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

Utah Occupational Safety and Health Division (UOSH)



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## Executive Summary

The primary purpose of this report is to assess the Utah State Plan’s progress in Fiscal Year (FY) 2024 in resolving outstanding observations from the previous FY 2023 Comprehensive Federal Annual Monitoring Evaluation (FAME) Report. The Utah Occupational Safety and Health Division (UOSH) continued to experience significant turnover at the compliance safety and health officer (CSHO) level. During FY 2024, seven CSHOs left the State Plan. Five of the CSHO vacancies were filled.

UOSH received a significant number of complaints, referrals, and accident reports during FY 2024. As with FY 2023, despite the strain on resources, UOSH trained new CSHOs while still being responsive to this unprogrammed activity in FY 2024. Both staff turnover and the number of complaints, referrals, and accident reports impacted the State Plan’s ability to conduct programmed activity.

The State Plan made progress toward corrective action on all six of the observations from the FY 2023 Comprehensive FAME Report. UOSH developed policies and procedures where absent, ensured that policies were implemented appropriately, and provided training to staff and supervisors, enabling closure of two observations. The State Plan made progress addressing another observation; however, UOSH did not completely resolve the observation during FY 2024, and it is continued. Three other observations from last year’s FAME Report are continued until OSHA conducts a review of case files during the FY 2025 comprehensive FAME. No additional findings or observations were noted.

## State Plan Background

The State Plan is housed within the UOSH Division of the Utah Labor Commission. The State Plan designee is Labor Commissioner Jaceson R. Maughan. Floyd C. Johnson is the UOSH Division Director. The main office is in Salt Lake City.

The program, funded through the 23(g) grant, consists of the enforcement, whistleblower, and cooperative programs (including the Voluntary Protection Program and Partnerships), as well as state and local government consultation. A separate 21(d) cooperative agreement funds the private sector consultation program. UOSH closely mirrors the federal program with some differences that allow for the accommodation of unique state demands and issues. The enforcement program maintains jurisdiction over safety and health issues for workers in the private sector, as well as for those in state and local government workplaces. The State Plan enforces unique regulatory standards in the areas of general industry, construction, and agriculture.

At the end of FY 2024, UOSH employed 25 full-time positions and one half-time position in the Compliance Section. The staff included seven safety and eight health compliance officers, one full-time whistleblower investigator, one half-time whistleblower investigator support person, one compliance assistance specialist, one state and local government consultant, one senior business analyst, and one program support position. In addition to the division director, management consisted of a field operations manager, a standards and technical assistance manager, and two safety and health supervisors. At the end of FY 2024, there were two vacant safety compliance officer positions.

UOSH’s initial federal base funding was reduced by $67,000 in late FY 2024. The federal final base funding award in FY 2024 was $1,784,400, which the State Plan matched and additionally contributed $50,568. One-time only funding of $55,750 was provided by OSHA and matched by the State Plan in late FY 2024, which brought the total funding amount to $3,730,868. UOSH’s total contribution of 50.68% was slightly more than that of FY 2023 when the State Plan’s contribution was 50%.

The State Plan achieved 102.71% of its inspection goal of 775 inspections despite the impact of staff turnover. The inspection total, 796 inspections, consisted of 669 safety inspections and 127 health inspections. The State Plan exceeded its goal of 616 safety inspections. The turnover of health compliance officers impacted UOSH’s ability to reach its health inspection goal of 159 inspections. During FY 2024, five health compliance officers left the program. As newly hired staff gained experience during the fiscal year, the rate of health inspection activity increased. For quarters one through three, 76 health inspections were opened. During quarter four, 51 health inspections were opened. UOSH did not reach its goal of 35 state and local government consultation visits, conducting visits at 28 state and local government work sites. However, its 213 state and local government and private sector compliance assistance activities greatly exceeded its FY 2024 goal of 125 activities. In total, 1,037 compliance interventions, including 796 inspections, 28 state and local government consultation visits, and 213 compliance assistance activities in the private sector and state and local government workplaces, took place during FY 2024. These interventions identified and abated 1,238 hazards and removed approximately 49,093 workers from exposure to these hazards. Roughly 5,823 workers were impacted through compliance assistance activities.

UOSH obtained abatement enabling prompt closure of health inspections and complaint investigations. At the end of the fiscal year, there was only one complaint investigation that remained open for more than 30 days. In addition, by the end of FY 2024, there were no health inspections with incomplete abatement for violations within 90 days of issuance of a citation. Abatement was obtained promptly for most safety inspections by the end of the fiscal year, with only nine inspections awaiting abatement for violations issued in FY 2024.

UOSH continued to manage inspection timelines effectively. Lapse time is the number of calendar days from the opening conference date to the citation issuance date. UOSH’s lapse time for safety inspections was 28.08 days, compared to the further review level (FRL) of 44.82 to 67.23 days. UOSH’s lapse time for health inspections was 30.30 days, which was less than the FRL of 53.77 to 80.65 days. Both results demonstrated the State Plan’s efficiency.

On the other hand, the turnover of UOSH staff affected its timely response to complaints. In addition to the five health compliance officer vacancies during FY 2024, there were two safety compliance officer vacancies. The average number of workdays to initiate a complaint inspection was 6.12 workdays while the average number of workdays to initiate a complaint investigation was 3.67 workdays. Although the response times were longer than for FY 2023, the State Plan’s response to complaints was reasonable given the strain on resources.

**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
* Mandated Activities Report for Consultation
* State OSHA Annual Report
* State Plan Annual Performance Plan
* State Plan Grant Application
* Quarterly monitoring meetings between OSHA and the State Plan
* OSHA Information System (OIS)

### Findings and Observations

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

The State Plan made progress addressing the previous six observations from the FY 2023 Comprehensive FAME Report. This Follow-up FAME Report contains no findings and six observations. Two observations were closed, and four were continued. Appendix A describes new and continued findings and recommendations. Appendix B describes observations subject to continued monitoring and the related federal monitoring plans. Appendix C describes the status of each FY 2023 finding and recommendation in detail.

**Completed Findings**

There were no findings in the FY 2023 Comprehensive FAME Report.

**Continued Findings**

There were no findings in the FY 2023 Comprehensive FAME Report.

**New FY 2024 Findings**

There are no new findings in the FY 2024 Follow-up FAME Report.

#### Observations

**Closed FY 2023 Observations**

**Observation FY 2023-OB-01 (previously FY 2022-OB-01 and FY 2021-OB-03):** During FY 2022 and FY 2023, the State Plan issued failure-to-abate (FTA) violations to four employers. The four inspections resulted in seven FTA violations, but the penalty amounts for the inspections were significantly below those outlined by UOSH’s Field Operations Manual (FOM) for FTA violations.

**Status:** During FY 2022, UOSH developed a written policy regarding FTA violations and the calculation of penalties. UOSH provided training to CSHOs and managers regarding the UOSH FOM and FTA violations and penalties. During FY 2024, UOSH also developed an FTA penalty calculator for supervisors to use when determining penalties. There were no FTA violations issued in FY 2024; however, since the State Plan developed and implemented measures to ensure that penalty amounts complied with UOSH’s FOM, this observation is closed.

**Observation FY 2023-OB-06:** Three of three (100%) standards promulgated during the period FY 2020 through FY 2023 and whose State Plan adoption deadlines were within the same period were not adopted in a timely manner. UOSH has not implemented a process to adopt standards by their required deadlines.

**Status:** In FY 2024, UOSH evaluated its process for adoption of OSHA standards. Prior to FY 2024, the State Plan adopted OSHA standards only once per year following publication of the Code of Federal Regulations for OSHA in July of each year. This process was done to allow the adoption of all standards promulgated prior to the July publication as a group rather than individually. This process resulted in significant delays in adopting OSHA standards. During FY 2024, the State Plan began adopting standards individually rather than as a group once per year to ensure adoption of each new standard by its adoption deadline. OSHA promulgated three non-civil penalty-related standards between FY 2023 and FY 2024. UOSH adopted the two FY 2024 standards, the Final Rule on the Hazard Communication Standard and the Worker Walkaround Representative Designation Process, by their adoption deadlines and adopted the FY 2023 rule, the Final Rule to Improve Tracking of Workplace Injuries and Illnesses, within five months of its deadline. This observation is closed.

**Continued FY 2023 Observations**

**Observation FY 2024-OB-01 (previously FY 2023-OB-02):** In FY 2023, five of 14 (35.71%) complaints assessed as not valid contained allegations or information that should have resulted in a “valid” assessment or that should have resulted in UOSH contacting the complainant for further information.

**Status:** UOSH received 1,161 complaints during FY 2024. Five hundred and ten complaints fell outside the jurisdiction of the State Plan. Complaints were processed from beginning to end by either the health or safety supervisor. Using the Manage Online Unprogrammed Activity Module in OIS, OSHA analyzed 60 complaints received by UOSH during FY 2024. Eleven of 60 (18.33%) complaints assessed as not valid contained allegations or information that should have resulted in a “valid” assessment or that should have resulted in UOSH contacting the complainant for further information. UOSH’s practice was to screen complaints based upon information in the complaint, and the State Plan rarely contacted the complainant. The State Plan made progress assessing complaints; however, this observation will be continued.

**Observation FY 2024-OB-02 (previously FY 2023-OB-03):** In FY 2023, there were seven health cases in which sampling did not occur even though the case files included information about worker exposure to air contaminants. In four of the seven (57.14%) cases, the case file did not include an evaluation of worker exposure to an air contaminant, nor did the case file include documentation explaining why an evaluation did not occur. UOSH did not follow the guidance in Chapter 9, Section I.G.4 and in Chapter 3, Section II.B.4 of the UOSH FOM.

**Status:** UOSH instituted a process to ensure that compliance officers were instructed to evaluate worker exposures when assigned health complaints alleging exposure to air contaminants. The process included the supervisor’s review of case files to ensure that an evaluation of worker exposure to an air contaminant occurred or that the case file included documentation explaining why an evaluation did not occur. A case file review is necessary to evaluate performance in relation to this observation. This observation will be a focus of next year’s case file review during the FY 2025 comprehensive FAME.This observation will be continued.

**Observation FY 2024-OB-03 (previously FY 2023-OB-04):** In FY 2023, 19 of 59 (32.20%) case files contained violation worksheets with inadequate evidence of employer knowledge. UOSH did not follow the guidance in Chapter 5, Section II.C.2.i and Chapter 4, Section II.C.4 of the UOSH FOM.

**Status:** During FY 2024,UOSH provided training to compliance officers regarding the collection of evidence of employer knowledge. Staff from the Office of the Utah Attorney General also provided training to compliance officers.The UOSH case file review process included the supervisor’s review of case files to ensure that adequate employer knowledge was documented. A case file review is necessary to evaluate performance in relation to this observation. This observation will be a focus of next year’s case file review during the FY 2025 comprehensive FAME.This observation will be continued.

**Observation FY 2024-OB-04 (previously FY 2023-OB-05):** In FY 2023, twelve of 25 (48%) complaint investigations reviewed were closed prior to completion or receipt of abatement. Seven of 25 (28%) complaint investigation case files did not contain documentation of a written response from the employer regarding abatement. UOSH did not follow the guidance in Chapter 9, Section I.H.9 and Chapter 9, Section I.H.3.b of the UOSH FOM.

**Status:** Complaints were processed from beginning to end by either the health or safety supervisor. The complaint investigation was closed when the supervisor reviewed the employer’s response to the complaint and determined that the response was adequate. UOSH did not conduct a secondary review of the case file. A case file review is necessary to evaluate performance in relation to this observation. This observation will be a focus of next year’s case file review during the FY 2025 comprehensive FAME.This observation will be continued.

**New FY 2024 Observations**

There are no new observations in the FY 2024 Follow-up FAME Report.

### State Activity Mandated Measures (SAMM) Highlights

Each SAMM has an agreed upon FRL which can be either a single number or a range of numbers above and below the national average. State Plan SAMM data that falls outside the FRL triggers a closer look at the underlying performance of the mandatory activity. Appendix D presents the State Plan’s FY 2024 SAMM Report and includes the FRL for each measure.

The 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 negotiated FRL for the average number of workdays to initiate complaint inspections was five workdays. The State Plan’s average number of workdays to initiate complaint inspections was 6.12 workdays, which was above the FRL but was not a cause for concern.

Explanation: The State Plan’s performance was impacted by staffing turnover. During FY 2024, five of eight health compliance officers and two of nine safety compliance officers left UOSH. One hundred twenty-five health complaints, referrals, and accidents and 648 safety complaints, referrals, and accidents were reported to UOSH during FY 2024. The turnover strained their resources even while UOSH prioritized responding to unprogrammed activity, including complaints. During FY 2022 and FY 2023, the State Plan met the FRL. As FY 2024 progressed and as new CSHOs were trained and the strain on resources eased, the cumulative SAMM 1 result was reduced from a high at the end of quarter two of 6.90 workdays to 6.12 workdays at the end of FY 2024. An observation is not justified at this time.

**SAMM 2a – Average number of workdays to initiate complaint inspections**

Discussion of State Plan Data and FRL: The negotiated FRL for the average number of workdays to initiate complaint investigations was three workdays. The State Plan’s average number of workdays to initiate complaint investigations was 3.67 workdays, which was above the FRL but was not a cause for concern.

Explanation: As previously stated, the State Plan’s performance was impacted by staffing turnover. Seven CSHOs left UOSH during FY 2024. As new compliance officers were hired, the two safety and health supervisors were involved in the training of the new compliance officers and ensuring that resources were available to respond to unprogrammed activity, such as complaints, accidents, and fatalities. In addition to those tasks, the supervisors assessed, processed, and resolved all complaint investigations. For FY 2024, the SAMM 2 result for quarters one, three, and four were 3.09 workdays, 2.48 workdays, and 1.52 workdays, respectively. Each average met the FRL. Only during quarter two did the SAMM 2 result significantly exceed the FRL. That quarter’s SAMM 2 result, 6.60 workdays, affected the cumulative FY 2024 SAMM 2 result. In FY 2023, the State Plan met the FRL, so the FY 2024 result for SAMM 2 is not a trend. An observation is not justified at this time.

**SAMM 5a – Average Number of Violations per Inspection with Violations (SWRU)**

Discussion of State Plan Data and FRL: The FRL for the average number of violations per inspection with serious, willful, repeat, or unclassified (SWRU) violations was a range of 1.39 to 2.08. The State Plan’s SWRU average was 1.08, which was below the FRL but was not a cause for concern.

Explanation: An average number of violations per inspection that is lower than the FRL indicates that UOSH does not identify as many violations compared to the FRL. The average number of SWRU violations per inspection was approximately the same average as FY 2023 and was only slightly less than the averages for the period FY 2020 through FY 2022. With the staff turnover in the last two years, the loss of experienced CSHOs while new CSHOs gained experience impacted the average number of SWRU violations per inspection. UOSH provided frequent training during its development of new CSHOs. While the overall average number of SWRU violations per inspection was 1.08, the State Plan’s four local emphasis programs (LEPs) each had average numbers of SWRU violations per inspection greater than the overall average. The Construction LEP, Amputation LEP, Public Sector LEP, and Respirable Crystalline Silica LEP had averages of 1.33, 1.25, 4.50, and 1.25, respectively. Serious hazards were the primary focus of the State Plan’s emphasis programs, and the related inspections constituted 23.37% of UOSH’s inspection activity for FY 2024. Among the LEPs, the SWRU average was slightly below or above the FRL. An observation is not justified at this time.

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

Discussion of State Plan Data and FRL: The FRL for the percent of total inspections in state and local government workplaces was a range of 5.88% to 6.50%. The State Plan’s percent of total inspections in state and local government workplaces was 3.02%, which was below the FRL.

Explanation: UOSH implemented the Public Sector LEP in FY 2018, establishing a legal basis for conducting state and local government workplace inspections. Through this LEP, UOSH increased its presence in state and local government workplaces. The negotiated FRL was reduced in FY 2023 in response to staff turnover and continued at approximately the same FRL for FY 2024 as staff departures continued to impact the State Plan. Inspections under the LEP and from unprogrammed activity resulted in 24 inspections during FY 2024. While this was only 3.02% of all inspection activity, the number of state and local government workplace inspections during FY 2024 exceeded the number of inspections, 20, and percentage of inspections, 2.94%, conducted during FY 2023. Although the FY 2024 percentage was below the FRL, OSHA believes that UOSH’s presence in state and local government workplaces will continue to rise as new CSHO development is completed. As a result, an observation is not justified at this time.

**SAMM 7a – Planned v. Actual Inspections (Safety)**

Discussion of State Plan Data and FRL: The FRL for planned versus actual safety inspections was a range of 585 to 647. The State Plan’s actual number of safety inspections was 669, which was above the FRL. The State Plan achieved 108.60% of its goal for safety inspections.

Explanation: UOSH exceeded the FRL for safety inspections. This was driven by unprogrammed activity as 97.46% (652 of 669) of safety inspections were unprogrammed activity. The unprogrammed activity included 332 complaints (50.92%), 86 referrals (13.19%), 11 safety-related fatalities (1.69%), and 219 accidents (33.59%). Despite the loss of two of nine safety compliance officers during FY 2024, UOSH prioritized responses to unprogrammed activity and, as a result, exceeded the FRL.

**SAMM 7b – Planned v. Actual Inspections (Health)**

Discussion of State Plan Data and FRL: The FRL for planned versus actual health inspections was a range of 151 to 167. The State Plan’s actual number of health inspections was 127, which was below the FRL. The State Plan achieved 79.87% of its goal for health inspections.

Explanation: The number of health inspections conducted was impacted by staff turnover. During FY 2024, five of eight health compliance officers left UOSH. While the five health compliance officer positions were filled by the end of the fiscal year, limited resources and the training of new CSHOs impacted UOSH’s ability to perform health inspections. In FY 2022 and FY 2023, the State Plan met the FRL. As the health compliance officers gained experience during FY 2024, the number of health inspections increased each quarter. Fifty-one of the 127 health inspections conducted during FY 2024 were opened during quarter four. An observation is not justified at this time.

**SAMM 8 – Average Current Serious Penalty in Private Sector - Total**

Discussion of State Plan Data and FRL: The FRL for the average current serious penalty in the private sector-total was a range of $2,845.36 to $4,742.27. The State Plan’s average current serious penalty in the private sector-total was $1,907.50, which was substantially lower than the FRL and was a cause for concern.

Explanation: The Utah legislature limits the authority of the State Plan under the Utah Occupational Safety and Health Act. Certain elements, including penalty amounts, are outlined in Utah state statutes rather than administrative rules, which fall under UOSH’s authority. Changes to state statutes must be undertaken through a legislative process, not an administrative process. The Utah legislature did not increase UOSH maximum penalties until FY 2022, when it statutorily adopted the OSHA FY 2021 maximum penalties. The statute became effective on May 4, 2022, but the Utah legislature has not increased maximum penalties since the 2022 statute. At the end of FY 2023, the State Plan increased its baseline for penalty calculation in OIS to $7,000 for the gravity-based penalty calculation of a serious violation. The average serious penalty for FY 2024 was approximately $164 higher than that of FY 2023 and was approximately $425 higher than that of FY 2022. However, UOSH’s average serious penalty of $1,907.50 was $937.86 below the FRL for FY 2024. This remains a concern for OSHA and will be monitored during quarterly meetings with UOSH.

#### SAMM 9a – Percent in Compliance (Safety)

Discussion of State Plan Data and FRL: The FRL for the percent in compliance for safety inspections was a range of 26.27% to 39.40%. The State Plan’s percent in compliance for safety inspections was 42.53%, which was slightly above the FRL but was not a cause for concern.

Explanation: The in-compliance percentage for safety inspections was slightly above the FRL. This was attributed to two factors. First, UOSH responded to a significant number of complaints, referrals, and accidents during FY 2024. In-compliance inspections derived from complaints (153 of 332, 46.08%) and from accidents (94 of 219, 42.92%) were slightly above the FRL, whereas the in-compliance percentage for referrals (26 of 86, 30.23%) was within the FRL.

Also, as stated earlier, UOSH had high staff turnover and a low number of experienced staff during FY 2024. In particular, the turnover of health compliance officers, who also performed safety inspections, resulted in far fewer experienced compliance officers. As new CSHOs gain experience, their ability to recognize hazards will increase. An observation is not justified at this time.

#### SAMM 9b – Percent in Compliance (Health)

Discussion of State Plan Data and FRL: The FRL for the percent in compliance for health inspections was a range of 35.34% to 53.01%. The State Plan’s percent in compliance for health inspections was 53.72%, which was slightly above the FRL but was not a cause for concern.

Explanation: The in-compliance percentage was slightly above the FRL for health inspections. UOSH’s high turnover among health compliance officers resulted in a low number of experienced staff during FY 2024. Still, as health compliance officers gained experience during FY 2024, the in-compliance percentage was reduced from the 57.78% in-compliance percentage of FY 2023. An observation is not warranted at this time.

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

Discussion of State Plan Data and FRL: The FRL for the average lapse time for safety inspections was a range of 44.82 to 67.23 days. The State Plan’s average lapse time for safety inspections was 28.08 days, which was substantially below the FRL.

Explanation: The average lapse time for safety inspections increased by three days from FY 2023, but it remained significantly lower than the FRL. UOSH’s low lapse time for safety inspections indicates that the State Plan managed its inventory of open cases by performing inspection activity and processing citations in a timely manner. This was driven by the governor’s Success Management Information System (SMIS) which set as a benchmark that citations were issued within 45 days and that inspections without citations were closed within 45 days. UOSH’s electronic case file process also contributed to this success.

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

Discussion of State Plan Data and FRL: The FRL for the average lapse time for health inspections was a range of 53.77 to 80.65 days. The State Plan’s average lapse time for health inspections was 30.30 days, which was far below the FRL.

Explanation: The health inspection average lapse time has been approximately the same for the past three years and remained significantly lower than the FRL in FY 2024. As with the low average lapse time for safety inspections, UOSH’s low average lapse time for health inspections reflects the State Plan’s ability to promptly conduct inspections and process citations. Again, both the use of electronic case files and the governor’s SMIS were contributing factors.

It should also be noted that UOSH performed sampling at 62 of the 127 (48.82%) health inspections opened. Traditional air sampling, which inherently causes a long lapse time due to field work and lab analysis, was found in 32 of 62 (51.61%) inspections (including respirable crystalline silica (11), particulates not otherwise regulated (nine), formaldehyde (three), and oil mist (two)) while asbestos bulk sampling was done for two inspections. Short turnaround for industrial hygiene evaluations, such as noise monitoring (five), heat stress measurement (eight), and direct reading instrument analysis (13) were a minority of sampling conducted. The quick turnaround of lab analyses, typically less than two weeks, resulted in a low average lapse time for health inspections.

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

FY 2024 UOSH Follow-up FAME Report

|  |  |  |  |
| --- | --- | --- | --- |
| **FY 2024-#** | **Finding** | **Recommendation** | **FY 2023-# or** **FY 2023-OB-#** |
|   |  None. |   |   |

### Appendix B – Observations Subject to Continued Monitoring

FY 2024 UOSH 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-02 | In FY 2023, five of 14 (35.71%) complaints assessed as not valid contained allegations or information that should have resulted in a “valid” assessment or that should have resulted in UOSH contacting the complainant for further information.  | During the next FAME, OSHA will perform a case file review to determine if this item was addressed. | Continued |
| FY 2024-OB-02 | FY 2023-OB-03 | In FY 2023, there were seven health cases in which sampling did not occur even though the case files included information about worker exposure to air contaminants. In four of the seven (57.14%) cases, the case file did not include an evaluation of worker exposure to an air contaminant, nor did the case file include documentation explaining why an evaluation did not occur. UOSH did not follow the guidance in Chapter 9, Section I.G.4 and in Chapter 3, Section II.B.4 of the UOSH FOM.  | During the next FAME, OSHA will perform a case file review to determine if this item was addressed. | Continued |
| FY 2024-OB-03 | FY 2023-OB-04 | In FY 2023, 19 of 59 (32.20%) case files contained violation worksheets with inadequate evidence of employer knowledge. UOSH did not follow the guidance in Chapter 5, Section II.C.2.i and Chapter 4, Section II.C.4 of the UOSH FOM. | During the next FAME, OSHA will perform a case file review to determine if this item was addressed. | Continued |
| FY 2024-OB-04 | FY 2023-OB-05 | In FY 2023, twelve of 25 (48%) complaint investigations reviewed were closed prior to completion or receipt of abatement. Seven of 25 (28%) complaint investigation case files did not contain documentation of a written response from the employer regarding abatement. UOSH did not follow the guidance in Chapter 9, Section I.H.9 and Chapter 9, Section I.H.3.b of the UOSH FOM. | During the next FAME, OSHA will perform a case file review to determine if this item was addressed. | Continued |
|  | FY 2023-OB-01FY 2022-OB-01FY 2021-OB-03 | During FY 2022 and FY 2023, the State Plan issued FTA violations to four employers. The four inspections resulted in seven FTA violations, but the penalty amounts for the inspections were significantly below those outlined by UOSH’s FOM for FTA violations. |  | Closed |
|  | FY 2023-OB-06 | Three of three (100%) standards promulgated during the period FY 2020 through FY 2023 and whose State Plan adoption deadlines were within the same period were not adopted in a timely manner. UOSH has not implemented a process to adopt standards by their required deadlines. |  | Closed |

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

FY 2024 UOSH Follow-up FAME Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2024-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status** **and Date** |
|  | None.  |  |  |  |  |

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

FY 2024 UOSH Follow-up FAME Report

| SAMM Number | SAMM Name | State Plan Data | Further Review Level | Notes |
| --- | --- | --- | --- | --- |
| 1a | Average number of work days to initiate complaint inspections (state formula) | 6.12 | 5 | The further review level is negotiated by OSHA and the State Plan. |
| 1b | Average number of work days to initiate complaint inspections (federal formula) | 5.08 | N/A | This measure is for informational purposes only and is not a mandated measure. |
| 2a | Average number of work days to initiate complaint investigations (state formula) | 3.67 | 3 | The further review level is negotiated by OSHA and the State Plan. |
| 2b | Average number of work days to initiate complaint investigations (federal formula) | 3.31 | N/A | This measure is for informational purposes only and is not a mandated measure. |
| 3 | Percent of complaints and referrals responded to within one workday (imminent danger) | 100% | 100% | The further review level is fixed for all State Plans. |
| 4 | Number of denials where entry not obtained | 0 | 0 | The further review level is fixed for all State Plans. |
| 5a | Average number of violations per inspection with violations by violation type (SWRU) | 1.08 | +/- 20% of 1.74 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.39 to 2.08 for SWRU. |
| 5b | Average number of violations per inspection with violations by violation type (other) | 0.78 | +/- 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 | 3.02% | +/- 5% of6.19% | 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 5.88% to 6.50%. |
| 7a | Planned v. actual inspections (safety) | 669 | +/- 5% of616 | 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 585 to 647 for safety. |
| 7b | Planned v. actual inspections (health) | 127 | +/- 5% of159 | 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 151 to 167 for health. |
| 8 | Average current serious penalty in private sector - total (1 to greater than 250 workers) | $1,907.50 | +/- 25% of$3,793.81 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $2,845.36 to $4,742.27. |
| 8a | Average current serious penalty in private sector (1-25 workers) | $1,167.00 | +/- 25% of$2,498.51 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $1,873.88 to $3,123.14. |
| 8b | Average current serious penalty in private sector (26-100 workers**)** | $1,648.49 | +/- 25% of$4,322.61 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $3,241.96 to $5,403.26. |
| 8c | Average current serious penalty in private sector(101-250 workers) | $2,614.10 | +/- 25% of$6,114.84 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $4,586.13 to $7,643.55. |
| 8d | Average current serious penalty in private sector(greater than 250 workers) | $4,291.77 | +/- 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) | 42.53% | +/- 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) | 53.72% | +/- 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) | 28.08 | +/- 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) | 30.30 | +/- 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 | 65.41% | +/- 15% of70.81% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 60.19% to 81.44%. |
| 13 | Percent of initial inspections with worker walk-around representation or worker interview | 100% | 100% | The further review level is fixed for all State Plans. |
| 14 | Percent of 11(c) investigations completed within 90 days | N/A | N/A | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| 15 | Percent of 11(c) complaints that are meritorious | N/A | N/A | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| 16 | Average number of calendar days to complete an 11(c) investigation | N/A | N/A | This measure is not being reported for FY 2024 due to the transition to the new SAMM measures starting in FY 2025. |
| 17 | Percent of enforcement presence | 1.09% | +/- 25% of1.00% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 0.75% to 1.25%. |

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