# FY 2022 Follow-up Federal Annual Monitoring Evaluation (FAME) Report

**State of Illinois**

**Illinois Department of Labor**

**Illinois OSHA**



**Evaluation Period: October 1, 2021 – September 30, 2022**

**Initial Approval Date: September 1, 2009**

**Program Certification Date: Pending**

**Final Approval Date: None**

**Prepared by:**

**U. S. Department of Labor**

**Occupational Safety and Health Administration**

**Region V**

**Chicago, Illinois**



**Table of Contents**

[I.Executive Summary 3](#_Toc119418663)

[II.State Plan Background 4](#_Toc119418664)

[III.Assessment of State Plan Progress and Performance 4](#_Toc119418665)

[A. Data and Methodology 4](#_Toc119418666)

[B. Findings and Observations 5](#_Toc119418667)

[C. State Activity Mandated Measures (SAMM) Highlights 8](#_Toc119418668)

[Appendix A – New and Continued Findings and Recommendations 11](#_Toc119418669)

[Appendix B – Observations Subject to Continued Monitoring 13](#_Toc119418670)

[Appendix C - Status of FY 2021 Findings and Recommendations 15](#_Toc119418671)

[Appendix D – FY 2022 State Activity Mandated Measures (SAMM) Report 18](#_Toc119418672)

## Executive Summary

The primary purpose of this report is to assess the State Plan’s progress in Fiscal Year (FY) 2022 in resolving outstanding findings from the previous FY 2021 Comprehensive Federal Annual Monitoring Evaluation (FAME) Report. The State Plan was responsive to the previous findings and recommendations.

The State Plan made progress in addressing the previous five findings and five observations from the FY 2021 Comprehensive FAME Report and one new observation was identified. The State Plan’s efforts to address the findings and observations included improving the review and oversight of the inspection files by the enforcement managers and conducting an extensive training session with the staff in September of 2022. Four of the findings were completed but awaiting verification with a case file review during the next comprehensive FAME audit. The last finding, related to the completion of whistleblower investigations, remains open. The five previous observations are continued and require a case file review during the next FAME audit. The State Plan completed 53% of their planned safety inspections due to the staffing concerns. This is being monitored through a new observation. A detailed explanation of the findings and observations, and the status of the State Plan’s response, is found in Section III.B Findings and Observations.

The Illinois Strategic Management Plan for FY 2021 to FY 2026 established three strategic goals: 1) Improve workplace safety and health in Illinois state and local government workplaces; 2) Promote a safety and health culture in Illinois state and local government workforce; and 3) Strengthen public confidence through excellence in development and delivery of Illinois OSHA programs and services. The FY 2022 Performance Plan provided the framework for accomplishing the goals of the strategic plan by establishing specific performance goals for FY 2022.

In the FY 2022 State OSHA Annual Report (SOAR), Illinois OSHA provided information that outlines their accomplishments toward meeting their Five-Year Strategic Management Plan. The information has been reviewed and analyzed to assess their progress in meeting performance plan goals. Through effective resource utilization, targeted high-hazard inspections, outreach activities, and an overall commitment to performance goal achievements, all six of the annual performance goals, planned number of health inspections and consultation visit goals have been met or exceeded.

Quarterly monitoring meetings were held during FY 2022, at which time the State Activity Mandated Measures (SAMM) report and the State Indicators Report (SIR) were reviewed and discussed with Illinois State Plan staff. The FY 2022 SAMM is Appendix D of this report.

## State Plan Background

Illinois Department of Labor (IDOL)–Illinois OSHA operates a state and local government only OSHA State Plan. The Illinois State Plan was approved as a Developmental Plan on September 1, 2009, and includes over 8,500 state and local government entities with an estimated 664,272 state and local government employees in Illinois. In January of 2022, Mr. Erik Kambarian took over as the Illinois OSHA Division Manager, administering the Illinois State Plan under Ms. Jane Flanagan, Director of the Illinois Department of Labor. Illinois OSHA protects state and local government employees by enforcing safety and health standards, providing consultation services, investigating both occupational safety and health as well as whistleblower complaints, adopting OSHA standards, and providing outreach services.

Since approval as a Developmental Plan on September 1, 2009, Illinois OSHA has requested multiple extensions to complete its developmental steps. In FY 2022 Illinois OSHA worked diligently to move successfully forward in their developmental steps. Working with OSHA, IDOL worked to fill the remaining vacancies to move the program out of the developmental stage. Unfortunately, due to significant employee turnover the effort was not successful. Illinois OSHA is committed to obtaining certification and moving beyond the developmental stage in the near future.

The Illinois OSHA FY 2022 grant included full-time equivalent (FTE) staffing of 19.35 positions. The State Plan’s expected staffing level includes a division manager, two assistant enforcement managers, two administrative assistants, 11 safety inspectors, and three industrial hygienists. In addition to their safety enforcement activities, two of the safety inspectors provide whistleblower discrimination support. An Occupational Safety and Health (OSH) Coordinator and a marketing/ OSHA Information System (OIS) coordinator split their time between 23(g) enforcement and the 21(d) consultation program support. Consultation activities and support for the enforcement program is provided by two safety and health consultants and consultation supervisors who split their time.

The FY 2022 grant included funding totaling $2,454,200. The State Plan had no deobligations or lapsed funds in FY 2022.

**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 (Appendix D)
* State Information Report (SIR, dated 11/14/2022)
* Mandated Activities Report for Consultation (MARC, dated 10/24/2022)
* State OSHA Annual Report (SOAR)
* 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 five findings and five observations from the FY 2021 Comprehensive FAME Report. This follow-up FAME report contains five continued findings and six observations (five continued and one new). The State Plan took corrective action and conducted a comprehensive review and training session on September 14, 2022, addressing all FY 2021 Comprehensive FAME findings and observations. Following the State Plan corrective actions, four of the findings are awaiting verification and one remains open. All five observations are continued from last year’s FAME and one new observation, associated with conducting planned safety inspections, was added. Appendix A describes the 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 2021 finding and recommendation in detail.

**Continued Findings**

**Finding FY 2022-01 (FY 2021-01):** In FY 2021, twenty-five of the 49 (71%) files with violations did not contain adequate documentation of the information required to support the violations in accordance with Illinois OSHA FOM, Chapter 3-6, C, titled, “Record All Facts Pertinent to a Violation.”

**Status:** The State Plan conducted a FAME review and training session on September 14, 2022, for all enforcement team members and reviewed the requirements for adequate documentation of the information required to support violations. The State Plan also implemented a focused review of the case files by the enforcement managers to ensure each case file contains adequate documentation and returned it for correction when needed. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2023 comprehensive FAME and remains open.

**Finding FY 2022-02 (FY 2021-02):** In FY 2021, 34 of the 60 (57%) files reviewed, employee interviews were not conducted or properly documented as required by Chapter 3 of the Illinois FOM.

**Status:** The State Plan conducted a FAME review and training session on September 14, 2022, for all enforcement team members and reviewed the requirements for conducting and properly documenting employee interviews. The State Plan also implemented a focused review of the case files by the enforcement managers to ensure each case file contains adequate documentation of employee interviews and returned it for correction when needed. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2023 comprehensive FAME and remains open.

**Finding FY 2022-03 (FY 2021-03):** Whistleblower complaints were not properly processed in accordance with established policies. In FY 2021, in 16 of the 18 (89%) administratively closed intakes, a memo to file was not created to document the interview of the complainant and why the complaint was closed. In six of the 18 (33%) administratively closed intakes, four of which presented prima facia allegations, the complaint was closed without contacting the complainant to conduct an interview and to obtain the complainant’s concurrence for closing the complaint.

**Status:** The State Plan conducted a FAME review and training session on September 14, 2022, for all whistleblower investigators and reviewed the requirements for properly processing whistleblower complaints. In August 2022, the State Plan filled the Whistleblower Program Supervisor position, ensuring dedicated management resources and oversight. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2023 comprehensive FAME and remains open.

**Finding FY 2022-04 (FY 2021-04):** In FY 2021, nine of the 18 (50%) administratively closed whistleblower intakes had an inaccurate or missing activity or telephone log.

**Status:** The State Plan conducted a FAME review and training session on September 14, 2022, for all whistleblower investigators and reviewed the requirements for the inclusion of activity or telephone logs associated with whistleblower complaints. In August 2022, the State Plan filled the Whistleblower Program Supervisor position, ensuring dedicated management resources and oversight. A case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year’s on-site case file review during the FY 2023 comprehensive FAME and remains open.

**Finding FY 2022-05 (FY 2021-05):** During FY 2022, the State Plan closed or completed zero whistleblower investigations. The State Plan currently has five pending docketed cases with 931 average days pending.

**Status:** The State Plan conducted a FAME review and training session on September 14, 2022, for all whistleblower investigators and reviewed the requirements for completing whistleblower investigations. In August 2022, the State Plan filled the Whistleblower Program Supervisor position, ensuring dedicated management resources and oversight. The Whistleblower supervisor is currently working with OSHA to determine the best way to complete and/or close these outstanding investigations. This finding remains open.

#### Observations

**Continued FY 2021 Observations**

**Observation FY 2022-OB-01 (FY 2021-OB-01):** In FY 2021, in six (100%) of the fatality inspections reviewed in FY 2021, the investigation summary form narrative lacked sufficient detail and information needed to provide a clear representation of the fatal incident and the factual circumstances surrounding the event consistent with Illinois OSHA FOM, Chapter 10-2, Paragraph D, subparagraph 2.

**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 2023 comprehensive FAME.This observation will be continued.

**Observation FY 2022-OB-02 (FY 2021-OB-02):** In FY 2021, in all six (100%) of the fatality cases reviewed, there was no initial telephone contact with the next-of-kin of employees involved in fatal occupational injuries or illnesses consistent with OSHA Instruction CPL 02-00-166 (CPL 02-00-153) Communicating OSHA Fatality Inspection Procedures to a Victim’s Family.

**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 2023 comprehensive FAME.This observation will be continued.

**Observation FY 2022-OB-03 (FY 2021-OB-03):** In FY 2021, twelve of the 49 (25%) files reviewed lacked specificity and clarity in the severity and probability information as to how it was directly associated with the condition addressed in the violation consistent with the instructions and provisions of the Illinois OSHA FOM, Chapter 6-3, Paragraph A, Severity Assessment and Paragraph B, Probability Assessment.

**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 2023 comprehensive FAME.This observation will be continued.

**Observation FY 2022-OB-04 (FY 2021-OB-04):** In FY 2021, in 30 of the 49 (61%) files with violations, the Alleged Violation Description (AVD) in one or more of the violations was not clear or did not describe the nature of the violation with particularity consistent with the instructions and provisions required in Chapter 820 Illinois Compiled Statutes (ILCS) 219 Sec. 80. Violation of Act or standard; citation or the Illinois OSHA FOM, Chapter 5-11, Citations.

**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 2023 comprehensive FAME.This observation will be continued.

**Observation FY 2022-OB-05 (FY 2021-OB-05):** In FY 2021, in 12 of 12 (100%) of the files with general duty violations, the AVD language was not consistent with the instructions and provisions required in Illinois OSHA’s FOM Chapter 4-3 Use of the General Duty Clause. These included: the AVD was not clear, included corrective action or abatement language, or did not include the required language spelled out in paragraph I.

**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 2023 comprehensive FAME.This observation will be continued.

**New FY 2022 Observation**

**Observation FY 2022-OB-06:** The Illinois State Plan’s number of planned versus actual inspections (safety) (SAMM 7a) is below the further review level of 380 to 420 safety inspections. The Illinois State Plan conducted 210 safety inspections (53%) of the 400 planned safety inspections.

**Federal Monitoring Plan:** OSHA will monitor the Illinois State Plan during FY 2023 to evaluate Illinois OSHA’s inspection strategies and progress during quarterly monitoring meetings to assess progress on the conduct of safety inspections.

**Discussion:** The FRL SAMM 7a, planned v. actual inspections (safety) is +/- 5% of 400, which is the number negotiated by OSHA and the State Plan through the grant application. Therefore, the FRL range is 380 to 420 safety inspections. The Illinois State Plan conducted 210 total safety inspections which is below the FRL and is a cause for concern. Since it appears that a higher than anticipated turnover in staffing contributed significantly to the State Plan dipping below the FRL on SAMM 7a, OSHA will monitor the situation as an observation.

### 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 2022 State Activity Mandated Measures (SAMM) Report and includes the FRLs for each measure.

It should be noted that OSHA is in the final stages of transitioning from the Whistleblower Application in the OSHA IT Support System (OITSS), a legacy data system, to the Whistleblower module in OIS, a modern data system. For FY 2022, a portion of the State Plan whistleblower data was recorded OITSS, and a portion was captured in OIS. OSHA encountered challenges in combining the report that generates SAMM 14, 15, and 16 from both systems. As such, OSHA will not be relying on SAMMs 14, 15, or 16 in the evaluation of the State Plans’ whistleblower programs for FY 2022.

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

**SAMM 5 – Average number of violations per inspection with violations by violation type**

Discussion of State Plan Data and FRL: The FRL for the average number of serious, willful, repeat and unclassified (SWRU) violations per inspection with violations is +/- 20% of the three-year national average of 1.77, which equals a range of 1.42 to 2.12. The Illinois State Plan’s average for SWRU violations is 6.09, higher than the FRL. Although higher than the FRL for SWRU violations, this metric is not a cause for concern.

Explanation: The Illinois State Plan’s average number of SWRU are evaluated during quarterly monitoring meetings and discussed when warranted. As a State and Local Government State Plan, Illinois OSHA does not conduct inspections on a wide variety of establishments represented by the three-year national average. Illinois OSHA prioritizes and focuses their inspection resources on high-hazard establishments for which they have jurisdictional coverage such as, but not limited to highway, street, and bridge construction; fire protection; water supply and irrigation systems; and sewage treatment facilities. Illinois OSHA’s average violations per inspection for other-than-serious (OTS) violations is within the FRL of +/- 20% of 0.90 at 0.83 violations.

**SAMM 7 – Planned v. actual inspections – Safety/Health**

Discussion of State Plan Data and FRL: The FRL for planned inspections compared to actual inspections is +/- 5% of the number of inspections negotiated by OSHA and the State Plan through the grant application; 400 safety inspections and 100 health inspections. The Illinois State Plan conducted 116 health inspections, which is slightly above the acceptable range of 95 to 105 health inspections. The Illinois State Plan conducted 210 safety inspections, which is below the acceptable range of 380 to 420 safety inspections and is a concern. This concern is being monitored through Observation FY 2022-OB-06.

Explanation: The Illinois State Plan’s number of planned vs actual safety inspections (SAMM 7a) is below the further review level of 380 to 420 safety inspections primarily due to a high safety inspector turnover and a low number of experienced staff. The Illinois State Plan conducted 210 safety inspections (53%) of the 400 planned safety inspections. The State Plan establishes inspection goals for each inspector based on their experience and training. These inspection goals are monitored on a weekly basis to ensure annual goals are achieved for the staff positions that are filled. This is reflected in the State Plan’s success with achieving and exceeding their planned health inspections during this same period. The Illinois State Plan has historically struggled with filling positions in previous years which has impacted their ability to complete their planned inspections and is a cause for concern. In FY 2023 OSHA will discuss and evaluate Illinois OSHA’s inspection strategies and progress during quarterly monitoring meetings.

**SAMM 9 – Percent In-Compliance**

Discussion of State Plan Data and FRL: The FRL for percent in-compliance for safety inspections is +/- 20% of the three-year national average of 32.25%, which equals a range of 25.80% to 38.70%. The Illinois State Plan’s percent in-compliance for safety is 11.64% which is lower than the FRL but not a cause for concern. The FRL for percent in-compliance for health inspections is +/- 20% of the three-year national average of 44.42%, which equals a range of 35.54% to 53.30%. The Illinois State Plan’s percent in-compliance for health is 9.35% which is also below the FRL but also not a cause for concern.

Explanation: The percent in compliance for safety and health inspections being below the FRL is not a concern with the Illinois State Plan. As a state and local government only plan, Illinois OSHA does not conduct inspections on the wide variety of establishments represented by the FRL three-year national average. Illinois OSHA prioritizes and focuses their inspection resources on high-hazard establishments for which they have jurisdictional coverage which results in their lower in-compliance rate.

**SAMM 11 – Average lapse time**

Discussion of State Plan Data and FRL: The FRL for average lapse time for safety inspections is +/- 20% of the three-year national average of 54.58 days which equals a range of 43.66 to 65.50 days. The Illinois State Plan’s lapse time for safety is 27.04 days, which is substantially below the FRL. The FRL for average lapse time for health inspections is +/- 20% of the three-year national average of 69.03, which equals a range of 55.22 to 82.84 days. The Illinois State Plan’s lapse time for health is 26.60 days which is also below the FRL.

Explanation: The Illinois OSHA staff is committed to completing case files and issuing citations in a timely manner and their resulting lapse time is favorable. The State Plan’s inspection lapse time has historically been below the three-year national average and is consistent with year-over-year trending.

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

FY 2022 Illinois OSHA Follow-up FAME Report

|  |  |  |  |
| --- | --- | --- | --- |
| **FY 2022-#** | **Finding** | **Recommendation** | **FY 2021-#** |
| FY 2022-01 | Twenty-five of the 49 (71%) files with violations did not contain adequate documentation of the information required to support the violations in accordance with Illinois OSHA FOM, Chapter 3-6, C, titled, “Record All Facts Pertinent to a Violation.” | Ensure case files contain all of the necessary information required to support the violations issued in accordance with the Illinois FOM. Corrective action complete. Awaiting verification.  | FY 2021-01 |
| FY 2022-02 | Thirty-four of the 60 (57%) files reviewed, employee interviews were not conducted or properly documented as required by Chapter 3 of the Illinois FOM. | Ensure employee interviews are conducted and case files contain appropriately documented employee interviews as outlined in Chapter 3 of the Illinois FOM. Corrective action complete. Awaiting verification.  | FY 2021-02 |
| FY 2022-03 | Whistleblower complaints were not properly processed in accordance with established policies. In 16 of the 18 (89%) administratively closed intakes, a memo to file was not created to document the interview of the complainant and why the complaint was closed. In six of the 18 (33%) administratively closed intakes, four of which presented prima facia allegations, the complaint was closed without contacting the complainant to conduct an interview and to obtain the complainant’s concurrence for closing the complaint. | Properly process complaints per the Illinois Department of Labor Whistleblower Investigation Manual (WIM), Effective July 1, 2017, Chapter II (B)(1) and (B)(2). Corrective action complete. Awaiting verification.  | FY 2021-03 |
| FY 2022-04 | Nine of the 18 (50%) administratively closed whistleblower intakes had an inaccurate or missing activity or telephone log. | Properly and accurately document all telephone calls made, messages received, and exchange of written or electronic correspondence during the course of an investigation in the activity/telephone log per the Illinois Department of Labor Whistleblower Investigation Manual (WIM), Effective July 1, 2017, Chapter II (G)(2)(f). Corrective action complete. Awaiting verification.  | FY 2021-04 |
| FY 2022-05 | During FY 2022, the State Plan closed or completed zero whistleblower investigations. The State Plan currently has five pending docketed cases with 931 average days pending. | Properly investigate, process and complete open complaints per the Illinois Department of Labor Whistleblower Investigation Manual (WIM), Effective July 1, 2017. | FY 2021-05 |

### Appendix B – Observations Subject to Continued Monitoring

FY 2022 Illinois OSHA Follow-up FAME Report

| **Observation #****FY 2022-OB-#** | **Observation#****FY 2021-OB-#**  | **Observation** | **Federal Monitoring Plan** | **Current Status** |
| --- | --- | --- | --- | --- |
| FY 2022-OB-01 | FY 2021-OB-01 | In six (100%) of the fatality inspections reviewed in FY 2021, the investigation summary form narrative lacked sufficient detail and information needed to provide a clear representation of the fatal incident and the factual circumstances surrounding the event consistent with Illinois OSHA FOM, Chapter 10-2, Paragraph D, subparagraph 2. | During next year’s FAME, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed. | Continued |
| FY 2022-OB-02 | FY 2021-OB-02 | In all six (100%) of the fatality cases reviewed, there was no initial telephone contact with the next-of-kin of employees involved in fatal occupational injuries or illnesses consistent with OSHA Instruction CPL 02-00-166 (CPL 02-00-153) Communicating OSHA Fatality Inspection Procedures to a Victim’s Family. | During next year’s FAME, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed. | Continued |
| FY 2022-OB-03 | FY 2021-OB-03 | Twelve of the 49 (25%) files reviewed lacked specificity and clarity in the severity and probability information as to how it was directly associated with the condition addressed in the violation consistent with the instructions and provisions of the Illinois OSHA FOM, Chapter 6-3, Paragraph A, Severity Assessment and Paragraph B, Probability Assessment. | During next year’s 2023 comprehensive FAME, a limited scope review of selected case files will be reviewed to determine if this reflects the data trend. | Continued |
| FY 2022-OB-04 | FY 2021-OB-04 | In 30 of the 49 (61%) files with violations, the Alleged Violation Description (AVD) in one or more of the violations was not clear or did not describe the nature of the violation with particularity consistent with the instructions and provisions required in Chapter 820 Illinois Compiled Statutes (ILCS) 219 Sec. 80. Violation of Act or standard; citation or the Illinois OSHA FOM, Chapter 5-11, Citations. | During next year’s 2023 comprehensive FAME, a limited scope review of selected case files will be reviewed to determine if this reflects the data trend. | Continued |
| FY 2022-OB-05 | FY 2021-OB-05 | In 12 (100%) of the files with general duty violations, the AVD language was not consistent with the instructions and provisions required in Illinois OSHA’s FOM Chapter 4-3 Use of the General Duty Clause. These included: the AVD was not clear, included corrective action or abatement language, or did not include the required language spelled out in paragraph I. | During next year’s 2023 comprehensive FAME, a limited scope review of selected case files will be reviewed to determine if this reflects the data trend. | Continued |
| FY 2022-OB-06 |  | The Illinois State Plan’s number of planned vs actual inspections (safety) (SAMM 7a) is below the further review level of 380 safety inspections. The Illinois State Plan conducted 210 safety inspections (53%) of the 400 planned safety inspections. | OSHA will discuss and evaluate Illinois OSHA’s inspection strategies and progress during quarterly monitoring meetings. | New |

### Appendix C - Status of FY 2021 Findings and Recommendations

FY 2022 Illinois OSHA Follow-up FAME Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2021-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status** **and Date** |
| FY 2021-01 | Twenty-five of the 49 (51%) files with violations did not contain adequate documentation of the information required to support the violations in accordance with Illinois OSHA FOM, Chapter 3-6, C, titled, “Record All Facts Pertinent to a Violation.” | Ensure case files contain all of the necessary information required to support the violations issued in accordance with the Illinois FOM. | A FAME review and training session scheduled for all enforcement team members was held in September to address this finding.Inspection files submitted to enforcement managers for review that lack adequate documentation to support violations per the IL FOM will be returned to the CSHO with comments indicating what additional documentation is need before citations can be issued. | September 14, 2022 | Awaiting Verification |
| FY 2021-02 | Thirty-four of the 60 (57%) files reviewed, employee interviews were not conducted or properly documented as required by Chapter 3 of the Illinois FOM. | Ensure employee interviews are conducted and case files contain appropriately documented employee interviews as outlined in Chapter 3 of the Illinois FOM. | A FAME review and training session scheduled for all enforcement team members was held in September to address this finding.Inspection files submitted to enforcement managers for review that lack adequate documentation of employee interviews per the IL FOM will be returned to the CSHO with comments indicating the interview documentation must be included in the case file. | September 14, 2022 | Awaiting Verification |
| FY 2021-03 | Whistleblower complaints were not properly processed in accordance with established policies. In 16 of the 18 (89%) administratively closed intakes, a memo to file was not created to document the interview of the complainant and why the complaint was closed. In six of the 18 (33%) administratively closed intakes, four of which presented prima facia allegations, the complaint was closed without contacting the complainant to conduct an interview and to obtain the complainant’s concurrence for closing the complaint. | Properly process complaints per the Illinois Department of Labor Whistleblower Investigation Manual (WIM), Effective July 1, 2017, Chapter II (B)(1) and (B)(2). | A FAME review and training session scheduled for all whistleblower investigators was held in September to address this finding.In August 2022, IL OSHA filled the position that serves as the Whistleblower Program Supervisor. The Whistleblower Program Supervisor will ensure complaints are properly processed in accordance with established policies in the IDOL WIM. | September 14, 2022 | Awaiting Verification |
| FY 2021-04 | Nine of the 18 (50%) administratively closed whistleblower intakes had an inaccurate or missing activity or telephone log. | Properly and accurately document all telephone calls made, messages received, and exchange of written or electronic correspondence during the course of an investigation in the activity/telephone log per the Illinois Department of Labor Whistleblower Investigation Manual, Effective July 1, 2017, Chapter II (G)(2)(f). | A FAME review and training session scheduled for all whistleblower investigators was held in September to address this finding.In August 2022, IL OSHA filled the position that serves as the Whistleblower Program Supervisor. The Whistleblower Program Supervisor will ensure logs are accurate and maintained in the IDOL WIM. | September 14, 2022 | Awaiting Verification |
| FY 2021-05 | During FY 2021, the State Plan closed or completed zero whistleblower investigations. The State Plan currently has four pending docketed cases with 770 average days pending. | Properly investigate, process and complete open complaints per the Illinois Department of Labor Whistleblower Investigation Manual, Effective July 1, 2017 | A FAME review and training session for all whistleblower investigators was held September 14, 2022, to address this finding.In August 2022, IL OSHA filled the position that serves as the Whistleblower Program Supervisor. The Whistleblower Program Supervisor will ensure timely processing and resolution of investigations as per the IDOL WIM. | Not Completed | OpenMarch 3, 2023 |

### Appendix D – FY 2022 State Activity Mandated Measures (SAMM) Report

FY 2022 Illinois 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) | 5.70 | 5 days for safety; 10 days for health | The further review level is negotiated by OSHA and the State Plan. |
| 1b | Average number of workdays to initiate complaint inspections (federal formula) | 3.65 | 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) | 1.26 | TBD | The further review level is negotiated by OSHA and the State Plan. |
| 2b | Average number of workdays to initiate complaint investigations (federal formula) | 0.06 | 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) | N/A | 100% | N/A – The State Plan did not receive any imminent danger complaints or referrals in FY 2022.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) | 6.09 | +/- 20% of1.77 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.42 to 2.12 for SWRU.  |
| 5b | Average number of violations per inspection with violations by violation type (other) | 0.83 | +/- 20% of0.90 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 0.72 to 1.08 for OTS. |
| 6 | Percent of total inspections in state and local government workplaces | 100% | 100% | Since this is a State and Local Government State Plan, all inspections are in state and local government workplaces. |
| 7a | Planned v. actual inspections (safety) | 210 | +/- 5% of400 | The further review level is based on a number negotiated by OSHA and the State Plan through the grant application. The range of acceptable data not requiring further review is from 380 to 420 for safety. |
| 7b | Planned v. actual inspections (health) | 116 | +/- 5% of100 | 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 95 to 105 for health. |
| 8 | Average current serious penalty in private sector - total (1 to greater than 250 workers) | N/A | +/- 25% of$3,259.35 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **a**. Average current serious penalty in private sector (1-25 workers) | N/A | +/- 25% of$2,145.46 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **b**. Average current serious penalty in private sector (26-100 workers**)** | N/A | +/- 25% of$3,818.56 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **c**. Average current serious penalty in private sector(101-250 workers) | N/A | +/- 25% of$5,469.60 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
|  | **d**. Average current serious penalty in private sector(greater than 250 workers) | N/A | +/- 25% of$6,725.78 | N/A – This is a State and Local Government State Plan.The further review level is based on a three-year national average. |
| 9a | Percent in compliance (safety) | 11.64% | +/- 20% of32.25% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 25.80% to 38.70% for safety. |
| 9b | Percent in compliance (health) | 9.35% | +/- 20% of44.42% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 35.54% to 53.30% 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) | 27.04 | +/- 20% of54.58 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 43.66 to 65.50 for safety. |
| 11b | Average lapse time (health) | 26.60 | +/- 20% of69.03 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 55.22 to 82.84 for health. |
| 12 | Percent penalty retained | N/A | +/- 15% of69.97% | NA – This is a State and Local Government State Plan and is not held to this SAMM.The further review level is based on a three-year national average.  |
| 13 | Percent of initial inspections with worker walk-around representation or worker interview | 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 2022. Please see note below. |
| 15 | Percent of 11(c) complaints that are meritorious | N/A\* | N/A\* | This measure is not being reported for FY 2022. Please see note below.  |
| 16 | Average number of calendar days to complete an 11(c) investigation | N/A\* | N/A\* | This measure is not being reported for FY 2022. Please see note below. |
| 17 | Percent of enforcement presence | N/A | +/- 25% of1.64% | NA – This is a State and Local Government State Plan and is not held to this SAMM.The further review level is based on a three-year national average.  |

NOTE: The national averages in this report are three-year rolling averages. Unless otherwise noted, the data contained in this Appendix D are pulled from the State Activity Mandated Measures (SAMM) Report in OIS run on November 14, 2022, as part of OSHA’s official end-of-year data run.

\*Due to the transition of 11(c) data from IMIS to OIS, SAMMs 14, 15, and 16 are not being reported for FY 2022.