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

**State of New Jersey Public Employees Occupational Safety and Health (PEOSH)**



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## Executive Summary

The purpose of the Follow-up Federal Annual Monitoring Evaluation (FAME) Report is to assess the New Jersey (NJ) Public Employees Occupational Safety and Health (PEOSH) State Plan’s activities for Fiscal Year (FY) 2024, and its progress in resolving outstanding findings and recommendations from previous FAME reports.

In FY 2024, NJ PEOSH continued to have a significant presence in the workplace through its inspection, consultation, whistleblower, and partnership activities. The New Jersey State Plan conducted 493 enforcement inspections and 237 consultation visits at state and local government worksites. Additionally, the whistleblower staff docketed five whistleblower cases, administratively closed 19 cases, completed two cases, and had three open investigations at the end of FY 24 (NJ PEOSH SOAR, FY 2024).

During the performance period, NJ PEOSH developed a Local Emphasis Program (LEP) to address the hazards encountered by workers that perform grounds maintenance as part of their job duties. The New Jersey State Plan’s inspection activities also supported OSHA’s National Emphasis Programs for addressing hazards such as lead; silica; combustible dust; heat; trenching and excavation; and amputations (NJ PEOSH SOAR, FY 2024).

NJ PEOSH is revising its 2009 FOM, including Chapter 5 section XI (Citations), to align with the PEOSH Act which states that citations can be issued six months after the commissioner decides that a violation exists. OSHA is working with NJ PEOSH to ensure that its FOM citation policy revisions are at least as effective as OSHA’s and that citations are issued timely. PEOSH is working collaboratively with OSHA.

NJ PEOSH actively engaged with OSHA, provided requested information in a timely manner, and regularly participated in quarterly meetings. NJ PEOSH works collaboratively with OSHA and continuously strives to improve its program. Program administration maintains a high-level of performance. During the FY 2024 performance period, NJ PEOSH was responsive and made progress to address its eight findings identified in the FY 2023 comprehensive FAME. NJ PEOSH submitted a corrective action plan (CAP) to the New York City Regional Office showing, as of August 16, 2024, that all proposed actions had been completed, except for holding an in-service training session with all staff to address writing General Duty Clause violations and documenting employee interviews. Since the submission of the CAP, this training session has been conducted.

However, a comprehensive on-site case file review is necessary to verify that the findings have been adequately corrected; therefore, all findings remain open. Additionally, nine observations will continue pending a case file review in FY 2025. OSHA identified two new findings and two new observations.  Therefore, this year’s FAME resulted in a total of 10 findings and 11 observations.

## State Plan Background

NJ PEOSH is administered by the Public Safety and Occupational Safety and Health, Division of the New Jersey Department of Labor and Workforce Development (NJDLWD), in partnership with the Consumer Environmental Occupational Health Service (CEOHS) of the New Jersey Department of Health (NJDOH). Robert Asaro-Angelo is currently the commissioner who oversees the NJ State Plan which includes two offices: a labor (safety) central office and a health central office – both located in Trenton, New Jersey. These offices cover all state and local government sector enforcement and consultation activities in New Jersey (NJ PEOSH SOAR, FY 2024).

NJ PEOSH covers both safety and health disciplines. Private sector enforcement is retained under federal jurisdiction, while private sector consultative services are provided by the NJDLWD Consultation Services Bureau under section 21(d) of the Occupational Safety and Health (OSH) Act. Private sector consultation services are administered under a separate grant. A review of that program is not included in this report. The New Jersey State Plan agreement requires PEOSH to adopt all applicable OSHA safety and health standards – either identically or as alternative standards at least as effective as (ALAEA) the federal standards. The State Plan has been responsive to adopting all applicable OSHA safety and health standards. The Injury and Illness Tracking Application was recently adopted and employers covered by PEOSH are required to submit injury and illness data beginning in January 2026.

NJ PEOSH does not have provisions for the issuance of monetary penalties for state and local government sector employers found not to be in-compliance with applicable standards on a first instance basis, except in cases of willful or repeat violations. There is also a provision for penalties on all failure to correct violations. NJ PEOSH’s review proceedings reflect OSHA review procedures. Two informal conferences were conducted in FY 2024 and $126,000 in penalties was collected (NJ PEOSH SOAR, FY 2024).

During FY 2024, the New Jersey State Plan hired four safety compliance officers, one health compliance officer, two new safety consultants, and two clerk typists. These new enforcement and consultation hires were provided required training at the OSHA Training Institute (OTI) and participated in training opportunities at the Rutgers Atlantic OSHA Training Center. Additionally, training opportunities were provided to all staff for courses offered at OTI and the Rutgers Atlantic Training Center (NJ PEOSH SOAR, FY 2024).

**New Issues**

None.

## 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)
* OSHA Information System (OIS)
* State Plan Grant Application
* Quarterly monitoring meetings between OSHA and the State Plan

### Findings and Observations

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

NJ PEOSH made progress to address the previous eight findings and nine observations from the FY 2023 Comprehensive FAME Report. This Follow-up FAME Report contains 10 findings (eight continued and two new) and 11 observations (nine continued and two new). The New Jersey State Plan provided a corrective action plan (CAP) to OSHA showing that all corrective actions were completed. However, OSHA needs to conduct an on-site case file review during next year’s comprehensive FAME cycle to verify that the corrective actions were taken, before the findings can be deemed as completed. Appendix A describes the new and 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 2023 finding and recommendation in detail.

**Completed Findings**

None

**Continued Findings**

**Finding FY 2024-01 (FY 2023-01, FY 2022-02, FY 2021-01, FY 2020-OB-01, FY 2019-OB-02, FY 2018-OB-01, FY 2017-OB-01):** **Complainant Notification**

During the FY 2023 FAME case file review, the letter to the complainant at the conclusion of the inspection documenting the results of the inspection was missing in five of 16 (31%) of the complaint files reviewed.

**Status:** PEOSH developed and implemented a standardized checklist for supervisory review of safety case files. This enforcement inspection case file review checklist included a review of all complaint allegations and subsequent findings. This checklist was provided and reviewed by the New York City Regional Office to verify that it included a review of the complainant notification letter by the supervisor as part of the final file review. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding FY 2024-02 (FY 2023-02, FY 2022-03, FY 2021-03): Next-of-Kin Letters**

During the FY 2023 FAME case file review, in one of the two (50%) fatality inspections requiring a next-of-kin letter, both the initial and final next-of-kin letters were not sent to the family of the victim. The New Jersey State Plan noted in the case file that they did not send the letters because the death was determined not to be occupationally related even though there was information in the file on the next-of-kin. The New Jersey State Plan adopted directive CPL 02-00-166, Communicating OSHA Fatality Inspection Procedures to a Victim’s Family that requires an initial letter notifying the family of the investigation, and a final letter at the conclusion of the inspection with the results.

**Status:** The New Jersey State Plan issued memorandum 24-05B “Next of Kin Letters” to all staff via email on April 19, 2024, which referenced the procedures in OSHA Compliance Directive CPL 02-00-166, Communicating OSHA Fatality Inspection Procedures to a Victim’s Family. Staff received training on this memo on June 5, 2024. The New York City Regional Office reviewed and concurred with this memo. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding FY 2024-03 (FY 2023-03): Case File Documentation of Fatalities Not Inspected**

In FY 2023, the New Jersey State Plan received nine reports of fatalities that were not investigated or inspected. Of these nine fatality reports, one of these fatalities was not required to be reported to the State Plan because it involved a motor vehicle accident that caused the death. The other eight fatality reports appeared to meet the reporting requirements of 1904.39.

In seven of eight (87%) of these fatality reports, the New Jersey State Plan did not acquire medical documentation to support the conclusion that the fatality was medically related and non-occupationally related.

**Status:** The New Jersey State Plan implemented the use of a standardized rapid response investigation case file template at the initial phase of the inquiry. Staff has been advised to obtain copies of post-mortem examinations in all fatality cases. If it is necessary to convert the unprogrammed activity into an inspection, a standardized full inspection case file template will be completed. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding FY 2024-04 (FY 2023-04, FY 2022-04, FY 2021-04): Advanced Notice of Inspections**

During the FY 2023 FAME case file review, in five of 48 (10%) closed inspection files there was evidence that advanced notice of the inspection was provided to the employer.

**Status:** The New Jersey State Plan developed a written policy on advanced notice and trained staff on the policy. The New York City Regional Office reviewed and concurred with the written policy. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding FY 2024-05 (FY 2023-05):** **General Duty Clause Violations**

During the FY 2023 FAME case review, 10 of 12 (83%) safety files with Orders to Comply (OTCs) did not document all four of the elements required to support a General Duty Clause (GDC) violation.

**Status:** The New Jersey State Plan provided training to all staff on the required elements to document when issuing a GDC violation. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding FY 2024-06 (FY 2023-06): Adequate Abatement**

During the FY 2023 FAME case review, in 10 of 23 (43%) of closed safety files, evidence of abatement of all the issued OTCs was not available for review in the case files.

**Status:** The New Jersey State Plan implemented the use of a standardized abatement worksheet to be distributed with all OTCs. This worksheet was designed to meet the requirements of 29 CFR 1903.19. Employers will be directed to complete the worksheet and provide applicable abatement documentation. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding FY 2024-07 (2023-07, FY 2022-05, FY 2021-05): Worker Involvement**

In 2023, in six of 12 (50%) of closed health files, employee interviews were not documented in the field notes. For both health fatality inspections reviewed, there was no evidence in the files that non-managerial employees were interviewed to obtain information about their knowledge of the victim’s death and the general safety and health policies in place at the site. In 19 of 36 (53%) of the closed safety files, employee interviews were not documented.

**Status:** The New Jersey State Plan provided training to all staff instructing them to ensure all employee interviews are documented in OIS and case file notes. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**Finding 2024-08 (2023-08, 2022-06 (FY 2021-06, FY 2020-02, FY 2019-03): Consultation File Documentation**

Consultation case file documentation was lacking. Specifically, the health files were missing the following: three out of five (60%) of the initial visits lacked a report, three out of five (60%) of the initial visits showing chlorine cylinder storage lacked evidence that coverage under the OSHA Process Safety Management Standard was evaluated, and two of the three (66%) of the reports did not include all required years of injury/illness data. The safety consultation files were specifically missing the following: evidence in three of six (50%) of initial visits to support the issuance of notices under 1910.38, in two of two (100%) of the visits with an extension that the employer received an updated list of hazards, evidence to support issuing lockout/tagout program notices for two visits and in two visits how hazards were corrected.

**Status:** Safety consultation staff were trained on the OSHA 1910.38 citation policy directive. The updated list of hazards will be forwarded to the employer, and the action will be documented in the case file tracking sheet. Abatements will be reviewed during case file review/closeout and missing documentation will be addressed by the supervisor/consultant.

Health consultation staff were instructed to create a separate consultation report for each facility location and include all workplace deficiencies for each facility location. Staff have been advised to note in their documentation if compliance with the Process Safety Management Standard has been evaluated at water treatment facilities. Health consultation staff have been advised to include injury/illness logs in the file for each facility visited. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME and remains open.

**New FY 2024 Findings**

**Finding FY 2024-09: Revision to Consultation Policies and Procedures Manual (CPPM) Chapter on SHARP**

In FY 2024, the State Plan initiated a Safety and Health Achievement Program (SHARP) for state and local government worksites to receive recognition for safety and health performance to include exemptions from programmed inspections. The New Jersey State Plan has adopted the federal CPPM, but the chapter on SHARP in this manual outlines the procedures for approving a SHARP request under procedures for the 21(d) and not the 23(g) grant which are different.

**Recommendation FY 2024-09:** The New Jersey State Plan needs to revise the SHARP chapter in its CPPM to reflect the internal procedures for awarding SHARP status to covered worksites.

**Finding FY 2024-10: Consultation Visit Exemption Policy for Enforcement Inspections**

New Jersey Administrative Code (N.J.A.C) 12:110-8.7(d) permits employers to be exempted from programmed enforcement inspections for one year following either a full-service safety or health consultation visit without the employer fulfilling the requirements of the Safety and Health Achievement Recognition Program (SHARP), or its equivalent. This policy does not meet the criteria for federal OSHA’s enforcement programmed inspection exemption.

**Recommendation FY 2024-10:** The New Jersey State Plan needs to continue to work with its counsel’s office to repeal this enforcement exemption policy as soon as possible and ensure that the future exemption program is at least as effective as OSHA’s inspection programmed exemption policy.

In the interim, the New Jersey State Plan should notify employers and stakeholders of this pending change, encourage employers to participate in the Pre-SHARP and SHARP programs, and ensure that enforcement staff is aware of the sites exempted from programmed inspections.

#### Observations

**Closed FY 2023 Observations**

None

**Continued FY 2023 Observations**

**Observation FY 2024-OB-01 (FY 2023-OB-01, FY 2022-OB-08): OIS Open Inspection Report-Pending Citations**

The OIS Open Inspection Report, run on February 5, 2024, showed 23 inspection files that had either an opening and/or closing conference date listed in FY 2022 or FY 2023 with citations that were pending issuance over 180 days or six months. Page 88 of PEOSH’s Field Operations Manual (FOM) states that citations cannot be issued more than six months following the occurrence of the violation. This section of the FOM makes references to applicable sections in the OSH Act regarding issuing citations and not the PEOSH Act.

The PEOSH Act under Section 34:6A-41 has been interpreted by PEOSH that citations can be issued more than six months following the occurrence of the violation. The six-month date is not based on the date of last employee exposure or the opening conference date, but the date that PEOSH determines that a violative condition exists.

**Status:** The OIS Open Inspection Report, run on February 9, 2025, showed 15 inspection files that were opened more than 180 calendar days or six months. The number of days opened ranged from 201 to 1,377 calendar days. This observation is continued and will be amended to reflect the new OIS data from the February 9, 2025 report.

**Observation FY 2024-OB-02 (FY 2023-OB-02 FY 2022-OB-07):****OIS Open Inspection Report-Pending Abatement**

The OIS Open Inspection Report, run on February 5, 2024, showed 15 inspections with overdue abatement.  The number of days overdue for these inspections ranged from 10 to 3,423 days.

**Status:** The OIS Open Inspection Report, run on February 9, 2025, showed 17 inspection files that had abatement past due by 14 calendar days. The number of days overdue for these inspections ranged from 16 to 1,026 calendar days. This observation is continued and will be amended to reflect the new OIS data from the February 9, 2025 report.

**Observation FY 2024-OB-03 (FY 2023-OB-03): OIS Open Inspection Report-Citations Not Received**

The OIS Open Inspection Report, run on February 5, 2024, showed 60 inspection files listed that had not been updated in OIS to reflect the receipt of citations. OIS needs to be updated

when the State Plan has confirmation that citations have been received so that the system can properly track abatement, and the files closed.

**Status:** The OIS Open Inspection Report, run on February 9, 2025, showed 18 inspection files that had not been updated in OIS to reflect the receipt of citations. This observation is continued and will be amended to reflect the new OIS data from the February 9, 2025 report.

**Observation FY 2024-OB-04 (FY 2023-OB-04, FY 2022-01, FY 2021-01): Complaint Investigation Processing**

During the 2023 case file review, 10 health complaint investigations were reviewed. Safety complaints are addressed with inspections only. Four of these 10 (40%) health investigations were missing evidence that the certification of posting was returned and signed by the employer before the investigation was closed. The certification of posting was emailed to the employer with the complaint but not tracked to ensure that it was returned and signed by the employer. The PEOSH Field Operations Manual (FOM) requires a certification of posting be received for all complaint investigations.

The FY 2021 and FY 2022 FAME reports issued a finding for complaint investigation processing that included references to missing OIS letters for non-indoor quality investigations and data entry errors in OIS, in addition to the certificate of posting requirement. This FAME identified that the State Plan was issuing all required letters for investigations and making all the required entries into OIS for the 10 health investigations reviewed. The only item from the original finding that was not addressed was to ensure that certificates of postings were returned. Therefore, this finding was converted to an observation.

**Status:** A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME. This observation is continued.

**Observation FY 2024-OB-05 (FY 2023-OB-05, FY 2022-OB-03, FY 2021-OB-04): Failure to Issue Order to Comply (OTC) to Employer for Not Reporting Within Eight Hours of a Fatality**

The New Jersey State Plan did not document in one of three (33%) closed fatality inspections why an OTC was not proposed for the employer not reporting to PEOSH the fatality within eight hours of being notified of the death. Additionally, PEOSH received notification of three fatalities in FY 2023 that were not investigated and reported timely.

**Status:** A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME. Although this is the fourth year this observation has been identified, OSHA believes that the FY 2025 review will indicate that NJ PEOSH has taken corrective action; therefore, this observation is continued.

**Observation FY 2024-OB-06 (FY 2023-OB-06):Issuing OTCs for 1910.38 and 1910.39**

During the 2023 FAME case file review, four of 23 (17%) of closed safety files with OTCs that had issued an OTC for either OSHA standard 1910.38 or 1910.39 lacked evidence to support the orders and incorrectly cited 1910.38 or 1910.39 directly. OSHA standard 1910.38, Emergency Action Plans (EAP) and 1910.39, Fire Prevention Plans (FPP), requires these plans be developed when required by another OSHA standard. Per CPL 2-1.037, Compliance Policy for Emergency Action Plans (EAP) and Fire Prevention Plans (FPP), 1910.38 and 1910.39 are not to be cited directly but included as a reference to the specific standard that requires these plans. There was no documentation in these cases noting which OSHA standard required an EAP and/or a FPP be developed to support the OTCs.

**Status:** A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME. This observation is continued.

**Observation FY 2024-OB-07 (FY 2023-OB-07,** **FY 2022-OB-04, FY 2021-OB-06): Case File Documentation**

During the FY 2023 FAME review, in 18 of the 48 (38%) safety inspection case files reviewed, diary sheets were incomplete.

**Status:** A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME. Although this is the fourth year this observation has been identified, OSHA believes that the FY 2025 review will indicate that NJ PEOSH has taken corrective action; therefore, this observation is continued.

**Observation FY 2024-OB-08 (FY 2023-OB-08): OIS Request Pending Report**

The OIS Request Pending Report, run on February 14, 2024, showed that there were 120 requests pending a consultation visit. Out of these 120 requests, there were 110 requests that had been received more than 30 days ago. Of the requests that had an identified service scope listed, there were 53 health requests pending a visit on this list.

**Status:** The OIS Request Pending Report, run on February 9, 2025, showed 98 consultation requests pending a consultation visit. There were 92 requests that had been received more than 30 calendar days ago. Of the requests that had an identified service scope listed, there were 60 health requests pending a visit on this list. This observation is continued and will be amended to reflect the new OIS data from the February 9, 2025 report.

**Observation FY 2024-OB-09 (FY 2023-OB-09, FY 2022-OB-01, FY 2021-OB-01): OIS Uncorrected Hazards Report**

The OIS Uncorrected Hazards Report, run on February 5, 2024, showed 34 serious hazards that were overdue by more than 14 calendar days. The overdue hazards ranged from 17-70 calendar days overdue.

**Status:** An OIS Uncorrected Hazards Report, run on February 9, 2025, showed three serious health hazards that were 23 calendar days overdue for correction. Although this is the fourth year this observation has been identified, OSHA believes that the FY 2025 review will indicate that NJ PEOSH has taken corrective action; therefore, this observation is continued. A comparison between the 2024 and 2025 report shows that the number of uncorrected hazards has been significantly reduced. It will be amended to reflect the new OIS data from the February 9, 2025 report.

**New FY 2024 Observations**

**Observation FY 2024-OB-10: Average Health Lapse Time**

In FY 2024, the average health lapse time (SAMM 11b) for citations was calculated at 88.31 workdays which was above the FRL range of 53.77 to 80.65 days for health.

**Federal Monitoring Plan:** OSHA will monitor the New Jersey State Plan in FY 2025 during quarterly meetings utilizing the SAMM report to evaluate progress in reducing the average health lapse time for issuing citations to within the acceptable range of data.

**Discussion:** In FY 2023, the FRL for SAMM 11b, average health lapse time was +/- 20% of 69.72 which was based on a three-year national average. The range of acceptable data not requiring further review was from 55.78 to 83.66. The New Jersey State Plan’s average health lapse time was at 57.00 workdays which was below the FRL.

In FY 2024, the FRL for SAMM 11b, average health lapse time was +/- 20% of 67.21 which was based on a three-year national average. The range of acceptable data not requiring further review was from 53.77 to 80.65. The New Jersey State Plan’s average health lapse time was at 88.31 workdays which was above the FRL and could be a cause for concern.

The State Plan contributes the increase in health lapse time from FY 2023 to FY 2024 due to the following factors:

* Two complex fatality inspections that involved working with other agencies including the United States Coast Guard and the local prosecutor’s office.
* Thirteen inspections from the same municipality conducted at the same time involving the evaluation of lead and asbestos hazards in these buildings.
* Limitation in the number of health enforcement staff.

OSHA will monitor this situation as an observation. NJ PEOSH Department of Health has committed to working with health staff in FY 2025 to reduce average lapse time by using reports to identify cases with high lapse time, issuing cases as quickly as possible without delay, and hiring additional health enforcement staff.

**Observation FY 2024-OB-11: OIS Written Reports Pending Report**

The OIS Written Reports Pending Report, run on February 5, 2024, showed 10 reports pending issuance past 20 federal working days from the closing conference date. The number of working days past the closing conference day ranged from 58 to 250 working days.

**Federal Monitoring Plan:** OSHA will monitor the New Jersey State Plan in FY 2025 during quarterly meetings utilizing this OIS report to evaluate progress in reducing the number of consultation reports that are issued more than 20 federal working days after the closing conference date.

**Discussion:** The federal Consultation Policies and Procedures Manual (CPPM), which was adopted by the New Jersey State Plan, requires that consultation reports be sent to the employer by the consultant as soon as possible but no later than 20 federal working days after the closing conference, regardless of whether industrial hygiene sampling results were received by the consultation program. The New Jersey State Plan adopted the federal CPPM.

### 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 transitioning to new SAMM measures in FY 2025. Therefore, OSHA will not be relying on SAMMs 14, 15, or 16 in their evaluation of the State Plans whistleblower programs for FY 2024. PEOSH docketed five new whistleblower cases and administratively closed 19 cases. There was three whistleblower cases open at the end of FY 2024.

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

**SAMM 1a – Average Number of Workdays to Initiate Complaint Inspections**

**Discussion of State Plan Data and FRL:** The FRL for average number of workdays to initiate complaint inspections is five days for serious hazards and 120 days for other-than serious hazards. The New Jersey State Plan’s average number of workdays to initiate complaint inspections in FY 2024 was 43.57 days. This was above the FRL for serious hazards but below for other-than serious hazards.

**Explanation:** The New Jersey State Plan’s significant increase in the average number of workdays to initiate complaint inspections from FY 2023 to FY 2024 is directly related to the inspection of indoor air quality and or sanitation complaints that were initially assigned as phone/fax investigations but converted to inspections when a satisfactory response was not received from the employer, or the complainant disputed the response. The program did not conduct inspections for these complaints within five days of deciding to conduct an inspection due to staff vacancies, a backlog of these complaints, and other higher priority enforcement activities. However, these complaints are usually classified as other-than-serious complaints. The FRL for responding to other-than-serious hazards is 120 days.

This SAMM for FY 2024 did not report a separate value for complaints inspected that were classified as serious and those complaints with hazards classified as other-than serious only. The new SAMMs for FY 2025 will report separate numbers for hazards marked as serious and for those marked other-than-serious in the complaint. This will allow this SAMM to be more effectively evaluated because the data will be readily available.

When a SAMM report for measure 1a is run for the NJDOL Safety Program only for FY 2024, the report documented that the average number of workdays to initiate complaint inspections is 4.35 days. The New Jersey Department of Labor Safety Program conducts inspections for all complaints and does not typically utilize investigations as a tool to address complaints regardless of the severity alleged.

**SAMM 5a and 5b-Average Number of Violations Per Inspection with Violations by Violation Type Serious, Willful, Repeat, and Unclassified (SWRU), and Other-than Serious (OTS)**

**Discussion of State Plan Data and FRL:** The FRL for average number of violations per inspection by violation type (SWRU) is +/-20% of 1.74, or 1.39 to 2.08 violations per inspection. The New Jersey State Plan’s average number of violations per inspection by violation type (SWRU) was 4.23 which was above the FRL. The FRL for average number of violations per inspection by violation type (OTS) is +/- 20% of 0.94, or 0.75 to 1.12 OTS violations per inspection. The New Jersey State Plan’s average number of violations per inspection by violation type (OTS) was 2.25 which was above the FRL.

**Explanation:** The average number of violations per inspection for both SWRU and OTS citations exceeded the FRL. This indicated that the New Jersey State Plan was issuing more citations of both types during inspections then the FRLs. The percentage of SWRU violations issued was 65% of all violations while the percentage of OTS is approximately 35%. Exceeding the FRLs for this SAMM in this situation does not reflect negatively on performance.

**SAMM 7b-Planned vs. Actual Inspections (Health)**

**Discussion of State Plan Data and FRL:** The FRL for number of planned versus actual number of health inspections is +/-20% of 125 or 119 to 131 inspections. A total of 85 health inspections was conducted which was below the FRL.

**Explanation:** The New Jersey Department of Health (NJDOH) PEOSH Program conducted 85 inspections which were below the goal of 125. NJDOH PEOSH had four compliance safety and health officers (CSHOs) assigned to field work and one CSHO assigned to processing indoor air quality complaints and investigations in FY 2024. An additional CSHO was hired in November 2024. Approval for one CSHO position is currently being pursued. OSHA also recognizes the potential impact caused by the reduction in State Plan 23(g) grant funding during the last quarter of fiscal year 2024.

**SAMM 9a-Percent In-Compliance (Safety)**

**Discussion of State Plan Data and FRL:** The FRL for percent in-compliance for safety is +/- 20% of 32.83%. The New Jersey State Plan’s percent in-compliance for safety was 21.79 % which was below the FRL and outside the acceptable range of 26.27% to 39.40%.

**Explanation:** The percent in-compliance for safety was below the FRL. This indicated that the percentage of in-compliance inspections being issued by the New Jersey State Plan was less than the FRL which was a positive outcome.

**SAMM 9b-Percent In-Compliance (Health)**

**Discussion of State Plan Data and FRL:** The FRL for percent in-compliance for health is +/- 20% of 44.18%. The New Jersey State Plan’s percent in-compliance for health was 22.73% which was below the FRL and outside the acceptable range of 35.34% to 53.01%.

**Explanation:** The percent in-compliance for health was below the FRL. This indicated that the percentage of in-compliance inspections being issued by the New Jersey State Plan was less than the FRL which was a positive outcome.

**SAMM 11a-Average Lapse Time (Safety)**

**Discussion of State Plan Data and FRL:** The FRL for average lapse time for safety is +/-20% of 56.02 workdays. The New Jersey State Plan’s average lapse time for safety was 12.51 workdays which was below the FRL and outside the acceptable range of 44.82 to 67.23 workdays.

**Explanation:** The average lapse time for safety was considerably below the FRL. This indicated that safety inspection files on average were being completed in considerably less time than the FRL of 56.02 workdays.

**SAMM 11b-Average Lapse Time (Health)**

**Discussion of State Plan Data and FRL:** The FRL for SAMM 11b, average health lapse time is +/- 20% of 67.21 which is based on a three-year national average. The range of acceptable data not requiring further review is from 53.77 to 80.65. The New Jersey State Plan’s average health lapse time is at 88.31 which is above the FRL.

**Explanation:** See Observation FY 2024-OB-10.

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

FY 2024 NJ PEOSH Follow-up FAME Report

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| --- | --- | --- | --- |
| **FY 2024-#** | **Finding** | **Recommendation** | **FY 2023-# or** **FY 2023-OB-#** |
| FY 2024-01 | **Complainant Notification**The letter to the complainant at the conclusion of the inspection documenting the results of the inspection was missing in five of 16 (31%) of the complaint files reviewed from FY 2023. | PEOSH needs to ensure that the complainant receives a letter at the conclusion of the inspection with all allegations addressed and a copy is maintained in the electronic file. Corrective action complete, awaiting verification. | FY 2023-01FY 2022-02FY 2021-01FY 2020-OB-01FY 2019-OB-02FY 2018-OB-01FY 2017-OB-01 |
| FY 2024-02 | **Next-of-Kin Letters**In FY 2023, one of the two (50%) fatality inspections requiring a next-of-kin letter, both the initial and final next-of-kin letters were not sent to the family of the victim.  | The State Plan needs to issue next-of-kin letters as required by its FOM and the OSHA directive. The State Plan adopted directive CPL 02-00-166, Communicating OSHA Fatality Inspection Procedures to a Victim’s Family that requires an initial letter notifying the family of the investigation, and a final letter at the conclusion of the inspection with the results. Corrective action complete, awaiting verification. | FY 2023-02FY 2022-03FY 2021-03 |
| FY 2024-03 | **Case File Documentation for Fatalities Not Investigated**In FY 2023, the State Plan received nine reports of fatalities that were not investigated or inspected. Of these nine fatality reports, one of these fatalities was not required to be reported to PEOSH because it involved a motor vehicle accident that caused the death. The other eight fatality reports appeared to meet the reporting requirements of 1904.39.In seven of eight (87%) of these fatality reports, PEOSH did not acquire medical documentation to support the conclusion that the fatality was medically related and non-occupationally related. | Before concluding that a reported fatality is medically related and not related to an occupational exposure, PEOSH should obtain medical documentation confirming this conclusion, or conduct a thorough inspection to evaluate the circumstances of the death to reach a conclusion. Diary sheets should be utilized to document all actions taken during the inquiry and/or investigation. Corrective action complete, awaiting verification. | FY 2023-03 |
| FY 2024-04 | **Advanced Notice of Inspections**In FY 2023 five of 48 (10%) closed inspection files, there was evidence that advanced notice of the inspection was provided to the employer. | PEOSH should follow the requirements of their FOM when issuing advanced notice ofinspections and secure the required authorizations. Corrective action complete, awaiting verification. | FY 2023-04FY 2022-04FY 2021-04 |
| FY 2024-05 | **General Duty Clause Violations**In FY 2023, ten of 12 (83%) safety files with OTCs did not document all four of the elements required to support a general duty violation.  | PEOSH should ensure that all required elements of a general duty clause violation are documented on the worksheets. Corrective action complete, awaiting verification. | FY 2023-05 |
| FY 2024-06 | **Adequate Abatement**In FY 2023, 10 of 23 (43%) of closed safety files, evidence of abatement of all the issued OTCs was not available for review in the case files. | PEOSH needs to ensure that all OTCs have adequate documentation of abatement, thatthe abatement accepted completely addresses the requirements of the standard issued, and all instances cited are addressed in the abatement provided by the employer.Corrective action complete, awaiting verification. | FY 2023-06 |
| FY 2024-07 | **Worker Involvement**In FY 2023, in six of 12 (50%) of closed health files, employee interviews were not documented in the field notes. For both health fatality inspections reviewed there was no evidence in the files that non-managerial employees were interviewed to obtain information about their knowledge of the victim’s death and the general safety and health policies in place at the site. In 19 of 36 (53%) of the closed safety files, employee interviews were not documented. | PEOSH needs to follow its FOM to conduct and document employee interviews during inspections. Corrective action complete, awaiting verification. | FY 2023-07FY 2022-05FY 2021-05 |
| FY 2024-08  | **Consultation File Documentation**In FY 2023, consultation case file documentation was lacking. Specifically, the health files were missing the following: three out of five (60%) of the initial visits lacked a report, three out of five (60%) of the initial visits showing chlorine cylinder storage lacked evidence that coverage under the OSHA Process Safety Management Standard was evaluated and two of the three (66%) of the reports did not include all required years of injury/illness data. The safety consultation files were specifically missing the following: evidence in three of six (50%) of initial visits to support the issuance of notices under 1910.38, in two of two (100%) of the visits with an extension that the employer received an updated List of Hazards, evidence to support issuing lockout/tagout program notices for two visits and in two visits how hazards were corrected. | PEOSH should improve documentation in its consultation case files by adhering to CSP 02-00-05, Consultation Policies and Procedures Manual. Corrective action complete, awaiting verification. | FY 2023-08FY 2022-06FY 2021-06FY 2020-02FY 2019-03 |
| FY 2024-09 | **Revision to Consultation Policies and Procedures Manual (CPPM) Chapter on SHARP**In FY 2024, the State Plan initiated a Safety and Health Achievement Program (SHARP) for state and local government worksites to receive recognition for safety and health performance to include exemptions from programmed inspections. The New Jersey State Plan has adopted the federal CPPM but the chapter on SHARP in this manual outlines the procedures for approving a SHARP request under procedures for the 21(d) and not the 23(g) grant, which are different.  | PEOSH needs to revise the chapter for SHARP in its CPPM to reflect their internal procedures for awarding SHARP status to worksites covered by NJ PEOSH. | New |
| FY 2024-10 | **Consultation Visit Exemption Policy for Enforcement Inspections**New Jersey Administrative Code (N.J.A.C) 12:110-8.7(d) permits employers to be exempted from programmed enforcement inspections for one year following either a full-service safety or health consultation visit without the employer fulfilling the requirements of SHARP, or its equivalent. This policy does not meet the criteria for federal OSHA’s enforcement programmed inspection exemption.  | PEOSH needs to continue to work with its counsel’s office to repeal this enforcement exemption policy as soon as possible and ensure that the future exemption program is at least as effective as OSHA’s inspection programmed exemption policy.In the interim, PEOSH should notify employers and stakeholders of this pending change, encourage employers to participate in the Pre-SHARP and SHARP programs, and ensure that enforcement staff is aware of the sites exempted from programmed inspections.  | New |

### Appendix B – Observations Subject to Continued Monitoring

FY 2024 NJ PEOSH Follow-up FAME Report

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| --- | --- | --- | --- | --- |
| **Observation #****FY 2024-OB-#** | **Observation#****FY 2023-OB-# *or* FY 2023-#** | **Observation** | **Federal Monitoring Plan** | **Current Status** |
| FY 2024-OB-01 | FY 2023-OB-01FY 2022-OB-08  | **OIS Open Inspection Report-Pending Citations**An OIS Open Inspection Report, run on February 9, 2025, showed 15 inspection files that were opened more than 180 calendar days or six months. The number of days opened ranged from 201-1,377 calendar days. | OSHA will continue to review the OIS Open Inspection Report quarterly to monitor the State Plan’s progress in issuing these citations. OSHA will encourage PEOSH to revise this section of the FOM and clarify the discrepancy between these documents but ensure that federal at least as effective (ALAE) standards are met. | Continued |
| FY 2024-OB-02 | FY 2023-OB-02FY 2022-OB-07 | **OIS Open Inspection Report-Pending Abatement**An OIS Open Inspection Report, run on February 9, 2025, showed 17 inspection files that had abatement past due by 14 calendar days. The number of days overdue for these inspections ranged from 16 to 1,026 calendar days. | OSHA will continue to review the OIS Open Inspection Report quarterly to monitor the State Plan’s progress in obtaining abatement and updating OIS. | Continued |
| FY 2024-OB-03  | FY 2023-OB-03 | **OIS Open Inspection Report-Citations Not Received**An OIS Open Inspection Report, run on February 9, 2025, showed 18 inspection files that had not been updated in OIS to reflect the receipt of citations. | OSHA will continue to review the OIS Open Inspection Report quarterly to monitor the State Plan’s progress in obtaining abatement and updating OIS. | Continued |
| FY 2024-OB-04 | FY 2023-OB-04 | **Complaint Investigation Processing**During the FAME 2023 case file review, 10 health complaint investigations were reviewed. Safety complaints are addressed with inspections only. Four of these 10 (40%) health investigations were missing evidence that the certification of posting was returned and signed by the employer before the investigation was closed. The certification of posting was emailed to the employer with the complaint but not tracked to ensure that it was returned and signed by the employer. The PEOSH Field Operations Manual (FOM) requires a certification of posting be received for all complaint investigations. | During the next comprehensive FAME review, a limited number of investigations will be selected randomly to determine if these are isolated instances or if this represents a trend that requires further evaluation. | Continued |
| FY 2024-OB-05 | FY 2023-OB-05FY 2022-OB-03FY 2021-OB-04 | **Fatality Reporting**PEOSH did not document in one of three (33%) closed fatality inspections why an OTC was not proposed for the employer not reporting to PEOSH the fatality within eight hours of being notified of the death. Additionally, PEOSH received notification of three fatalities in FY 2023 that were not investigated or reported timely. | During the next comprehensive FAME review, a limited number of case files will be selected randomly and reviewed to determine if these are isolated instances or if this represents a trend that requires further evaluation. | Continued |
| FY 2024-OB-06 |  FY 2023-OB-06 | **Case File Documentation**During the 2023 FAME case file review, four of 23 (17%) of closed safety files with OTCs that had issued an OTC for either OSHA standard 1910.38 or 1910.39 lacked evidence to support the orders and incorrectly cited 1910.38 or 1910.39 directly.  | During the next comprehensive FAME review, a limited number of case files will be selected randomly to determine if these are isolated instances or if this represents a trend that requires further evaluation. | Continued |
| FY 2024-OB-07 | FY 2023-OB-07FY 2022-OB-04FY 2021-OB-06 | **Case File Documentation** During the FY 2023 FAME case file review, in 18 of the 48 (38%) safety inspection case files reviewed, diary sheets were incomplete. | During the next comprehensive FAME review, a limited number of case files will be selected randomly to determine if these are isolated instances or if this represents a trend that requires further evaluation. | Continued |
| FY 2024-OB-08 | FY 2023-OB-08 | **OIS Request Pending Report**An OIS Request Pending Report, run on February 9, 2025, showed 98 consultation requests pending a consultation visit. There were 92 requests that had been received more than 30 calendar days ago. Of the requests that had an identified service scope listed, there were 60 health requests pending a visit on this list. | The Region will monitor quarterly with OIS reports and discuss at quarterly meetings. | Continued |
| FY 2024-OB-09 | FY 2023-OB-09FY 2022-OB-01FY 2021-OB-01 | **OIS Uncorrected Hazards Report**An OIS Uncorrected Hazards Report, run on February 9, 2025, showed three serious health hazards that were 23 calendar days overdue for correction. | OSHA will monitor this report quarterly and discuss at quarterly meetings. | Continued |
| FY 2024-OB-10 |  | In FY 2024, the average health lapse time (SAMM 11b) for citations was calculated at 88.31 days which is above the FRL range of 53.77 to 80.65 days for health. | OSHA will monitor the New Jersey State Plan in FY 2025 during quarterly meetings utilizing the SAMM report to evaluate progress in reducing the average health lapse time for issuing citations. | New |
| FY 2024-OB-11 |  | **OIS Written Reports Pending Report**The OIS Written Reports Pending Report run on February 5, 2024, showed 10 reports pending issuance past 20 federal working days from the closing conference date. The number of working days past the closing conference day ranged from 58 to 250 working days.  | OSHA will monitor the New Jersey State Plan in FY 2025 during quarterly meetings utilizing this OIS report to evaluate progress in reducing the number of consultation reports that are issued more than 20 federal working days after the closing conference date. | New |

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

FY 2024 NJ PEOSH Follow-up FAME Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2023-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status** **and Date** |
| FY 2023-01  | **Complainant Notification**The letter to the complainant at the conclusion of the inspection documenting the results of the inspection was missing in five of 16 (31%) of the complaint files reviewed. | PEOSH needs to ensure that the complainant receives a letter at the conclusion of the inspection with all allegations addressed and a copy is maintained in the electronic file. | PEOSH developed and implemented a standardized checklist for supervisory review of safety case files. This enforcement inspection case file review checklist included a review of all complaint allegations and subsequent findings. This checklist was provided and reviewed by the New York City Regional Office to verify that this checklist included a review by the supervisor of the complainant notification letter as part of the final file review. | 7/1/2024 | Awaiting Verification |
| FY 2023-02  | **Next-of-Kin Letters**In one of the two (50%) fatality inspections requiring a next-of-kin letter, both the initial and final next-of-kin letters were not sent to the family of the victim. The State Plan noted in the case file that they did not send the letters because the death was determined not to occupationally related even though there was information in the file on the next-of-kin. The State Plan adopted directive CPL 02-00-166, Communicating OSHA Fatality Inspection Procedures to a Victim’s Family that requires an initial letter notifying the family of the investigation, and a final letter at the conclusion of the inspection with the results. | The State Plan needs to issue next-of-kin letters as required by its FOM and the OSHA directive. | The New Jersey State Plan issued memorandum 24-05B “Next of Kin Letters” to all staff via email on April 19, 2024, which referenced the procedures in OSHA Compliance Directive CPL 02-00-166, Communicating OSHA Fatality Inspection Procedures to a Victim’s Family. Staff received training on this memo on June 5, 2024. The New York City Regional Office reviewed and concurred with this memo. | 6/5/2024  | Awaiting Verification |
| FY 2023-03 | **Case File Documentation of Fatalities Not Inspected**The case files of eight reported fatalities not inspected lacked evidence to support the conclusion that the death was not occupationally- related. | Before concluding that a reported fatality is medically related and not related to an occupational exposure, PEOSH should obtain medical documentation confirming this conclusion, or conduct a thorough inspection to evaluate the circumstances of the death to reach a conclusion. Diary sheets should be utilized to document all actions taken during the inquiry and/or investigation. | PEOSH implemented the use of a standardized Rapid Response Investigation case file template at the initial phase of the inquiry. Staff has been advised to obtain copies of post-mortem examinations in all fatality cases. If it is necessary to convert the UPA into an inspection, a standardized full inspection case file template will be completed. | 7/1/2024 | Awaiting Verification |
| FY 2023-04 | **Advanced Notice of Inspections**In five of 48 (10%) closed inspection files there was evidence that advanced notice of the inspection was provided to the employer. | PEOSH should follow the requirements of their FOM when issuing advanced notice ofinspections and secure the required authorizations. Advanced notice should be given under the exemptions permitted in the FOM, but the notice provided should be the shortest amount of time needed to begin the inspection. | PEOSH developed a written policy on advanced notice and trained staff on the policy. The New York City Regional Office reviewed and concurred with the written policy. | 9/19/2024 | Awaiting Verification |
| FY 2023-05 | **General Duty Clause Violations**Ten of 12 (83%) safety files with OTCs did not document all four of the elements requiredto support a general duty violation. | PEOSH should ensure that all required elements of a general duty clause violation aredocumented on the worksheets | PEOSH provided training to all staff on the required elements to document when issuing a GDC violation. | 1/22/2025 | Awaiting Verification |
| FY 2023-06 | **Adequate Abatement**In 10 of 23 (43%) of closed safety files, evidence of abatement of all the issued OTCs was not available for review in the case files. | PEOSH needs to ensure that all OTCs have adequate documentation of abatement, thatthe abatement accepted completely addresses the requirements of the standard issued and all instances cited are addressed in the abatement provided by the employer. | PEOSH implemented the use of a standardized abatement worksheet to be distributed with all Orders to Comply. This worksheet was designed to meet the requirements of 29 CFR 1903.19. Employers will be directed to complete the worksheet and provide applicable abatement documentation. | 7/1/2024 | Awaiting Verification |
| FY 2023-07 | **Worker Involvement**In six of 12 (50%) of closed health files, employee interviews were not documented in the field notes. For both health fatality inspections reviewed there was no evidence in the files that employees wereinterviewed to obtain information about their knowledge of the victim’s death and the generalsafety and health policies in place at the site.In 19 of 36 (53%) of the closed safety files, employee interviews were not documented. | PEOSH should follow the PEOSH FOM to conduct and document employee interviews during inspections. | PEOSH provided training to all staff instructing them to ensure all employee interviews are documented in OIS and case file notes. | 1/22/2025 | Awaiting Verification |
| FY 2023-08 | **Consultation File Documentation**Consultation case file documentation was missing. Specifically, the health files were missing the following: three out of five (60%) of the initial visits lacked a report, three out of five (60%) of the initial visits showing chlorine cylinder storage lacked evidence that coverage under the OSHA Process Safety Management Standard was evaluated and two of the three (66%) of the reports did not include all required years of injury/illness data. The safety consultation files were specifically missing the following: evidence in three of six (50%) of initial visits to support the issuance of notices under 1910.38, in two of two (100%) of the visits with an extension that the employer received an updated List of Hazards, evidence to support issuing lockout/tagout program notices for two visits and in two visits how hazards were corrected. | PEOSH should improve documentation in its consultation case files by adhering to CSP 02-00-05, Consultation Policies and Procedures Manual | Safety consultation staff were trained on the OSHA 1910.38 citation policy directive. The forwarding of the updated List of Hazards to the employer will be documented in the case file tracking sheet. Abatements will be reviewed during case file review/closeout and missing documentation will be addressed by the supervisor/consultant.Health consultation staff were instructed to create a separate report for each facility visited and include all workplace deficiencies for each facility location in the written report. Staff have been advised to note in their documentation if compliance with the Process Safety Management Standard has been evaluated at water treatment facilities. Health consultation staff have been advised to include injury/illness logs in the file for each facility visited. | 4/26/2024 | Awaiting Verification |

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

FY 2024 NJ PEOSH 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) | 43.57 | 5 days for serious hazards; 120 days for other- than-serious hazards | The further review level is negotiated by OSHA and the State Plan. |
| 1b | Average number of workdays to initiate complaint inspections (federal formula) | 29.96 | 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) | 0.53 | 1 | The further review level is negotiated by OSHA and the State Plan. |
| 2b | Average number of workdays to initiate complaint investigations (federal formula) | 0.26 | 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) | 4.23 | +/- 20% of1.74 | 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) | 2.25 | +/- 20% of0.94 | 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 | 100% | 100% | Since this is a State and Local Government State Plan, all inspections are in state and local government workplaces. |
| 7a | Planned v. actual inspections (safety) | 408 | +/- 5% of 400 | 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 380 to 420 for safety. |
| 7b | Planned v. actual inspections (health) | 85 | +/- 5% of 125 | 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 119 to 131 for health. |
| 8 | Average current serious penalty in private sector - total (1 to greater than 250 workers) | N/A | +/-25% of $3,793.81 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **a**. Average current serious penalty in private sector (1-25 workers) | N/A | +/- 25% of $2,498.51 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **b**. Average current serious penalty in private sector (26-100 workers**)** | N/A | +/-25% of $4.322.61 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **c**. Average current serious penalty in private sector(101-250 workers) | N/A | +/- 25% of $6,114.84  | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **d**. Average current serious penalty in private sector(greater than 250 workers) | N/A | +/- 25% of $7,533.58  | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
| 9a | Percent in compliance (safety) | 21.79% | +/- 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) | 22.73% | +/- 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) | 12.51 | +/- 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 67.23 for safety. |
| 11b | Average lapse time (health) | 88.31 | +/- 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 | N/A | +/-15% of 70.81% | NA – This is a State and Local Government State Plan and is not held to this SAMM.The further review level is based on a three-year national average. |
| 13 | Percent of initial inspections with worker walk-around representation or worker interview | 99.39% | 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 | N/A | N/A | NA – This is a State and Local Government State Plan and is not held to this SAMM. |

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 Web IMIS report run on November 12, 2024, as part of OSHA’s official end-of- year data run.

\*Due to the transition to the new SAMM measures in FY 2025, SAMMs 14, 15, and 16 are not being reported for FY 2024.