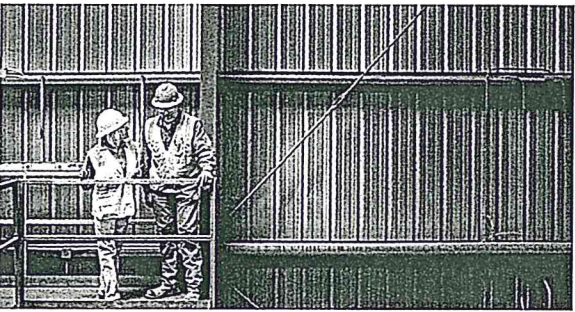


EMPLOYEE RIGHTS AND RESPONSIBILITIES

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.



Know and follow all safety rules set by:

- + Your employer
- + The Nevada Occupational Safety and Health Act
- + State of Nevada Occupational and Health Administration (NVOSHA)

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safenv.state.nv.us. Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or hearing protection, you are responsible to wear and/or use the equipment.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor. That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with NVOSHA. The Division will not give your name to your employer.

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with NVOSHA.

Whistle Blower Hotline - (702) 486-9097

Most on-the-job injuries are covered by Workers' Compensation Insurance. From cuts and bruises to serious accidents, coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job injury or occupational disease immediately to your supervisor or foreman using the "Notice of Injury or Occupational Disease" C-1 Form. You have 7 days from the date of injury or knowledge of the occupational disease to turn in the completed C-1 Form to your employer. If you seek medical treatment for a work-related injury you must complete a "Claim for Compensation" C-4 Form at the emergency room or medical provider's office to initiate a claim for workers compensation.

But remember, filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

If there is a dangerous situation at work and an employee, with no reasonable alternative, refuses in good faith to expose themselves to a dangerous condition, they would be protected from subsequent retaliation. The condition must be of such a nature that a reasonable person would conclude that there is a real danger of death or serious harm and that there is not enough time to contact NVOSHA and for NVOSHA to inspect. Where possible, the employee must have also sought from the employer, and been unable to obtain, a correction of the condition.

During a NVOSHA inspection, you have the right to talk privately with the inspector and take part in meetings with the inspector before and after the inspection. You are encouraged to point out hazards, describe injuries and illnesses from these hazards, discuss past worker complaints and inform the inspector of working conditions that are not normal during the inspection. If after the inspection citations are proposed to the employer, the employer is required to post the citations where employees can see them.



Stop and Learn Your Rights and Responsibilities

The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.



WORKPLACE SAFETY IS EVERYONE'S RESPONSIBILITY.

I have (check one) read this document or viewed the video, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) _____ Date _____

Employee's Signature _____

Place of Viewing Video _____

Employer's Name (please print) _____

Employer's Signature (or representative) _____

Note: This portion must be maintained in the employee's personnel file

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.
Las Vegas: (702) 486-9140
Reno: (775) 688-3730
Elko: (775) 778-3312
Toll-Free: (877) 472-3368

