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

### Puerto Rico Department of Labor

### Puerto Rico Occupational Safety and Health Administration (PR OSHA)



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# Executive Summary

The primary purpose of this Follow-up Federal Annual Monitoring Evaluation (FAME) Report is to assess the Puerto Rico Occupational Safety and Health Administration’s (PR OSHA’s) performance during Fiscal Year (FY) 2024 and its progress in resolving outstanding findings from the previous FY 2023 Comprehensive FAME Report.

PR OSHA has been experiencing significant challenges with recruiting and retaining enforcement staff, which has worsened in recent years. The State Plan attributes the difficulty in recruiting and maintaining enforcement staff to the low salary pay scales. This situation continues to force the State Plan to deobligate funding each year. In FY 2024, the State Plan deobligated $474,690 and lapsed $57,895 from a reduced federal base award of $2,311,500.

During FY 2024, PR OSHA filled four entry level compliance safety and health officer (CSHO) positions and one administrative assistant position. Three entry level CSHOs were promoted to senior level. One senior level CSHO was promoted to an area director’s position. PR OSHA reported that it employed 33 CSHOs as of July 1, 2024. The FY 2025 grant application budgeted to fill 10 vacant CSHO positions.

In FY 2024, PR OSHA conducted 1,078 total inspections in private, state, and local government establishments (approximately 76% of its inspection goal for the year.) Of the total inspections, 633 were identified as safety and 445 were identified as health. PR OSHA failed to meet its inspection goals for the year and attributes this situation to the loss of compliance and enforcement management staff as well as inexperienced enforcement staff.

PR OSHA continued to encourage compliance with occupational safety and health requirements through participation in its Voluntary Protection Program (VPP) and its six active alliances. Compliance assistance specialists conducted training and provided outreach and assistance to employers, employees, and the public. No consultation visits were conducted under the 23(g) grant because no requests were received for services. Private sector employers receive consultation services under a 21(d) grant.

During FY 2024, the Bureau of Inspections, which is responsible for the enforcement of safety and health standards in the Commonwealth, received 36 whistleblower complaints, 35 of which were administratively closed. There were no open whistleblower cases at the end of FY 2024. (PR SOAR, FY 2024)

The former governor of Puerto Rico, Mr. Pedro Pierluisi, signed legislation effective September 20, 2024, increasing PR OSHA’s civil penalties to be equivalent to OSHA’s penalty structure. The new penalty structure will not be implemented until the new Secretary of Labor, Nydza Irizarry Algarin publishes a press release notifying the public of the change. Once 30 calendar days after the publication of the press release lapses, PROSHA will begin enforcing the new penalty structure. The press release has not yet been issued (PR OSHA SOAR, FY 2024).

A Complaint About State Plan Administration (CASPA) opened in November 2021 was closed in January 2025. PR OSHA was responsive to OSHA’s requests for information regarding the CASPA allegations. Overall, PR OSHA actively engages and collaborates effectively with OSHA.

PR OSHA made progress to address the previous 13 findings and five observations from the FY 2023 Comprehensive FAME Report. One observation was closed based on the FY 2024 End-of-Year SAMM report. Thirteen findings and four observations remain open. Three additional observations were identified. In summary, this report contains a total of 13 continued findings and seven observations.

# State Plan Background

Judith Cruz was appointed as the Assistant Secretary of Labor on February 16, 2023. In June 2024, Judith Cruz stepped down from this position and returned to her former position, overseeing the 21(d) Consultation Program. Nelvin Rodriguez Sanchez was selected as the Acting Assistant Secretary of Labor and was later appointed as the Assistant Secretary of Labor. He continues in this position as of February 2025.

PR OSHA is part of the Puerto Rico Department of Labor and Human Resources, currently headed by Nydza Irizarry Algarin, Secretary of Labor, as of January 2025. PR OSHA serves a population of over 678,381 private sector workers and over 131,809 state and local government workers. The program has a central administrative office, and six area offices dedicated to enforcement activities.

PR OSHA has reported that hiring compliance personnel to staff these area offices has been a challenge since January 2017 due to the economic crisis in Puerto Rico and the presence of an Oversight Management Board that is operating under the Puerto Rico Oversight, Management, and Economic Stability Act (PROMESA). The requirement for the Oversight Management Board to approve filling vacancies and staff salaries has impacted the State Plan’s ability to recruit personnel, and to raise the salaries of enforcement personnel.

The Mayaguez and Ponce Area offices, at times during this year, were not staffed with area directors. Only two of the six area offices currently have administrative support personnel. The Inspections Bureau and the Evaluations Division do not have permanent directors. These positions were eliminated when the government of Puerto Rico established its new employee classification system in 2023 (PR OSHA SOAR, FY 2024).

PR OSHA’s state and local government worker consultation program is funded under the 23(g)-grant agreement and its services are provided primarily out of the central office. In the private sector, PR OSHA covers all employers except for those from the maritime industry (e.g., marine cargo handling, long shoring, shipbuilding, and ship repairing). Employers of the Commonwealth and local government are under PR OSHA’s jurisdiction. The United States Postal Service (USPS), all federal agencies, and military facilities are under OSHA’s jurisdiction.

PR OSHA adopts OSHA safety and health standards identically. The regulations and operational systems of the State Plan are essentially the same as the federal program. A hearing examiner handles review procedures with employer rights of appeal to the district court.

In FY 2024, PR OSHA received a federal base award of $2,318,000. The federal base award was later reduced by $84,000 to $2,234,000. Additionally, the State Plan de-obligated $474,690 in federal funds and lapsed $57,895 in funding in FY 2024. In FY 2023, PR OSHA received a base grant award of $2,397,500. It de-obligated $403,639 to result in an award of $1,993,861. Additionally, the State Plan lapsed $28,520 in FY 2023.

The State Plan is de-obligating funds due to reduced salary costs because of resignations and the resulting vacancies. Other factors contributing to the lapsing and de-obligation of federal funds include the state’s fiscal restrictions imposed under PROMESA and the stringent oversight of government spending by the Financial Oversight and Management Board, which approves all transactions. Additionally, the offices of Finance and Budget have experienced significant staff shortages which delays the processing of payments to vendors and the drawdown of federal funds.

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

## Findings and Observations

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

The State Plan made progress to address the previous 13 findings and five observations from the FY 2023 Comprehensive FAME Report. This follow-up FAME report contains 13 continued findings, four continued observations, and three new observations. There were no new findings identified during FY 2024. 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): OIS Open Inspection Report-Pending Citations**

The OIS Open Inspection Report, run on December 14, 2023, showed 135 inspection files that had citations that were pending issuance over 180 days or six months. The PR OSHA Act has a statute of limitation that requires citations to be issued within 180 days of the opening conference or last exposure. The State Plan will not be able to issue citations for these inspections, if citations were documented, supported, and approved for issuance.

**Status:** The OIS Open Inspection Report run on February 16, 2025, identified 12 inspection files, all from the same office, with citations pending issuance over 180 days or six months. The PR OSHA Act has a statute of limitation that requires citations to be issued within 180 days of the opening conference or last exposure. The State Plan will not be able to issue citations for these inspections, if citations were documented, supported, and approved for issuance.

The OIS Report run on February 16, 2025, shows a significant reduction in the number of inspection files with citations pending issuance over 180 days in comparison to the FY 2023 FAME report. However, there should be no inspection files with pending citations over 180 days because these citations will not be able to be issued to notify the employer of the violation and the need for correction. This finding will remain open and amended to reflect the most recent report.

The report also showed that there were 378 cases with citations that were entered into OIS but were not issued.

**Finding FY 2024-02 (FY 2023-02, FY 2022-05): OIS Open Inspection Report-Pending Abatement**

The OIS Open Inspection Report, run on December 14, 2023, showed 33 inspections with overdue abatement. The number of days overdue for these inspections ranged from 4-170 days overdue.

**Status:** The OIS Open Inspection Report run on February 16, 2025, showed 96 inspection files with abatement more than 14 calendar days past due. This is a significant increase in the number of inspection files with overdue abatement more than 14 days past due from the FY 2023 FAME. The number of days that abatement was overdue ranged from 26 to 600 calendar days. This finding will remain open and be amended to reflect the data in the newest OIS report.

**Finding FY 2024-03 (FY 2023-03, FY 2021-01, FY 2022-01): Staffing**

In FY 2023, the State Plan had 11 vacant safety and health specialist positions (all levels) and six administrative support personnel vacancies at the end of FY 2023 (PR SOAR, FY 2023). There were 31 safety and health specialists employed at the end of FY 2023.

**Status:** During FY 2024, the program was able to fill some of the vacant positions for CSHOs and administrative support personnel. However, due to resignations during the year, new vacancies were created. There were a total of 33 compliance safety and health staff as of July 1, 2024. PR OSHA has requested to fill 10 CSHO positions in FY 2025. This finding will remain open.

**Finding FY 2024-04 (FY 2023-04): Case File Documentation for Fatality Inspections**

In FY 2023, in three of seven (43%) of the fatality inspections reviewed, the files lacked documentation to support why a violation under the General Duty Clause or a Hazard Alert Letter was not issued to the employer.

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

**Finding FY 2024-05 (FY 2023-05, FY 2022-OB-03, FY 2021-OB-05): Next-of-Kin Letters**

In FY 2023, in four of seven (57%) of the fatality case files reviewed, there was no evidence in the file that the initial inspection notification and final inspection results letters were sent to the families of the victims.

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

**Finding FY 2024-06 (FY 2023-06, FY 2022-02, FY 2021-02 FY 2020-OB-01, FY 2019-OB-01, FY 2018-**

**OB-05): *Safety Percent In-Compliance***

In FY 2023, the percent in-compliance (SAMM #9a) for safety inspections was 47.0% which

was above the three-year national average of 31.73%.

**Status:**  For FY 2024, the further review level (FRL) for the percent in-compliance for safety (SAMM 9a) is +/- 20% of the three-year national average of 32.83% which provides a range of 26.27% to 39.40%. In FY 2024, the Puerto Rico State Plan’s percent in-compliance for safety was 47.67% which was slightly above the FY 2023 rate and was higher than the FY 2024 FRL. In its effort to address this issue, additional hazard recognition training has been provided to all staff. This training is on-going and includes internal and external training opportunities. This finding is continued as Finding FY 2024-06, but it will be amended to reflect the new SAMM data from FY 2024.

**Finding FY 2024-07 (FY 2023-07, FY 2022-03, FY 2021-03, FY 2020-OB-02, FY 2019-OB-02, FY 2018-**

**OB-06): Health Percent In-Compliance**

In FY 2023, the percent in-compliance (SAMM #9b) for health inspections was 59.73%

which was above the three-year national average of 43.82%.

**Status:** For FY 2024, the FRL for the percent in-compliance for health (SAMM 9b) is +/- 20% of the three-year national average of 44.18% which provides a range of 35.34% to 53.01%. In FY 2024, the Puerto Rico State Plan’s percent in-compliance for health was 61.90% which is above the FRL and a cause for concern. In its effort to address this issue, additional hazard recognition training has been provided to all staff. This training is on-going and includes internal and external training opportunities. This finding is continued as Finding FY 2024-07, but it will be amended to reflect the new SAMM data from FY 2024.

**Finding FY 2024-08 (FY 2023-08): Following FOM Procedures for Penalty Reductions at Informal Conferences**

In FY 2023, in 15 of 21 (71%) of the files with penalty reductions, the area director either approved a penalty reduction of more than 30% (when all citations were accepted or authorized a reduction of more than 50% of the initial penalty) without documenting that the Bureau Inspection Director had approved the reduction.

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

**Finding FY 2024-09 (FY 2023-09, FY 2022-04, FY 2021-04): Federal Program Changes (FPCs)**

PR OSHA has failed to adopt OSHA’s initial FY 2016 maximum and minimum penalty increase and subsequent annual penalty amount increases.

**Status:** The former governor of Puerto Rico, Mr. Pedro Pierluisi signed legislation on September 20, 2024, increasing PR OSHA’s civil penalties to be equivalent to OSHA’s penalty structure. The new penalty structure has not been implemented as of February 21, 2025, because the new Secretary of Labor, Nydza Irizarry Algarin has not published a press release notifying the public of the change. A press release needs to be published and once 30 calendar days after the publication of the press release lapses, PROSHA can begin implementing the new penalty structure. It is unknown when the new Secretary of Labor designee will authorize the press release.

**Finding FY 2024-10 (FY 2023-10): Whistleblower Investigative Manual**

PR OSHA’s whistleblower section in their FOM and PR OSHA Instruction CPL 02-003- 02D needs to be updated to be equivalent to the federal whistleblower manual.

**Status:** A revised whistleblower section has not been supplied to the Regional Office for review. A final date for submission has not been provided. The status of the revisions is discussed during each quarterly meeting.This finding will be continued.

**Finding FY 2024-11 (FY 2023-11, FY 2022-OB-06, FY 2021-OB-08): Whistleblower Case File**

**Documentation**

In FY 2023, in five of the eight (63%) whistleblower files reviewed, the files lacked evidence of supervisory review and approval. In two of the three (67%) administratively closed files, OIS documented that the case was assigned to an investigator after it was administratively closed. In three of eight (37.5%) case files, incorrect date entries were made in OIS.

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

**Finding FY 2024-12 (FY 2023-12, FY 2022-OB-07, FY 2021-OB-09): Case File Documentation – VPP**

In FY 2023, all six (100%) VPP case files lacked documentation as to whether there were any 90-day items and dates of correction of these hazards, if appropriate.

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

**Finding FY 2023-13: Forwarding List of Hazards to Unions**

In FY 2023, in four of four (100%) consultation files with unions, the List of Hazards was not forwarded.

**Status:** No consultation visits were conducted in FY 2024. A case file review is necessary to gather the facts needed to evaluate performance in relation to this finding. This finding will be a focus of next year’s on-site case file review during the FY 2025 comprehensive FAME. This finding will be continued.

### New FY 2024 Findings

### None.

### Observations

### Closed FY 2023 Observations

**Observation FY 2023-OB-02: Timely Response to Complaints Requiring Investigation**

SAMM #2a, average number of workdays to initiate complaint investigations (state formula) was reported at 1.90 days in FY 2023. The negotiated number of days to respond to complaints with an investigation is one day.

**Status:** SAMM #2a, average number of workdays to initiate complaint investigations (state formula) was reported at 1.05 days in FY 2024. The negotiated number of days to respond to complaints with an investigation is one day. This observation is being closed based on this new SAMM data.

### Continued FY 2023 Observations

**Observation FY 2024-OB-01 (FY 2023-OB-01):****OIS Open Inspection Report-Citations Not Received**

The OIS Open Inspection Report run on December 14, 2023, showed 19 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 16, 2025, identified 31 inspection files listed that had citations issued in calendar year 2024 that 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 so the files can be closed.

The number of inspection files that have not been updated in OIS to reflect receipt of citations has increased in FY 2024 due to the lack of administrative support staff in the area offices. 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 will be continued and be amended to reflect the new report.

**Observation FY 2024-OB-02 (FY 2023-OB-03): Issuing Citations for Not Reporting Fatalities Timely**

In FY 2023, in two of seven (29%) fatality case files, the employer did not report the fatality within eight hours of learning of the fatality. PR OSHA did not issue a citation or document in the case file the reasons why a citation was not issued.

**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 will be continued.

**Observation FY 2024-OB-03 (FY 2023-OB-04, FY 2022-OB-05, 2021-OB-07): Union Involvement**

In seven of 18 (39%) of cases with unions, the case files lacked documentation that a union representative was asked to participate, either in the opening conference, walkaround, closing conference, or an informal conference, if one was held.

**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 will be continued. Although this is the fourth year this observation was identified, OSHA needs to conduct a case file review to evaluate PR OSHA’s progress so will continue this observation for an additional year.

**Observation FY 2024-OB-04 (FY 2023-OB-05): Documenting Employee Interviews**

In FY 2023, in eight of 78 (10%) cases, there was no evidence in the file that employees were interviewed during the inspection process.

**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 will be continued.

### New FY 2024 Observations

**Observation FY 2024-OB-05:** **Average Safety Lapse Time**

In FY 2024, the average safety lapse time (SAMM 11a) for citations was calculated at 77.50 days which is above the FRL range of 44.82 to 67.23 days for safety.

**Federal Monitoring Plan:** OSHA will monitor the Puerto Rico State Plan in FY 2025 during quarterly meetings utilizing the SAMM report to evaluate progress in reducing the average safety lapse time for issuing citations.

**Discussion:** The FRL for SAMM 11a, average safety lapse time is +/- 20% of 56.02 days which is based on a three-year national average. The range of acceptable data not requiring further review is from 44.82 to 67.23 days. The Puerto Rico State Plan’s average safety lapse time is at 77.50 days which is above the FRL and could be a cause for concern. OSHA will monitor this situation as an observation.

**Observation FY 2024-OB-06: Average Health Lapse Time**

In FY 2024, the average health lapse time (SAMM 11b) for citations was calculated at 83.41 days which is above the FRL range of 53.77 to 80.65 days for health.

**Federal Monitoring Plan:** OSHA will monitor the Puerto Rico 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.

**Discussion:** The FRL for SAMM 11b, average health lapse time is +/- 20% of 67.21 days, 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 days. The Puerto Rico State Plan’s average safety lapse time is at 83.41 days, which is above the FRL and could be a cause for concern. OSHA will monitor this situation as an observation.

**Observation FY 2024-OB-07: Consultation Visits**

In FY 2024, the Puerto Rico State Plan did not conduct any state and local government consultation visits although it projected to complete four visits.

**Federal Monitoring Plan:** OSHA will monitor the Puerto Rico State Plan in FY 2025 during quarterly meetings utilizing the MARC report and OIS Compliance Assistance reports to track the activities of the consultation staff and determine if modifications need to be made to the FY 2026 grant application.

**Discussion:** The consultation staff consists of one director, three safety and two health consultants. This staff works on the 23(g) grant 15% and the 21(d) grant, performing private sector consultation visits, 85% of the time. Puerto Rico State Plan management has stated that securing consultation requests from public sector employers is difficult, and a request has not been received in a year. As of February 20, 2025, there are no requests for consultation services at public sector worksites. Similarly, in FY 2023, PR OSHA set a goal of four state and local government consultation visits but only received one request and conducted one consultation visit. Puerto Rico receives an adequate number of requests for private sector consultation visits.

## 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. PR OSHA administratively closed 35 whistleblower complaints. There were no open whistleblower complaints at the end of FY 2024.

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

**SAMM 4 – Number of Denials Where Entry Not Obtained**

**Discussion of State Plan data and FRL:** The PR State Plan received one inspection denial on June 11, 2024, when responding to a complaint inspection at a facility that processes milk. The FRL is zero denials of entry.

**Explanation**: The CSHO was denied entry to the facility because there was a labor strike. The CSHO was not permitted by management of the site to walk across the picket light. PR OSHA did not secure a warrant to obtain entry. Operations at this plant were suspended temporarily on June 28, 2024. The complaint was notified through an emailed letter that an inspection was not conducted.

**SAMM 5b – Average Number of Violations per Inspection with Violations by Violation Type OTS**

**Discussion of State Plan data and FRL:** The FRL for the average number of violations per inspection with violations by violation type is +/- 20% of the three-year national average of 0.94 for other-than (OTS) violations, which equals a range from 0.75 to 1.12. PR OSHA’s OTS average is 1.21 which is above the FRL range.

**Explanation:** PR OSHA’s OTS violations per inspection is above the FRL range. Without a case file review, it is not possible to conclude that PR OSHA is incorrectly classifying serious violations as OTS. During the next comprehensive FAME review, this SAMM will be further evaluated.

### SAMM 6 – Percent of Total Inspections in State and Local Government Workplaces

**Discussion of State Plan data and FRL:** The FRL for the average number for state and local government workplace inspections is +/- 5% of 14.13%, which is the percentage of state and local government inspections negotiated in the FY 2024 grant application. This provides a range of 13.42% to 14.83%. PR OSHA’s average is 27.92% which exceeds the FRL range.

**Explanation:** PR OSHA’s percent of total state and local government workplace inspections is above the FRL range. This percentage is above the FRL because the State Plan conducted considerably less inspections overall than its projected goals in FY 2024. This decrease in overall safety and health inspections conducted in private, state, and local government workplaces is related to the lack of experienced CSHOs available to perform inspections and resignations of staff during the year.

### SAMM 7 – Planned v. Actual Inspections – Safety/Health:

**Discussion of the State Plan data and FRL:** The FRL for planned vs actual inspections is +/- 5% of the negotiated 912 safety inspections which equals a range of 866 to 958 for safety, and 504 health inspections which equals a range of 479 to 529 for health. PR OSHA’s Safety staff conducted 633 inspections, and the health staff conducted 445 inspections – both lower than the FRL.

**Explanation:** PR OSHA’s number of inspections below the FRL can be attributed to high staff turnover and limited experienced enforcement staff available to conduct inspections. OSHA also recognizes the potential impact caused by reducing the fiscal year2024 State Plan 23(g) grant during the last quarter of the FY. OSHA will monitor inspection goals during quarterly meetings in FY 2024.

### SAMM 8 – Average Current Penalty per Serious Violation (Private Sector):

**Discussion of the State Plan data and FRL:** The FRL for average current penalty per serious violation for private sector (1-250+ workers) SAMM 8 is +/- 25% of the $3,793.81 three-year national average which equals a range of $2,845.36 to $4,742.27. PR OSHA’s average current penalty per serious violation in the private sector (SAMM 8: 1-250+ workers) was $2,002.45 in FY 2024 and below the FRL. SAMM 8a-8d were also below the FRL for average current serious penalty in private sector worksites for FY 2024.

**Explanation:** Penalties are one component of effective enforcement. State Plans are required to adopt penalty policies and procedures that are “at least as effective” (ALAE) as those contained in OSHA’s FOM (revised on August 2, 2016) to include changes to the penalty structure in Chapter 6 – Penalty and Debt Collection. The failure of PR OSHA to adopt OSHA’s increased penalty structure is the primary reason that this SAMM measure is below the FRL.

**SAMM 13-Percent of Initial Inspections with Worker Walk-around Representation or Worker Interview**

**Discussion of the State Plan data and FRL:** The FRL for percent of initial inspections with worker walk-around representation or worker interview was 100%. The PR OSHA’s percent of initial inspections with worker walk-around representation or worker interview was 98.52%.

**Explanation**: See Observation FY 2024-OB-03 and FY 2024-OB-04.

## Appendix A – New and Continued Findings and Recommendations

FY 2024 PR OSHA Follow-up FAME Report

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| --- | --- | --- | --- |
| **FY 2024-#** | **Finding** | **Recommendation** | **FY 2023-# or**  **FY 2023-OB-#** |
| FY 2024-01 | **OIS Open Inspection Report-Pending Citations**  The OIS Open Inspection Report run on February 16, 2025, showed 12 inspection files all from the same office that had citations that were pending issuance over 180 days or six months. The PR OSHA Act has a statute of limitation that requires citations to be issued within 180 days of the opening conference or last exposure. The State Plan will not be able to issue citations for these inspections, if citations were documented, supported and approved for issuance. | Ensure that OIS reports are run weekly, and managers are held accountable for issuing citations timely. Establish a system of tracking that ensures in the future, that citations will be issued within 180 days.  Review the list of inspections that have pending citations over 180 days and determine best options to legally close the case. | FY 2023-01 |
| FY 2024-02 | **OIS Open Inspection Report-Pending Abatement**  The OIS Open Inspection Report run on February 16, 2025, showed 96 inspection files with abatement more than 14 calendar days past due. The number of days that abatement was overdue ranged from 26-600 calendar days. | Ensure that OIS reports are run weekly, and managers are held accountable for issuing securing abatement timely. Establish a system of tracking that ensures in the future, that abatement of citations will be secured within the abatement period, petitions for modifications of abatement are obtained from the employer or follow-up | FY 2023-02  FY 2022-05 |
| FY 2024-03 | **Staffing**  During FY 2024, the program was able to fill some of the vacant positions for CSHOs and administrative support personnel. However, due to resignations during the year, new vacancies were created. There were a total of 33 compliance safety and health staff as of July 1, 2024. PR OSHA has requested to fill 10 CSHO positions in FY 2025. | PR OSHA needs to continue to work with their Human Resources department to announce and fill the vacant positions. | FY 2023-03  FY 2022-01  FY 2021-01 |
| FY 2024-04 | **Case File Documentation for Fatality Inspections**  During the FY 2023 case file review, in three of seven (43%) of the fatality inspections reviewed, the files lacked documentation to support why a violation under the General Duty Clause or a Hazard Alert Letter was not issued to the employer. | PR OSHA should research applicable industry and national consensus standards when OSHA standards are not applicable to determine the applicability of a General Duty Clause citation. This review should be documented in the case file. If a General Duty Clause citation is not warranted, then a Hazard Alert Letter should be considered. | FY 2023-04 |
| FY 2024-05 | **Next-of-Kin Letters**  During the FY 2023 case file review, in four of seven (57%) of the fatality case files reviewed, there was no evidence in the file that the initial inspection notification and final inspection results letters were sent to the families of the victims. | The State Plan needs to follow OSHA directive CPL 02-00-166, Communicating OSHA Fatality Procedures to a Victim’s Family. This directive requires an initial inspection and a results letter to be sent to the victim’s family. PR OSHA adopted this directive on August 9, 2021 | FY 2023-05  FY 2022-OB-03  FY 2021-OB-05 |
| FY 2024-06 | **Safety Percent In-Compliance**  In FY 2024, the percent in-compliance (SAMM #9a) for safety inspections was 47.67 % which was above the three-year national average of 32.83%. | PR OSHA should encourage staff to take photos on all inspections so that co-workers and supervisors can be consulted and review working conditions to detect any hazard not identified. In addition, PR OSHA should increase training opportunities for new CSHOs and analyze data regarding in-compliance inspections to detect trends. | FY 2023-06  FY 2022-02  FY 2021-02  FY 2020-OB-01  FY 2019-OB-01  FY 2018-OB-05 |
| FY 2024-07 | **Health Percent In-Compliance**  In FY 2024, the percent in-compliance (SAMM #9b) for health inspections was 61.90 % which was above the three-year national average of 44.18%. | PR OSHA should encourage staff to take photos on all inspections so that co-workers and supervisors can be consulted and review working conditions to detect any hazard not identified. In addition, PR OSHA should increase training opportunities for new CSHOs and analyze data regarding in-compliance inspections to detect trends. | FY 2023-07  FY 2022-03  FY 2021-03  FY 2020-OB-02  FY 2019-OB-02  FY 2018-OB-06 |
| FY 2024-08 | **Following FOM Procedures for Penalty Reductions at Informal Conferences**  In 15 of 21 (71%) of the files with penalty reductions, the area director either approved a penalty reduction of more than 30% (when all citations were accepted or authorized a reduction of more than 50% of the initial penalty) without documenting that the Bureau Inspection director. | The State Plan should follow the guidelines outlined in the PR FOM for adjusting penalties during informal conferences. | FY 2023-08 |
| FY 2024-09 | **Federal Program Changes (FPCs)**  PR OSHA has failed to adopt OSHA’s initial FY 2016 maximum and minimum penalty increase and subsequent annual penalty amount increases. | The State Plan needs to work with the Secretary of Labor to ensure that a press release notifying the public of the new penalty structure is released. | FY 2023-09  FY 2022-04  FY 2021-04 |
| FY 2024-10 | **Whistleblower Investigative Manual**  PR OSHA’s whistleblower section in their FOM and PR OSHA Instruction CPL 02-003-  02D needs to be updated to be equivalent to the federal whistleblower manual. | PR OSHA needs to either revise the whistleblower section in their FOM, PR OSHA Instruction CPL 02-003-02D or adopt the federal WIM as it pertains to 11(c) investigations and adjust it for its statute. OSHA will work with PR OSHA to compare the changes to these documents, monitor progress and review the final version of these documents, to include but not limited to the following: general processing following the receipt of whistleblower complaints, screening and docketing of complaints, initial notification to complainants and respondents, the scheduling of investigations, requesting and analyzing of investigative data and findings, supervisory review and authorization and recording the case data in OIS. | FY 2023-10 |
| FY 2024-11 | **Whistleblower Case File**  **Documentation**  In five of the eight (63%), the files lacked evidence of supervisory review and approval. In two of the three (67%) administratively closed files, OIS documented that the case was assigned to  an investigator after it was administratively closed. In three of eight (37.5%) case files,  incorrect date entries were made in OIS. | PR OSHA should ensure that files are reviewed by supervisors to ensure correct data entry and documentation is in the case before closing. PR OSHA should consider adopting CPL 02-03-009, Electronic Case File (ECF) System Procedures for the Whistleblower Protection Program. PR OSHA should reach out to the Regional Office to inquire about scheduling training for the use of OIS for the whistleblower staff. | FY 2023-11 |
| FY 2024-12 | **Case File Documentation-VPP**  All six (100%) VPP case files lacked documentation as to whether there were any 90-day items and dates of correction of these hazards, if appropriate. | PR OSHA needs to document and track correction of any outstanding 90-day items open after completing the VPP evaluation. Corrective action complete, awaiting verification. | FY 2023-12  FY 2022-OB-07  FY 2021-OB-09 |
| FY 2024-13 | **Forwarding List of Hazards to Unions**  In four of four (100%) consultation files with unions, the List of Hazards was not forwarded. | PR OSHA needs to follow its Consultation Policies and Procedures Manual and issue the List of Hazards to sites that are unionized. Corrective action complete, awaiting verification. | FY 2023-13 |

## 

## Appendix B – Observations Subject to Continued Monitoring

FY 2024 PR OSHA Follow-up FAME Report

| **Observation #**  **FY 2024-OB-#** | **Observation#**  **FY 2023-OB-# *or* FY 2023-#** | **Observation** | **Federal Monitoring Plan** | **Current Status** |
| --- | --- | --- | --- | --- |
| FY 2024-OB-01 | FY 2023-OB-01 | **OIS Open Inspection Report-Citations Not Received**  The OIS Open Inspection Report run on February 16, 2025, showed inspection 31 files listed that had citations issued in calendar year 2024 that 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. | OSHA will continue to review the OIS Open Inspection Report quarterly to monitor the State Plan’s progress in updating OIS for receipt of citations. | Continued |
|  | FY 2023-OB-02 | **Average Number of Workdays to Initiate Complaint Investigations**  SAMM 2a, average number of workdays to initiate complaint investigations (state formula) was reported at 1.90 days in FY 2023. The negotiated number of days to respond to complaints with an investigation is one day. | In FY 2024, OSHA will monitor using the SAMM Report quarterly. | Closed |
| FY 2024-OB-02 | FY 2023-OB-03 | **Issuing Citations for Not Reporting Fatalities Timely**  In two of seven (29%) fatality case files, the employer did not report the fatality within eight hours of learning of the fatality. PR OSHA did not issue a citation or document in the case file the reasons why a citation was not issued. | 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. | Continued |
| FY 2024-OB-03 | FY 2023-OB-04  FY 2022-OB-05  FY 2021-OB-07 | **Union Involvement**  In seven of 18 (39%) of cases with unions, the case files lacked documentation that a union representative was asked to participate, either in the opening conference, walkaround, closing conference or an informal conference, if one was held. | 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. | Continued |
| FY 2024-OB-04 | FY 2023-OB-05 | **Documenting Employee Interviews**  In eight of 78 (10%) cases, there was no evidence in the file that employees were interviewed during the inspection process. | 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. | Continued |
| FY 2024-OB-05 |  | **Average Safety Lapse Time**  In FY 2024, the average safety lapse time (SAMM 11a) for citations was calculated at 77.50 days which is above the FRL range of 44.82 to 67.23 days for safety. | OSHA will monitor the Puerto Rico State Plan in FY 2025 during quarterly meetings utilizing the SAMM report to evaluate progress in reducing the average safety lapse time for issuing citations. | New |
| FY 2024-OB-06 |  | **Average Health Lapse Time**  In FY 2024, the average health lapse time (SAMM 11b) for citations was calculated at 83.41 days which is above the FRL range of 53.77 to 80.65 days for health. | OSHA will monitor the Puerto Rico 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-07 |  | **Consultation Visits**  In FY 2024, the Puerto Rico State Plan did not conduct any consultation visits. The State Plan was projected to complete four visits. In FY 2023, the Puerto Rico State Plan conducted one consultation visit. | OSHA will monitor the Puerto Rico State Plan in FY 2025 during quarterly meetings utilizing the MARC report and OIS Compliance Assistance reports to track the activities of the consultation staff and determine if modifications need to be made to the FY 2026 grant application. | New |

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

FY 2024 PR OSHA Follow-up FAME Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2023-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status**  **and Date** |
| FY 2023-01 | **OIS Open Inspection Report-Pending Citations**  The OIS Open Inspection Report, run on December 14, 2023, showed 135 inspection files that had citations that were pending issuance over 180 days or six months. The PR OSHA Act has a statute of limitation that requires citations to be issued within 180 days of the opening conference or last exposure. The State Plan will not be able to issue citations for these inspections, if citations were documented, supported and approved for issuance. The report also showed that there were 378 cases with citations that were entered into OIS but were not issued. | Ensure that OIS reports are run weekly, and managers are held accountable for issuing citations timely. Establish a system of tracking that ensures in the future, that citations will be issued within 180 days. Review the list of inspections that have pending citations over 180 days and determine best options legally to close these files. | 1a. Each area director (AD) will be responsible for generating the OIS Inspection reports weekly.  1b. Each area director will submit a weekly action plan to the Inspections Bureau detailing the actions to be taken with each case over 90 days.    1b. The Inspections Bureau will run backup OIS reports bi-weekly to ensure manager’s compliance with the instructions.  1c. Managers will be held accountable for compliance with PR OSHA’s policies and procedures. The agency’s disciplinary procedures will be followed for those managers found not in compliance.  2. Cases with pending citations over the statute of limitations (especially for RID 0257210) will be closed in a matter of ten cases per week. All cases with unissued citations will generate a referral to verify the existence or not of the previously identified hazards. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-02 | **OIS Open Inspection Report-Pending****Abatement**  The OIS Open Inspection Report, run on December 14, 2023, showed 33 inspections with overdue abatement. The number of days overdue for these inspections ranged from 4-170 days overdue. | Ensure that OIS reports are run weekly, and managers are held accountable for issuing securing abatement timely. Establish a system of tracking that ensures in the future, that abatement of citations will be secured within the abatement period, petitions for modifications of abatement are obtained from the employer or follow-up inspections are conducted. | 1a. Each area director will be responsible for generating the OIS reports weekly (abatement pending).  1b. The Inspections Bureau will run backup OIS reports bi-weekly to ensure manager’s compliance with the instructions.  2. CSHOs will be responsible for following up with pending abatement cases. They will assist the AD with procedures established in the FOM (such as letters, follow-up visits, among other actions). CSHOs will be responsible for entering abatement dates in OIS. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-03 | **Staffing**  The State Plan had 11 vacant safety and health specialist positions (all levels) and six administrative support personnel vacancies at the end of FY 2023 (PR SOAR, FY 2023). There were 31 safety and health Specialists employed at the end of FY 2023. | PR OSHA needs to continue to work with their Human Resources department to announce and fill the vacant positions. | 1. During FY 2024, the program filled four entry level CSHO positions, one administrative assistant, three entry level CSHOs were promoted to senior level and one promotion of a senior level CSHO to area director. However, the program is dealing with several vacancies that due to the electoral ban, the Program will not be able to fill the vacant positions until FY 2025.  2. Vacant positions will be requested and posted after the state electoral ban in February 2025 in hope of completing the process by July 2025. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-04 | **Case File Documentation for Fatality Inspections**  In three of seven (43%) of the fatality inspections reviewed, the files lacked documentation to support why a violation under the General Duty Clause or a Hazard Alert Letter was not issued to the employer. | PR OSHA should research applicable industry and national consensus standards when OSHA standards are not applicable to determine the applicability of a General Duty Clause citation. This review should be documented in the case file. If a General Duty Clause citation is not warranted, then a Hazard Alert Letter should be considered. | 1. Each area director and CSHO will be retrained on properly documenting citations under a consensus standard when no applicable OSHA standard exists and when and how to issue a HAL.  2. All ADs will attend a meeting on September 27, 2024, to discuss planned actions to address this finding.  3. PR OSHA will train all CSHOs on accident investigation on or before December 20, 2024.  4. ADs will be held accountable for the comprehensive revision of all accident and fatality cases to verify if the proper documentation to sustain or not the issuance of a GDC citation or HAL.  5. Internal evaluations will be performed by November 2024. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-05 | **Next-of-Kin Letters**  In four of seven (57%) of the fatality case files reviewed, there was no evidence in the file that the initial inspection notification and final inspection results letters were sent to the families of the victims. | The State Plan needs to follow OSHA directive CPL 02-00-166, Communicating OSHA Fatality Procedures to a Victim’s Family. This directive requires an initial inspection and a results letter to be sent to the victim’s family. PR OSHA adopted this directive on August 9, 2021. | 1. Each area director and CSHO will be retrained on the CPL 02-00-166, Communicating OSHA Fatality Procedures to a Victim’s Family, and the CPL 02-00-164, PR FOM, Imminent Danger, Fatality, Catastrophe, and Emergency Response, Chapter 11, Section II.  2. Area directors will be held accountable for the review of all fatality cases to verify that next-of-kin  notification letters were sent, included in the case file, and the information entered in OIS.  3. The UPA tracking FATCAT report must be generated monthly to verify that the proper data and information is entered in OIS.  5. Internal audit will be performed by November 2024.  6. Internal retraining is scheduled for on or before December 20, 2024. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-06 | **Safety Percent In-Compliance**  In FY 2023, the percent in-compliance (SAMM #9a) for safety inspections was 47.0% which was above the three-year national average of 32.83%*.* | PR OSHA should encourage staff to take photos on all inspections so that co-workers and supervisors can be consulted and review working conditions to detect any hazard not identified. In addition, PR OSHA should increase training opportunities for new CSHOs and analyze data regarding in-compliance inspections to detect trends. | 1. Area directors will be held accountable for the complete discussion of  all cases with the CSHOs. This must include a review of the photos and other documentation.  2. An AD meeting has been scheduled on 9/27/2024 where instructions, action plans, and due dates will be discussed.  2. Training on hazard recognition and inspection strategies is an ongoing process, both internally and with OTI.  3. ADs will be responsible for at least two annual accompanied visits with CSHOs under their supervision to assess competency and identify improvement opportunities.  4. A monthly scan summary identifying the in-compliance cases will be reviewed by the Bureau of Inspections or representative. If patterns are observed, area directors will be notified and asked to explain any pattern.  Due date for discussions and action plans and beginning of accompanied visits is December 20, 2024. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-07 | **Health Percent In-Compliance**  In FY 2023, the percent in-compliance (SAMM #9b) for health inspections was 59.73%  which was above the three-year national average of 43.82%. | PR OSHA should encourage staff to take photos on all inspections so that co-workers and supervisors can be consulted and review working conditions to detect any hazard not identified. In addition, PR OSHA should increase training opportunities for new CSHOs and analyze data regarding in-compliance inspections to detect trends. | 1. Area directors will be held accountable for the complete discussion of  all cases with the CSHOs. This must include a review of the photos and other documentation.  2. Training on hazard recognition and inspection strategies is an ongoing process, both internally and with OTI.  3. ADs will be responsible for at least two annual accompanied visits with CSHOs under their supervision to assess competency and identify improvement opportunities. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-08 | **Following FOM Procedures for Penalty Reductions at Informal Conferences**  In 15 of 21 (71%) of the files with penalty reductions, the area director either approved a penalty reduction of more than 30% (when all citations were accepted or authorized a reduction of more than 50% of the initial penalty) without documenting that the Bureau Inspection director had approved the reduction. | PR OSHA should follow the guidelines outlined in its FOM for adjusting penalties during informal conferences. | 1. Each area director will be retrained on the FOM procedures for adjusting penalties during informal conferences, chapter 8 Settlements, Section I., A. General.  2. All Ads will meet on September 27, 2024, to discuss the action plan to resolve this finding.  3. An internal audit will be performed by November 2024. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-09 | **Federal Program Changes (FPCs)**  PR OSHA has failed to adopt OSHA’s initial FY 2016 maximum and minimum penalty increase and subsequent annual penalty amount increases. Additionally, PR OSHA has not adopted the Occupational Exposure to COVID-19; Healthcare Emergency Temporary Standard: COVID-19 Log and Reporting Provisions, 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv). | PR OSHA must work with their state authorities to complete the legislative changes necessary to enable it to adopt maximum and minimum penalty amounts that are at least as effective as OSHA’s maximum and minimum penalty levels. Additionally, PR OSHA must work with their state authorities to adopt the COVID-19 Reporting Log requirement. | 1. Act 212 – 2024 signed by Gov. Pedro Pierluisi amends the PR OSH Act to equal PR OSHAs penalties to federal OSHA penalties as established by the Federal Civil Penalties for Inflation Adjustments 29 CFR 1903.  2. The program adopted the “Occupational Exposure to COVID 19: Emergency Temporary Standard,” the COVID- 19 standard which includes the COVID-19 Log and Reporting Provisions, 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv). Although the standard adopted has the name of “Emergency Temporary Standard,” it does not have an expiration date. The standard was adopted using the method established under Section 8, 9, and 11 of the Puerto Rico Occupational Safety and Health Act not the Emergency Standard adoption method under Section 13. <http://app.estado.gobierno.pr/ReglamentosOnLine/Reglamentos/9312ING.pdf> | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-10 | **Whistleblower Investigative Manual**  PR OSHA’s whistleblower section in the FOM and PR OSHA Instruction CPL 02-003-02D needs  to be updated to be equivalent to the federal whistleblower manual. | PR OSHA needs to either revise the whistleblower section in their FOM, PR OSHA Instruction  CPL 02-003-02D or adopt the federal WIM as it pertains to 11(c) investigations and adjust it for its statute. OSHA will work with PR OSHA to compare the changes to these documents,  monitor progress and review the final version of these documents. | PR OSHA is concluding the revision of the new WB manual. The program will adopt with changes. Until the adoption is completed, the program will continue to use the 2016 WB version. The Region will be notified of the changes in the adoption of the WB manual as per the requirements of the State Plans. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-11 | **Whistleblower Case File Documentation**  Five of eight (63%) case files lacked evidence of supervisory review and approval. In two of three (67%) administratively closed files, OIS documented that the case was assigned to an investigator after it was administratively closed. In three of eight (37.5%) incorrect date entries were made in OIS. | PR OSHA needs to ensure that files are reviewed by supervisors to ensure correct data entry and documentation is in the case before closing. The State Plan should consider adopting CPL 02-03-009, Electronic Case File (ECF) System Procedures for the Whistleblower Protection Program.  PR OSHA should reach out to the Regional Office to inquire about scheduling training for the use of OIS for the whistleblower staff | 1. Whistleblower staff will receive training on the new WB manual and the use of OIS. The possibility of adopting Electronic Case File, CPL 02-03-009 will be evaluated.  2. The revised WB manual will describe a clear and defined process for review and approval by the supervisor.  3. The Region will assist PR OSHA in training WB staff on the correct procedures, assigning cases, administrative closures, and the use of the OIS Whistleblower Application.  4. All open cases will be closed. | Not Completed | Open  (As of March 15, 2025) |
| FY 2023-12 | **Case File Documentation-VPP**  In all six (100%) VPP case files lacked documentation as to whether there were any 90-day items and dates o*f* correction of these hazards, if appropriate. | PR OSHA needs to document and track correction of any outstanding 90-day items open after completing the VPP evaluation. | A form was developed to indicate the action plan for any 90-day items after an VPP evaluation and provided to the VPP program manager to utilize. | August 26, 2024 | Awaiting Verification |
| FY 2023-13 | **Forwarding List of Hazards to Unions**  In four of four (100%) consultation files with unions, the List of Hazards was not forwarded. | PR OSHA needs to follow its Consultation Policies and Procedures Manual and issue the List of Hazards to sites that are unionized. | The interim on-site consultation director and all consultants were retrained on the procedure as outlined in the CPPM. | August 26, 2024 | Awaiting Verification |

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

FY 2024 PR OSHA 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) | 3.92 | 5 | The further review level is negotiated by OSHA and the State Plan. |
| **1b** | Average number of workdays to initiate complaint inspections (federal formula) | 1.95 | 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) | 1.05 | 1 | The further review level is negotiated by OSHA and the State Plan. |
| **2b** | Average number of workdays to initiate complaint investigations (federal formula) | 0.59 | 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 | 1 | 0 | The further review level is fixed for all State Plans. |
| **5a** | Average number of violations per inspection with violations by violation type (SWRU) | 1.92 | +/- 20% of  1.74 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.39 to 2.08 for SWRU. |
| **5b** | Average number of violations per inspection with violations by violation type (other) | 1.21 | +/- 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 | 27.92% | +/- 5% of 14.12% | 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 13.42% to 14.83% |
| **7a** | Planned v. actual inspections (safety) | 633 | +/- 5% of  912 | 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 866 to 958 for safety. |
| **7b** | Planned v. actual inspections (health) | 445 | +/- 5% of  504 | 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 479 to 529 for health. |
| **8** | Average current serious penalty in private sector - total (1 to greater than 250 workers) | $2,002.45 | +/- 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. |
|  | **a**. Average current serious penalty in private sector  (1-25 workers) | $1,488.00 | +/- 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. |
|  | **b**. Average current serious penalty in private sector  (26-100 workers**)** | $2,262.59 | +/- 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. |
|  | **c**. Average current serious penalty in private sector  (101-250 workers) | $3,114.45 | +/- 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. |
|  | **d**. Average current serious penalty in private sector  (greater than 250 workers) | $2,597.94 | +/- 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) | 47.67% | +/- 20% of  32.83% | 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) | 61.90% | +/- 20% of  44.18% | 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) | 77.50 | +/- 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) | 83.41 | +/- 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 | 68.06% | +/- 15% of  70.81% | 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 | 98.52% | 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/ | N/A | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| **16** | Average number of calendar days to complete an 11(c) investigation | N/A | N/A | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| **17** | Percent of enforcement presence | 1.94% | +/- 25% of  1.00% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 0.75% to 1.25%. |

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