# FY 2022 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) 2022 in resolving outstanding observations from the previous FY 2021 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. Over the course of FY 2022, six CSHOs and one whistleblower investigator left the State Plan. Five new CSHOs were hired. The State Plan also had a change at the division director level. Despite the staffing challenges, UOSH maintained a high level of performance.

UOSH adopted its modified work environment, an effect of the COVID-19 pandemic, as its permanent work environment. This resulted in CSHOs dispersed to locations throughout the state, such as St. George, a previously underserved area of the state. The State Plan also continued to use electronic case files, increasing efficiency and reducing lapse time, resulting in prompt abatement of hazards.

The Governor of Utah signed into law an amendment to the Utah Occupational Safety and Health Act increasing civil and criminal penalties for violating the Act. The amended penalties went into effect May 4, 2022.

The State Plan made corrective action on all three of the observations from the FY 2021 Comprehensive FAME Report. UOSH developed policy where absent, provided training to staff and managers, and ensured that policies were implemented appropriately, enabling closure of two observations. One observation from last year’s FAME Report is continued until OSHA may conduct a review of case files during the FY 2023 Comprehensive FAME process. 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 2022, UOSH employed 26 full-time positions and one half-time position in the Compliance Section. The staff included eight safety and eight health compliance officers, one full-time and one half-time whistleblower investigator, one compliance assistance specialist, one state and local government consultant, a 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 2022, there was one vacant safety compliance officer position.

UOSH’s federal final base award in FY 2022 was $1,714,700, which the State Plan matched, bringing the total funding amount to $3,429,400. UOSH’s total contribution of 50.0% was slightly less than that of FY 2021, when the State Plan’s contribution was 50.5%. One-time only funding was not requested by UOSH in late FY 2022.

The State Plan achieved 92.1% of its inspection goal of 950 inspections despite the impact of staff turnover. The inspection total, 875 inspections, consisted of 697 safety inspections and 178 health inspections. Unprogrammed activity, including 143 health-related complaints and 10 health-related fatalities or accidents, drove the significant increase of health inspections beyond the goal of 105 inspections. The State Plan also exceeded its goal of 32 state and local government consultation visits, reaching 45 state and local government work sites. In total, 1,089 compliance interventions, including 875 inspections, 45 state and local government consultation visits, and 169 compliance assistance activities in the private sector and state and local government workplaces, took place during FY 2022. These interventions identified and abated 1,383 hazards and removed approximately 70,962 workers from exposure to these hazards. Roughly 182,259 employees were impacted through compliance assistance activities.

UOSH obtained abatement enabling prompt closure of health inspections and phone/fax investigations. At the end of the fiscal year, there were no phone/fax investigations that remained open for more than 30 days. In addition, only one health inspection by the end of FY 2022 had not received abatement within 90 days of issuance; however, this inspection’s abatement was not due until the end of the first quarter of FY 2023. Abatement was obtained promptly for most safety inspections by the end of the fiscal year, with only 14 inspections without abatement for violations issued in FY 2022.

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. The State Plan’s lapse time for safety inspections was 23.13 days, compared to the national average of 54.58 days. UOSH’s lapse time for health inspections was 30.56 days, which was less than the national average of 69.03 days. Both results demonstrate the State Plan’s efficiency.

Additionally, the State Plan responded to complaints in a timely manner. The average number of days to initiate a complaint inspection was 3.55 days while the average number of days to initiate a complaint investigation was 1.61 days.

#### 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 upon information obtained from a variety of monitoring sources, including:

* State Activity Mandated Measures (SAMM) Report (Appendix D)
* State Information Report (SIR)
* Mandated Activities Report for Consultation
* State OSHA Annual Report
* OSHA Information System (OIS) Inspection Summary Reports
* State Plan Annual Performance Plan
* 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 addressing the previous three observations from the FY 2021 Comprehensive FAME Report. This Follow-up FAME Report contains three observations. Two observations were closed and one 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 2021 finding and recommendation in detail.

##### **Completed Findings**

There were no findings in the FY 2021 Comprehensive FAME Report.

##### **New FY 2022 Findings**

There are no new findings in the FY 2022 Follow-up FAME Report.

#### Observations

##### **Closed FY 2021 Observations**

**Observation FY 2021-OB-01 (previously FY 2020-OB-02 and FY 2019-OB-03):** The State Plan did not conduct follow-up inspections for fatality inspections that included serious citations.

**Status:** During FY 2022, the State Plan performed follow-up inspections of fatalities that resulted in serious violations. UOSH provided training to CSHOs and managers regarding the policy in the Field Operations Manual (FOM), Chapter 11, Section II.L.3, which states, “Where the worksite continues to exist, UOSH will normally conduct a follow-up inspection if serious citations have been issued.” Of the ten work-related fatalities inspected by UOSH that received citations with serious violations in FY 2022, eight were final order by the end of the fiscal year. However, three of those were final order in September 2022 and unable to be scheduled for follow-up inspection by the end of the fiscal year. Of the remaining five fatalities, four received follow-up inspections. The fifth did not as the worksite no longer existed. UOSH conducted follow-up inspections of four of four (100%) fatalities that met the criteria for follow-up inspections per the UOSH FOM. This observation is closed.

**Observation FY 2021-OB-02 (previously FY 2020-OB-05 and FY 2019-OB-06):** Of the 27 administratively closed whistleblower case files reviewed in FY 2021, 10 (37%) case files did not contain documentation of a second-level review or approval as part of the intake or screen-out process.

**Status:** During FY 2022, the State Plan provided training to staff and managers on UOSH Whistleblower Investigations Manual Chapter 2, Section III.B.3.b.iv., regarding evaluation of complaints, which says, “The Program Manager will review the information provided on the Evaluation Form and will make a determination to either assign the Investigator to open an investigation or to administratively close the case. The Program Manager will document actions to be taken by the Investigator on the Evaluation Form, provide a signature on the form and return it to the Investigator who conducted the prima facie evaluation.” UOSH developed a “Whistleblower Prima Facie Evaluation Form” and provided training to whistleblower investigators on its use. OSHA performed a partial review of case files for whistleblower complaints received during FY 2022. Of the whistleblower complaints received during FY 2022, documentation of manager review, evaluation, and assignment following intake or screening was found in 109 of 110 (99.1%) whistleblower complaint case files reviewed. This observation is closed.

##### **Continued FY 2021 Observation**

**Observation FY 2022-01 (previously FY 2021-OB-03):** In FY 2021, two of two (100%) closed inspections resulted in failure-to-abate (FTA) violations, but the penalty amounts for both inspections were significantly below those outlined by the State Plan’s FOM for FTA violations.

**Status:** During FY 2022, UOSH developed a written policy regarding FTA cases and calculation of penalty. UOSH provided training to CSHOs and managers. The State Plan did not issue any FTA violations during FY 2022. A case file review is necessary 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 is continued.

##### **New FY 2022 Observations**

There are no new observations in the FY 2022 Follow-up FAME Report.

### State Activity Mandated Measures (SAMM) Highlights

Each SAMM has an agreed upon further review level (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 SAMM Report and includes the FRL 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 in OITSS, and a portion was captured in OIS. OSHA encountered challenges in combining the report that generates SAMMs 14, 15, and 16 from both systems. As such, OSHA will not be relying on SAMMs 14, 15, or 16 in their evaluation of the State Plans’ whistleblower programs for FY 2022.

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

#### 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 1.42 to 2.12. The State Plan’s SWRU average was 1.36, which was slightly below the FRL but was not a cause for concern. The FRL for average number of violations per inspection with other-than-serious (OTS) violations was a range of 0.72 to 1.08. The State Plan’s OTS average was 0.58, 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 the State Plan is not identifying as many violations compared to the national average. However, UOSH focused its inspection resources upon local emphasis programs (LEPs), including its Construction LEP, Amputation LEP, Public Sector LEP, and Respirable Crystalline Silica LEP. From those targeted inspections, the State Plan cited SWRU averages of 2.32, 1.67, 2.51, and 2.90 for construction, amputation, public sector, and respirable crystalline silica, respectively. UOSH also cited OTS averages of 0.36, 0.36, 0.90, and 0.50 for the same respective targeted areas. Serious hazards were the primary focus of the State Plan’s emphasis programs, and the related inspections constituted approximated 35% of UOSH’s inspection activity for FY 2022. Among the LEPs, the SWRU average was at or above the FRL. Also, the State Plan provided additional training for compliance officers to better address hazards in plain view (e.g., hazard communication and respirable crystalline silica). Since the State Plan demonstrated good faith in addressing serious hazards, 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 7.00% to 7.74%. The State Plan’s percent of total inspections in state and local government workplaces was 6.17%, which was slightly below the FRL but was not a cause for concern.

Explanation: UOSH implemented the Public Sector LEP in FY 2018, establishing a legal basis for conducting state and local government inspections. Through this LEP, UOSH significantly increased its presence in state and local government workplaces, with the SAMM 6 percentage steadily rising for the past three consecutive fiscal years and even exceeding the FRL in FY 2021. The negotiated FRL was increased for FY 2022 in anticipation of the re-opening of state and local government workplaces following the COVID-19 pandemic. While the FY 2022 percentage was slightly below the FRL, OSHA believes that UOSH’s presence in state and local government workplaces will continue to rise and will meet the FY 2023 FRL. As a result, OSHA does not consider this to be an observation.

#### 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 802.75 to 887.25. The State Plan’s actual number of safety inspections was 697, which was significantly below the FRL and was a cause for concern. The State Plan achieved 82.5% of its goal for safety inspections.

Explanation: The number of safety inspections performed was impacted by staffing turnover. As previously mentioned, six safety compliance officers left UOSH during FY 2022. While five safety 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 safety inspections during the fiscal year. In FY 2020, the State Plan met the FRL. Although UOSH did not meet the FRL in FY 2021, the number of safety inspections increased from 615 in FY 2021 to 697 in FY 2022, an increase of 82 safety inspections while being impacted by limited resources. It is anticipated that the number of safety inspections will reach the FRL in FY 2023 given CSHO hiring and the availability of trained CSHOs to perform inspections. This remains a concern for OSHA, however, and will be monitored during quarterly meetings with UOSH.

**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 99.75 to 110.25. The State Plan’s actual number of health inspections was 178, which was significantly above the FRL.

Explanation: UOSH exceeded the FRL for health inspections. This was driven by unprogrammed activity, including 143 complaints (80.3%) and 10 health-related fatalities and accidents (5.6%). In recent years, a significant number of health inspections were COVID-related, but in FY 2022, only three health inspections involved COVID. On the other hand, 59 of 143 complaints (41.3%) involved air contaminant exposure, 22 of 143 complaints (15.4%) involved heat stress, and 16 of 143 complaints (11.2%) involved noise exposure.

#### 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 $2,444.51 to $4,074.19. The State Plan’s average current serious penalty in the private sector-total was $1,482.85, which was substantially lower than the FRL and was a cause for concern.

Explanation: UOSH was able to raise its maximum penalties through Utah’s legislative process. The FY 2021 civil penalties were written into Utah statute during FY 2022, becoming effective May 4, 2022. However, the State Plan did not alter its baseline for penalty calculation in OIS from its previous maximum serious violation penalty of $5,000 for the gravity-based penalty calculation of a serious violation. The average serious penalty for FY 2022 was down approximately $17 from FY 2021 but was approximately $126 higher than that of FY 2020. UOSH’s average serious penalty of $1,482.85 was approximately 45% of the national average for FY 2022. This remains a concern for OSHA and will be monitored during quarterly meetings with UOSH.

#### 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 35.54% to 53.30%. The State Plan’s percent in compliance for health inspections was 57.14%, which was slightly above the FRL but was not a cause for concern.

Explanation: As previously mentioned, complaints contributed to 80.3% of all health inspections. In-compliance inspections derived from complaints (88 of 143, 61.5%) were a significant driver for the in-compliance percentage. A high in-compliance percentage may indicate lack of hazard recognition. However, a high in-compliance percentage may also indicate that compliance may be better served by sending compliance officers to perform inspections of industries with recognized hazards. UOSH attempted to decrease its health in-compliance percentage by targeting health inspections. The FY 2022 End-of-Year SIR shows that 22 of 178 (12.4%) health inspections were programmed planned inspections. Violations were issued in 17 of those 22 (77.3%) programmed planned health inspections. UOSH adopted an LEP for Respirable Crystalline Silica on August 4, 2020, under which 10 programmed inspections were conducted in FY 2022. By targeting inspections where silica hazards are likely to occur, the State Plan may be able to decrease its health inspection in-compliance rate to meet the FRL. Additionally, UOSH is providing ongoing training to CSHOs to enable their recognition of health hazards. An observation is not justified at this time.

#### SAMM 10 – Percent of Work-Related Fatalities Responded to in One Workday

Discussion of State Plan Data and FRL: The FRL for the percent of work-related fatalities responded to in one workday was 100%. The State Plan’s percent of work-related fatalities responded to in one workday was 94.44%, which was slightly below the FRL but was not a cause for concern.

Explanation: UOSH responded to 17 of 18 (94.44%) fatalities within one workday according to Appendix D. An examination of the case determined that the outlier was due to a data entry error. A report of a COVID-related fatality was received by UOSH on November 9, 2021. A CSHO, following direction from the supervisor, contacted the employer on November 9, 2021, to obtain additional information and initiate the investigation. The formal opening conference with the employer’s management team, on the other hand, did not occur until November 16, 2021. The entry date was erroneously recorded as November 16, 2021, and caused the outlier in OIS. The entry date has since been corrected in OIS. It should be noted that UOSH typically meets the FRL for SAMM 10. OSHA will continue to monitor fatality cases during quarterly meetings with UOSH. UOSH additionally will provide training to CSHOs and managers to ensure such data entry errors do not recur. An observation is not justified.

#### SAMM 11 – Average Lapse Time

Discussion of State Plan Data and FRL: The FRL for the average lapse time for safety inspections was a range of 43.66 days to 65.50 days. The State Plan’s average lapse time for safety inspections was 23.13 days, which was substantially below the FRL and was a positive outcome for the State Plan. The FRL for average lapse time for health inspections was a range of 55.22 days to 82.84 days. The State Plan’s average lapse time for health inspections was 30.56 days, which was also far below the FRL and was a positive outcome for the State Plan.

Explanation: UOSH’s average lapse times for both safety and health inspections were significantly below the respective FRLs. The trend for safety inspection lapse times was steady from FY 2019 to FY 2022, but the health inspection lapse times have fluctuated whileremaining low in recent years. UOSH’s low lapse times indicate 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 Utah Governor’s Success Management Information System (SMIS) which set as a benchmark that citations were issued within 45 days and inspections without citations were closed within 45 days. UOSH’s electronic case file process also contributed to this success. Additionally, UOSH performed sampling at 47 of the 178 (26.4%) health inspections opened. Traditional air sampling, which inherently causes a long lapse time due to field work and lab analysis, was found in 24 of 47 (51.1%) inspections (respirable crystalline silica (ten), particulates not otherwise regulated (eight), methylene bisphenyl isocyanate (one), and welding fume/metals dust (five)) while asbestos bulk sampling was done for two inspections. Short turnaround industrial hygiene evaluations, such as noise monitoring (six), heat stress measurement (nine), and direct reading instrument analysis (five) were a minority of sampling conducted. A significant contributor to health inspection lapse time was the quick turnaround of lab analyses, typically less than two weeks. UOSH’s processes and the performance of its staff have enabled the State Plan to achieve a short lapse time for health inspections.

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

FY 2022 UOSH Follow-up FAME Report

|  |  |  |  |
| --- | --- | --- | --- |
| **FY 2022-#** | **Finding** | **Recommendation** | **FY 2021-# or**  **FY 2021-OB-#** |
|  | None. |  |  |

### Appendix B – Observations Subject to Continued Monitoring

FY 2022 UOSH Follow-up FAME Report

| **Observation #**  **FY 2022-OB-#** | **Observation#**  **FY 2021-OB-# or FY 2021-#** | **Observation** | **Federal Monitoring Plan** | **Current Status** |
| --- | --- | --- | --- | --- |
| FY 2022-OB-01 | FY 2021-OB-03 | In FY 2021, two of two (100%) closed inspections resulted in FTA violations, but the penalty amounts for both inspections were significantly below those outlined by the State Plan’s FOM for FTA violations. | OSHA will monitor UOSH on a quarterly basis throughout FY 2023 to ensure the penalty amounts for closed inspections with FTA violations are in line with the amounts outlined for FTA violations in the State Plan’s FOM. | Continued |
|  | FY 2021-OB-01  FY 2020-OB-02  FY 2019-OB-03 | The State Plan did not conduct follow-up inspections for fatality inspections that included serious citations. |  | Closed |
|  | FY 2021-OB-02  FY 2020-OB-05  FY 2019-OB-06 | Of the 27 administratively closed whistleblower case files reviewed in FY 2021, 10 (37%) case files did not contain documentation of a second-level review or approval as part of the intake or screen-out process. |  | Closed |

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

FY 2022 UOSH Follow-up FAME Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2022-#** | **Finding** | **Recommendation** | **State Plan Corrective Action** | **Completion Date** | **Current Status**  **and Date** |
|  | None. |  |  |  |  |

### 

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

FY 2022 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) | 3.55 | 5 | The further review level is negotiated by OSHA and the State Plan. |
| 1b | Average number of work days to initiate complaint inspections (federal formula) | 3.27 | 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) | 1.61 | 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) | 1.46 | 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) | 1.36 | +/- 20% of  1.77 | 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) | 0.58 | +/- 20% of  0.90 | 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 | 6.17% | +/- 5% of  7.37% | 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 7.00% to 7.74%. |
| 7a | Planned v. actual inspections (safety) | 697 | +/- 5% of  845 | 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 802.75 to 887.25 for safety. |
| 7b | Planned v. actual inspections (health) | 178 | +/- 5% of  105 | 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 99.75 to 110.25 for health. |
| 8 | Average current serious penalty in private sector - total (1 to greater than 250 workers) | $1,482.85 | +/- 25% of  $3,259.35 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $2,444.51 to $4,074.19. |
|  | **a**. Average current serious penalty in private sector  (1-25 workers) | $977.00 | +/- 25% of  $2,145.46 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $1,609.10 to $2,681.83. |
|  | **b**. Average current serious penalty in private sector  (26-100 workers**)** | $1,456.59 | +/- 25% of  $3,818.56 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $2,863.92 to $4,773.20. |
|  | **c**. Average current serious penalty in private sector  (101-250 workers) | $1,993.02 | +/- 25% of  $5,469.60 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $4,102.20 to $6,837.00. |
|  | **d**. Average current serious penalty in private sector  (greater than 250 workers) | $3,091.65 | +/- 25% of  $6,725.78 | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from $5,044.34 to $8,407.23. |
| 9a | Percent in compliance (safety) | 33.48% | +/- 20% of  32.25% | 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) | 57.14% | +/- 20% of  44.42% | 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 | 94.44% | 100% | The further review level is fixed for all State Plans. |
| 11a | Average lapse time (safety) | 23.13 | +/- 20% of  54.58 | 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) | 30.56 | +/- 20% of  69.03 | 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 | 72.86% | +/- 15% of  69.97% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 59.47% to 80.47%. |
| 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 | 1.33% | +/- 25% of  1.64% | The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.23% to 2.05%. |

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.