified during this Follow-up FAME. Additionally, Finding FY 2023-04 was completed to the Region’s satisfaction on July 22, 2024, and Findings FY 2023-01 and FY 2023-03 were both completed to the Region’s satisfaction on July 24, 2024. For the remaining finding, FY2023-02 (now referred to as FY 2024-01), corrective actions were noted to be in progress and awaiting verification. The final status of this finding will be verified during the Comprehensive FAME review scheduled for FY 2025. There were three observations identified during the FY 2023 Comprehensive FAME review. Observation FY 2023-OB-03 was closed during this FY 2024 Follow-up FAME review and Observations FY 2023-OB-01 and FY 2023-OB-02 will be continued.

## State Plan Background

On July 1, 2023, IOSHA was moved from Iowa Workforce Development to the Department of Inspections, Appeals, and Licensing (DIAL). This move included a restructuring of the Iowa Division of Labor and the agencies it included. IOSHA is now a separate Division within the Department that includes both Enforcement and Consultation. The State ‘s Labor/OSHA Division is now overseen by one Administrator who manages the three bureaus: Safety Enforcement, Health Enforcement, and Consultation Services. Currently, the Commissioner of Labor position is vacant. The leadership team at IOSHA now consists of the IOSHA Administrator, who directly supervises the three Public Service Manager positions identified as Bureau Chiefs: one Safety Bureau Chief, one Health Bureau Chief, and one Consultation Bureau Chief. The Safety and Health Bureau Chiefs are responsible for the daily supervision of enforcement field staff, which is divided between safety and health compliance officers. Duties include daily work and inspection assignments; case file review and correction; training new staff through accompanied visits and assisting with complicated inspections; evaluating work performance for annual evaluations; analyzing training needs; providing technical assistance to subordinates; answering questions from the public; conducting informal settlement conferences and reviewing documentation for violation abatement and corrective means; working with legal staff on contested citations and personnel issues; and providing assistance to the IOSHA Administrator. The Consultation Bureau Chief supervises all public service consultation work.

IOSHA Consultation and Education for the state and local government sector are supported by five FTEs, who are supervised by a Bureau Chief. IOSHA’s Consultation and Education program and cooperative programs complement the enforcement effort to reduce exposure to occupational hazards and attempt to reduce fatalities.

IOSHA adopted most OSHA standards as promulgated, and its enforcement program functions are very similar to OSHA’s program with no significant differences. IOSHA’s budget is a 50/50 match between federal and state funds with additional state appropriated funds needed beyond the 50/50 match. IOSHA was awarded $2,406,900 for FY 2024 through the federal grant. Coupled with state matching funds and recipient funding, IOSHA’s operating budget for FY 2024 was $4,858,866. The federal base award was reduced by -$87,000 nine months into FY 2024. This amount, coupled with state matching funds (which remained intact for this FY), gave IOSHA an operating budget of $4,552,800. Budget analysts employed at DIAL provided management of the IOSHA budget in FY 2024.

**New Issues**

It is noted that at the time of this Follow-up FAME Report, the State Plan is proceeding with developing a new electronic filing system for all their case files. This system will likely be through a company called SalesForce and will interact and interface with the federal OSHA Information System (OIS).

Additionally, changes to the legal branch were made in FY 2024. Legal staff were moved from the Labor/OSHA Division and placed in the Administration Division of DIAL. IOSHA will continue to receive legal counsel from the Department from a larger team. In FY 2024 IOSHA Enforcement had 23 contested cases, which is an increase of one contested case from FY 2023. Most cases were resolved with a formal settlement agreement between the parties. Currently, legal staff has settled 10 contested cases with 13 contested cases still pending from FY 2024. Additionally, the IOSHA legal team handled 136 open records requests during FY 2024, a decrease of 17 from FY 2023.

## Assessment of State Plan Progress and Performance

### 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
* State Information Report (SIR)
* Mandated Activities Report for Consultation (MARC)
* State OSHA Annual Report (SOAR)
* State Plan Annual Performance Plan (APP)
* State Plan Grant Application (SPA)
* Quarterly monitoring meetings between OSHA and the State Plan

### Findings and Observations

This Follow-up Report contains no new findings or observations. The State Plan made progress in addressing three of the four previous findings from the FY 2023 Comprehensive FAME Report. This follow-up FAME Report describes the three findings in the FY 2023 Comprehensive FAME that were determined to be completed. Appendix A describes the status of the one finding that will be continued through FY 2025. Appendix B describes Observations subject to continued monitoring and the related federal monitoring plan. Appendix C describes the status of each FY 2023 Finding and Recommendation in detail.

**Completed FY 2023 Findings**

**Finding FY 2023-01:** The IOSHA VPP program allowed sites to exceed reapproval due dates by an unacceptable amount of time. Per Chapter 10 of the VPP Policy and Procedure Manual, the first reapproval evaluation must be conducted 30 to 42 months after initial approval. Subsequent reapprovals must be conducted within 36 to 60 months (five years) of the previous on-site evaluation closing conference date.

**Status:** IOSHA has developed and is using a trackable system that allows them to easily monitor their reapproval dates. This system should eliminate the possibility of exceeding reapproval timeframes. This item is completed.

**FY 2023-03:** IOSHA must send copies of the VPP approval/reapproval reports and Labor Commissioner approval letters to the National Office liaison upon approval/reapproval of participant sites.

**Status:** All reports are being sent to the National Office. VPP Coordinator attends monthly meetings with the National office. This item is completed.

**FY 2023-04:** The VPP approval/reapproval reports reviewed that were prior to 2023 contained errors and, in some cases, did not follow the current report template.

**Status:** Current report templates were provided and are being used by VPP team. All future reports will use the most current template. This item is completed.

#### Continued FY 2023 Findings

**Finding FY 2023-02:** During the review of VPP processes, public files/folders were not maintained for each VPP participant.

#### Status: Public files are in the process of being created. A fully operational public folder system is expected to be completed 12.31.2025. In the meantime, the VPP team can fulfill any requests for public information within 72 hours for our legal team to review. This finding remains open.

#### New FY 2024 Findings

None

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#### Observations

There were three observations identified during the FY 2023 Comprehensive FAME. The observations concerned the decrease in planned versus actual safety and health inspections completed in the past few years and the lack of experience of the backup investigator for the Whistleblower Protection Program (WPP).

**Closed FY 2023 Observations**

**Observation FY 2023-OB-03:** During the FY 2023 Comprehensive FAME review, it was observed that while the backup to the primary investigator had taken the basic whistleblower course at OTI, the backup lacks actual experience when it comes to administering, screening, and investigating whistleblower complaints. This makes the State Plan vulnerable from a succession planning standpoint.

**Status:** During this Follow-up FAME, it was confirmed that the backup to the primary whistleblower investigator has obtained some on-the-job experience with administering, screening, and investigating whistleblower complaints. IOSHA partnered with their Investigations Division for backup and support. An individual has been identified as the backup for Whistleblower and was placed on the 23(g) grant. Additionally, this individual has been working with the primary Whistleblower Investigator since July 1, 2024, completed three Whistleblower OSHA Training Courses, is currently leading their first formal Whistleblower investigation, and is scheduled to attend course 2701 - Legal Concepts for Section 11(c) in February 2025. This observation is closed.

**Continued FY 2023 Observations**

**Observation FY 2023-OB-01:** During the FY 2023 Comprehensive FAME review, the number of safety and health inspections completed were outside the Further Review Level (FRL). In FY 2023, IOSHA had 88 fewer safety inspections and 64 fewer health inspections than the FRL ranges.

**Status:** For FY 2024, IOSHA’s number of safety inspections was 460 and fell within the FRL range of 460-508. However, the number of health inspections was 112 and below the FRL range of 165-183. The number of inspections completed will be monitored during the quarterly meetings and verified during the next comprehensive FAME. This observation will be continued.

**Observation FY 2023-OB-02:** During the FY 2023 Comprehensive FAME review, 17 out of 94 (18%) of the citations reviewed lacked or included weak employer knowledge in the worksheets to support citations as required by the IACPL 02-00-160, FOM, February 11, 2018, Chapter 4. II.C.4. This was a continued Observation from the FY 2021 and FY 2022 FAME reports.

**Status:** During next year’s Comprehensive FAME, a limited scope review of selected case files will be conducted to determine if this reflects the data trend. This observation will be continued.

**New FY 2024 Observation/s**

None

### 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 State Activity Mandated Measures (SAMM) Report and includes the FRLs for each measure.

It should be noted that OSHA is in the final stages of transitioning from the old SAMM Measures to the New SAMM Measures. For this report, OSHA will be relying on the Old SAMMs in their evaluation of the Programs for FY 2024 but going forward into FY 2025 OSHA will rely on the New SAMM Measures.

The State Plan was outside the FRL on the following SAMMs:

**SAMM 5b - Average number of violations per inspection with violations by violation type (other)**

Discussion of State Plan data and FRL: 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. The IOSHA data for this measure is 0.54 violations.

Explanation: IOSHA was below the FRL for (other-than-serious) violations. IOSHA’s Average Number of Other-than-Serious Violations per Inspection with Violations was 0.54 and the FRL range was 0.75 to 1.12. However, IOSHA’s average number of serious/willful/repeat violations per inspection with violations was 1.71 which was well within the FRL range of 1.39 to 2.08. OSHA will continue to monitor this issue in the future.

**SAMM 6 - Percent of total inspections in state and local government workplaces**

Discussion of State Plan data and FRL: The FRL is based on a number negotiated by federal OSHA and the State Plan through the grant application. The range of acceptable data not requiring further review is from 4.04% to 4.47%. The IOSHA data for this measure is 4.55%.

Explanation: IOSHA was outside the FRL for percent of total inspections in state and local government workplaces on the high end. Complaints and referrals from State Agencies are what drives those numbers. IOSHA evaluates every complaint and referral that comes in and handles as appropriate. Although the number is above the FRL, it is not high enough to trigger a finding or observation.

**SAMM 7b – Planned vs. actual inspections (Health)**

Discussion of State Plan data and FRL: The FRL is based on a number negotiated by federal OSHA and projected by the State Plan through the grant application process. The range of acceptable data not requiring further review is from 165 to 183 for health. The IOSHA data for this measure is 112. The number of health inspections completed was outside the FRL three years in a row.

Explanation: During the FY 2023 Comprehensive FAME, this topic was discussed with IOSHA and became, and continues to be, an Observation (FY 2023-OB-01, and now FY 2024-OB-01). Staffing levels of both Safety and Health has fluctuated due to vacancies over the last few Fiscal Years. IOSHA is moving in the direction of becoming fully staffed, but with the addition of new Compliance Officers time will be needed to get them fully operational. Due to these circumstances, this result does not rise to the level of a finding and will continue to stay as an Observation through FY 2024. OSHA will continue to discuss this performance measure during quarterly meetings and during the FY 2025 Comprehensive FAME review.

**SAMM 8a – Average current serious penalty in private sector (1-25 workers)**

Discussion of State Plan data and FRL: The FRL 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. The IOSHA data for this measure is $1,733.00.

Explanation: OSHA will continue to discuss this performance measure during quarterly meetings and during the FY 2025 Comprehensive FAME review.

**SAMM 9a & SAMM 9b – Percent in-compliance (Safety & Health)**

Discussion of State Plan data and FRL: The FRL is based on a three-year national average. The range of acceptable data not requiring further review for Safety is from 26.27% to 39.40% and for health is 35.34% to 53.01%. The IOSHA data for the safety measure is 39.95% and for the health measure is 55.91%.

Explanation: The IOSHA team recognizes these SAMM measures as opportunities to improve and IOSHA and Federal OSHA will continue to discuss these performance measures during quarterly meetings and during the FY 2025 Comprehensive FAME review.

**SAMM 11a & SAMM 11b - Average lapse time (Safety & Health)**

Discussion of State Plan data and FRL: The FRL is based on a three-year national average. The range of acceptable data not requiring further review for Safety is from 44.82 to 67.23 and for health 53.77 to 80.65. The IOSHA data for these measures are 80.36 for safety and 84.85 for health.

Explanation: While IOSHA recognizes the lapse time for both measures were outside the FRL, there are several reasons that could be attributed to why this occurred. IOSHA went through a complete realignment during FY 2023 and FY 2024 and during the reorganization of IOSHA one of the IOSHA Bureau Chiefs had to fill in as Interim IOSHA Administrator. While the Bureau Chief was acting as the Interim IOSHA Administrator, the ability to review case files was placed on one supervisor. Additionally, IOSHA does see this SAMM measure as a place for improvement and has confirmed they are making this SAMM measure a priority, as shown by IOSHA’s current metrics. The FY 2025 Q1 lapse time is 64.92 for safety and 72.78 for health, both well within the FRLs. The IOSHA Administrator has assured Federal OSHA their commitment to improving this SAMM measure. Due to these circumstances, and as a result of this review, it is surmised that this concern has been resolved and does not rise to the level of a finding or observation. Federal OSHA will continue to discuss these performance measures during quarterly meetings and during the FY 2025 Comprehensive FAME review.

### Appendix A – New and Continued Findings and Recommendations

FY 2024 IOSHA’s Follow-up FAME Report

|  |  |  |  |
| --- | --- | --- | --- |
| **FY 2024-#** | **Finding** | **Recommendation** | **FY 2023-# or** **FY 2023-OB-#** |
| FY 2024-01 | During the review of VPP processes, public files/folders were not maintained for each VPP participant. | IOSHA should develop a “public” VPP file or folder, in accordance with VPP Policy and Procedure Manual Chapter 2, Section VII, Paragraph L. | FY 2023-02 |

### Appendix B – Observations Subject to Continued Monitoring

FY 2024 IOSHA’s Follow-up FAME Report

| **Observation #****FY 20XX-OB-#** | **Observation#****FY 20XX-OB-# *or* FY 20XX-#** | **Observation** | **Federal Monitoring Plan** | **Current Status** |
| --- | --- | --- | --- | --- |
| FY 2024-OB-01 | FY 2023-OB-01 | The number of safety and health inspections were outside the FRL for the third year in a row. In FY 24 IOSHA had 88 fewer safety inspections and 64 fewer health inspections than the FRL. | During next year’s Comprehensive FAME, a review of selected case files will be reviewed to determine if there is a data trend. Additionally, the number of inspections will be monitored and discussed during the quarterly meetings. | Continued |
| FY 2024-OB-02 | FY 2021-OB-02FY 2022-OB-02FY 2023-OB-02 | During the FY 2023 Comprehensive FAME review, 17 out of 94 (18.0 %) of the citations reviewed lacked or included weak employer knowledge in the worksheets to support citations as required by the IACPL 02-00-160, FOM, February 11, 2018, Chapter 4. II.C.4. | As part of the FY 2025 Comprehensive FAME, a random selection of casefiles will be reviewed to determine, if this continues to reflect a data trend. Due to lack of resources, this was not completed during the FY 2024 follow-up FAME. | Continued |
|  | FY 2023-OB-03 | During the FY 2023 Comprehensive FAME review, it was observed that while the backup to the primary investigator has taken the basic whistleblower course at OTI, the backup lacks actual experience when it comes to administering, screening, and investigating whistleblower complaints. This leaves the State Plan vulnerable from a succession planning standpoint. | During this Follow-up FAME it was confirmed that the backup to the primary whistleblower investigator has obtained some on-the-job experience with administering, screening, and investigating whistleblower complaints. IOSHA partnered with their Investigations Division for backup, and support. An individual has been identified as the backup for Whistleblower and was placed on the 23(g) grant. Additionally, this individual has been working with the primary Whistleblower Investigator since July 1, 2024, completed three Whistleblower OSHA Training Courses, is currently leading their first formal Whistleblower investigation, and is scheduled to attend course 2701 in February 2025. | Closed |

### Appendix C - Status of FY 2024 Findings and Recommendations

FY 2024 IOSHA’s Follow-up FAME Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 20XX-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status** **and Date** |
|  FY 2024-01 | During the FY 2023 Comprehensive FAME review of VPP processes, public files/folders were not maintained for each VPP participant.  | IOSHA should develop a “public” VPP file or folder, in accordance with VPP Policy and Procedure Manual Chapter 2, Section VII, Paragraph L. | Public files are in the process of being created. Completion of a fully operational public folder system will be complete by 12.31.2025. In the meantime, the VPP team is able to fulfill any requests for public information within 72 hours for our legal team to review. |   | Open |
| FY 2023-01 | The IOSHA VPP program allowed sites to exceed reapproval due dates by an unacceptable amount of time. Per Chapter 10 of the VPP Policy and Procedure Manual, the first reapproval evaluation must be conducted 30 to 42 months after initial approval. Subsequent reapprovals must be conducted within 36 to 60 months (five years) of the previous on-site evaluationclosing conference date. | IOSHA should develop a system that tracks reapproval due dates to eliminate the possibility of sites exceeding the reapproval timeframes outlined in the VPP Policy and Procedure Manual Chapter 10, Section II, Paragraph B. Corrective action complete. | IOSHA has developed and is using a trackable system that allows us to easily monitor reapproval dates.This system should eliminate the possibility of exceeding reapproval timeframes. | 7.24.24 | Completed |
| FY 2023-03 | IOSHA must send copies of the VPP approval/reapproval reports and Labor Commissioner approval letters to the National Office liaison upon approval/reapproval of participant sites. | IOSHA should ensure that copies of VPP approval/reapproval reports and Labor Commissioner approval letters are forwarded to the National Office liaison uponapproval/reapproval of participant sites. | All reports are being sent to the National Office. VPP Coordinator attends monthly meetings with the National office. | 7.24.24 | Completed |
| FY 2023-04 | The VPP approval/reapproval reports reviewed that were prior to 2023 contained errors and, in some cases, did not follow the current reporttemplate. | IOSHA should ensure that VPP approval/reapproval reports follow the current report format and are free of serious errors. | Current report templates were provided and are currently being used by VPP team. All future reports will use the most current template. | 7.22.24 | Completed |

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

FY 2024 IOSHA’s Follow-up FAME Report

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SAMM Number | SAMM Name | State Plan Data | Further Review Level | Notes |
| 1a | Average number of work days to initiate complaint inspections (state formula) | 3.80 | 5 | The further review level is negotiated by OSHA and the State Plan. |
| 1b | Average number of work days to initiate complaint inspections (federal formula) | 3.08 | 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) | 0.96 | 1 | The further review level is negotiated by OSHA and the State Plan. |
| 2b | Average number of work days to initiate complaint investigations (federal formula) | 0.49 | 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 work day (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) | 1.71 | +/- 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) | 0.54 | +/- 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 | 4.55% | +/- 5% ofGrant 4.26% | 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 4.04% to 4.47%. |
| 7a | Planned v. actual inspections (safety) | 460 | +/- 5% of Grant 484 | 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 460 to 508 for safety. |
| 7b | Planned v. actual inspections (health) | 112 | +/- 5% of Grant 174 | 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 165 to 183 for health. |
| 8 | Average current serious penalty in private sector - total (1 to greater than 250 workers) | $4,609.97 | +/- 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) | $1,733.00 | +/- 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**)** | $3,588.39 | +/- 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) | $7,357.64 | +/- 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) | $7,594.11 | +/- 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) | 39.95% | +/- 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) | 55.91% | +/- 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) | 80.36 | +/- 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) | 84.85 | +/- 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 | 64.68% | +/- 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 | 100% | 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 | 0.80% | +/- 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 1.00%. |