OSHA’S VOLUNTARY PROTECTION PROGRAMS

Improved Oversight and Controls Would Better Ensure Program Quality

What GAO Found

The VPP has grown steadily since its inception in 1982, with the number of employer worksites in the program more than doubling—from 1,039 sites in 2003 to 2,174 sites in 2008. Although industries represented have not changed significantly, with the chemical industry having the largest number of sites in the VPP, the number of sites in the motor freight transportation industry—which includes U.S. Postal Service sites—increased tenfold from 2003 to 2008. The proportion of smaller VPP sites—those with fewer than 100 workers—increased from 28 percent in 2003 to 39 percent in 2008. Key factors influencing growth of the VPP have been OSHA’s emphasis on expansion of the program and VPP participants’ outreach to other employers.

OSHA’s internal controls are not sufficient to ensure that only qualified worksites participate in the VPP. The lack of a policy requiring documentation in VPP files regarding follow-up actions taken in response to incidents, such as fatalities and serious injuries, at VPP sites limits the national office’s ability to ensure that its regions have taken the required actions. Such actions include reviewing sites’ safety and health systems and determining whether sites should remain in the program. GAO reviewed OSHA’s VPP files for the 30 sites that had fatalities from January 2003 to August 2008 and found that the files contained no documentation of actions taken by the regions’ VPP staff. GAO interviewed regional officials and reviewed the inspection files for these sites and found that some sites had safety and health violations related to the fatalities, including one site with seven serious violations. As a result, some sites that no longer met the definition of an exemplary worksite remained in the VPP. In addition, OSHA’s oversight is limited because it does not have internal controls, such as reviews by the national office, to ensure that regions consistently comply with VPP policies for monitoring sites’ injury and illness rates and conducting on-site reviews. For example, the national office has not ensured that regions follow up as required when VPP sites’ injury and illness rates rise above the minimum requirements for the program, including having sites develop plans for reducing their rates.

Finally, OSHA has not developed goals or measures to assess the performance of the VPP, and the agency’s efforts to evaluate the program’s effectiveness have been inadequate. OSHA officials said that low injury and illness rates are effective measures of performance. These rates, however, may not be the best measures because GAO found discrepancies between the rates reported by worksites annually to OSHA and the rates OSHA noted during its on-site reviews. In addition, OSHA has not assessed the impact of the VPP on sites’ injury and illness rates. In response to a recommendation in a GAO report issued in 2004, OSHA contracted with a consulting firm to conduct a study of the program’s effectiveness. However, flaws in the design of the study and low response rates made it unreliable as a measure of effectiveness. OSHA officials acknowledged the study’s limitations but had not conducted or planned other evaluations of the VPP.