



The Division of Occupational Safety and Health

Process Deficiencies and Staffing Shortages Limit Its Ability to Protect Workers

Background

As part of the Department of Industrial Relations (DIR), the Division of Occupational Safety and Health (Cal/OSHA) enforces workplace standards to protect and improve the health and safety of California's 20 million workers. This process generally involves Cal/OSHA personnel deciding whether to conduct an on-site inspection of a workplace—typically after receiving a health or safety complaint or learning of a worker fatality, injury, or illness (accident)—and issuing citations and fines according to the results of the inspection. Our audit included a review of 60 complaint and accident case files that Cal/OSHA handled from fiscal years 2019–20 through 2023–24.

Our Key Recommendations

- Cal/OSHA should revise its policies and procedures to ensure that personnel do the following:
 - » Provide thorough rationales that explain how their decisions not to conduct on-site inspections of complaints or accidents align with specific policy requirements.
 - » Document detailed IIPP evaluations in each inspection case file, including an assessment of how well the employer has implemented the IIPP in practice.
 - » Obtain supporting evidence proving that employers have abated violations that Cal/OSHA has identified.
 - » Include rationales and evidence in the case file for each component of their fine calculations and for any subsequent fine reductions they negotiate with employers.
- DIR should document and implement a plan for reducing the vacancy rate in Cal/OSHA's enforcement branch to 20 percent or less.

Key Findings

- Cal/OSHA did not document sufficient reasons for closing some workplace complaints and accidents without conducting an on-site inspection.
 - » We questioned Cal/OSHA's rationale for deciding not to inspect nine of 30 uninspected complaints we reviewed. The case files lacked evidence to support that Cal/OSHA had complied with its own policies. In one case, for example, Cal/OSHA did not inspect a complaint alleging that high kitchen temperatures resulted in a worker receiving emergency medical treatment.
 - » Some accident cases lacked documentation to support Cal/OSHA's decision not to inspect. In one case, a worker suffered a laceration, requiring surgery and an overnight hospital stay, yet Cal/OSHA did not explain in the case file why the injury did not warrant an inspection.
- When it does conduct on-site inspections, Cal/OSHA's process has critical weaknesses.
 - » Cal/OSHA did not consistently document effective reviews of employers' injury and illness prevention programs (IIPP), which provide safeguards against hazards. One fatal accident case file we reviewed contained no evidence that the inspector evaluated the employer's IIPP, even though there were indications that an IIPP violation may have occurred.
 - » Cal/OSHA took weeks or even months to initiate some complaint and accident inspections. In two cases, it took over a month to initiate inspections of complaints when state law required inspections to begin within three working days.
- Cal/OSHA could better ensure that employers maintain safe workplaces.
 - » When Cal/OSHA identified hazards and cited employers for violations, it did not always document evidence that employers had abated those hazards.
 - » The fines that Cal/OSHA assessed employers were sometimes less than may have been warranted. In one worker fatality, Cal/OSHA assessed a \$21,000 fine but may have been able to fine the employer nearly twice as much.
- Staffing shortages and process deficiencies—such as out-of-date policies—are root causes for many of the concerns we identified. Cal/OSHA had a 32 percent vacancy rate in fiscal year 2023–24, and its vacancy rate was higher for certain district offices and inspector positions.