



# Job Safety and Health IT'S THE LAW!

## All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**

## Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.



# WORKERS' COMPENSATION ACT

## If You Are Injured At Work Si Se Lastima En El Trabajo

1) **Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.

2) **You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.

3) **Claims information** -- Contact your employer's Claims Representative (see box below).

1) **Aviso.** -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.

2) **Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.

3) **Información acerca de Reclamaciones.** -- Contáctese con el representante de reclamaciones de su compañía.

### Employer's Insurer / Claims Representative:

Name: Zurich Claims Services  
Phone #: 800-987-3373  
Address: PO Box 49547  
Colorado Springs, CO 80949-9537

**Note:** Employer must fill in insurer / claims representative information.

## YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

**Ombudsmen are located at the following offices:**

Albuquerque:  
1-866-967-5667  
1-505-841-6000

Farmington:  
1-800-568-7310  
1-505-599-9746

Hobbs:  
1-800-934-2450  
1-575-397-3425

Las Cruces:  
1-800-870-6826  
1-575-524-6246

Las Vegas:  
1-800-281-7889  
1-505-454-9251

Roswell:  
1-866-311-8587  
1-575-623-3997

Santa Fe:  
1-505-476-7381

## SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

## If You Need HELP Call:

Ask for an Ombudsman

## Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

# 1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

**USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR**

**EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it. The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.**

# NEW MEXICO JOB HEALTH AND SAFETY POSTER

You Have a Right to a Safe and Healthful Workplace  
**IT'S THE LAW!**



**Site Address / La Dirección a la Agencia:**

525 Camino de los Marquez,  
Ste. 3  
Santa Fe, NM 87505

**Mailing Address / Dirección de Envío:**

PO Box 5469  
Santa Fe, NM 87502-5469

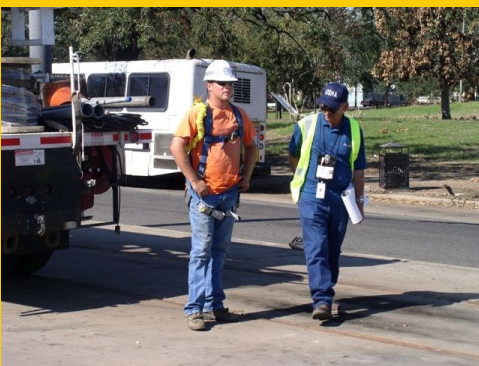
**Telephone No./Numero de Telefono:**

505-476-8700 or 1-877-610-6742

**Fax Number/Número de Facsímil:**



**Usted Tiene el Derecho a un Lugar de Trabajo Seguro y Saludable.  
¡LO ESTABLECE LA LEY!**



**Employees:**

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request a New Mexico OSHA inspection if you believe that there are unsafe or unhealthful conditions in your workplace. You or your representative may participate in the inspection.
- You can file a complaint with New Mexico OSHA within 30 days of discrimination by your employer for making safety and health complaints or for exercising your rights under the New Mexico Occupational Health and Safety Act.
- You have a right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records or records of your exposure to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all OSHA standards issued under the *OSH Act* that apply to your own actions and conduct on the job.

**Employers:**

- Employers must furnish your employees a place of employment free from recognized hazards.
- Employers must comply with the OSHA standards issued under the *OSHA Act*.

The Occupational Safety and Health Act of 1970 (OSH Act), P.L. 91-956, assures safe and healthful working conditions for working men and women throughout the Nation. The Occupational Safety and Health Administration, in the U.S. Department of Labor, has the primary responsibility for administering the OSHA Act. The rights listed here may vary depending on the particular circumstances. To file a complaint, report an emergency, or seek free OSHA advice and assistance, call 1-877-610-6742 or (505) 476-8700 or email at [Complaints.OSHA@state.nm.us](mailto:Complaints.OSHA@state.nm.us). Our fax number is (505) 476-8734. For information or assistance relative to the State Occupational Health & Safety program, please refer to address to the left side of poster.

*The Federal Occupational Safety and Health Administration monitors the operation of the state program to assure its continued effectiveness. Anyone wishing to register a complaint concerning the administration of the New Mexico Occupational Health and Safety Program may do so by contacting U.S. Department of Labor, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202 at (972) 850-4145.*

## SALUD DE TRABAJO Y CARTEL DE SEGURIDAD

**Empleados:**

- Usted tiene el derecho de notificar a su empleador o a la OSHA sobre peligros en el lugar de trabajo. Usted también puede pedir que la OSHA no revele su nombre.
- Usted tiene el derecho de pedir a la OSHA de Nuevo México que realice una inspección si usted piensa que en su trabajo existen condiciones peligrosas o poco saludables. Usted o su representante pueden participar en esa inspección.
- Usted tiene 30 días para presentar una queja ante la OSHA de Nuevo México si su empleador llaga a tomar represalias o discriminar en su contra por haber denunciado la condición de seguridad o salud o por ejercer los derechos consagrados bajo la Ley OSH de Nuevo México.
- Usted tiene el derecho de ver las citaciones enviadas por la OSHA a su empleador. Su empleador debe colocar las citaciones en el lugar donde se encontraron las supuestas infracciones o cerca de mismo.
- Su empleador debe corregir los peligros en el lugar de trabajo para la fecha indicada en la citación y debe certificar que dichos peligros se hayan reducido o desaparecido.
- Usted tiene derecho de recibir copias de su historial o registro médico y el registro de su exposición a sustancias o condiciones tóxicas o dañinas.
- Su empleador debe colocar este aviso en su lugar de trabajo.
- Usted debe cumplir con todas las normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH que sean aplicables a sus propias acciones y conducta en el trabajo.

**Empleadores:**

- Usted debe proporcionar a sus empleados un lugar de empleo libre de peligros conocidos.
- Usted debe cumplir con las normas de seguridad y salud ocupacionales expedidas conforme a la Ley OSH.

La Ley de Seguridad y Salud Ocupacionales de 1970 (la Ley), P.L. 91-596, garantiza condiciones ocupacionales seguras y saludables para los hombres y las mujeres que desempeñen algún trabajo en todo el Estado de Nuevo México. La Administración de Seguridad y Salud Ocupacionales (OSHA), es la responsable principal de supervisar la Ley. Los derechos que se indican en este documento pueden variar según las circunstancias particulares. Para presentar un reclamo, informar sobre una emergencia o pedir consejos y asistencia gratis de la OSHA, llame 1-877-610-6742 or (505) 476-8700 o email [Complaints.OSHA@state.nm.us](mailto:Complaints.OSHA@state.nm.us). Número de facsímil - (505) 476-8734.

*La Administración de Salud y Seguridad Ocupacional Federal supervisa la operación del programa estatal para asegurar su eficacia continuada. Alguien deseando registrar una queja acerca de la administración de OSHA por parte del Estado, puede hacer así por ponerse en contacto New Mexico Environment Department, Occupational Safety and Health Administration, 525 Griffin Street, Room 602, Dallas, Texas 75202, numero de telefono (972) 850-4145.*

**NM OSHA The Best Resource for Health and Safety  
El Mayor Recurso para la Salud y Seguridad**