



Please post in a conspicuous place. **Date Posted:**
Labor laws change frequently. Contact your distributor to ensure that you are in full compliance with required State and Federal posting requirements at least once a year. © LaborLawCenter, Inc. All rights reserved.

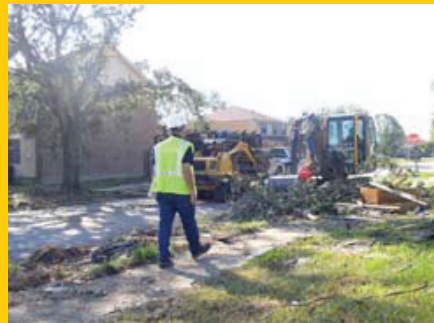
OCCUPATIONAL SAFETY AND HEALTH PROTECTION

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 Marquizes, Ste. 3
Santa Fe, NM 87505
Mailing Address/Dirección de Envío:
PO Box 5469
Santa Fe, NM 87502-5469
Telephone No./Número de Teléfono:
505-476-8700 or 1-877-610-6742
Fax Number/Número de Facsímil:
505-476-8734



Salud de Trabajo y Cartel de Seguridad

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. 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.

- 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. 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, número de teléfono (972) 850-4145.

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

DISCRIMINATION

DISCRIMINATION is against the law.

If you feel that you have been discriminated against, visit our website or contact us.

NEW MEXICO HUMAN RIGHTS ACT

The Human Rights Bureau enforces the provisions of the Human Rights Act of 1969. Additionally, the Human Rights Bureau has a work-sharing agreement with the Equal Employment Opportunity Commission (EEOC) to enforce the provisions of federal law under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA), all as amended. Prohibited discriminatory bases include:

- Race
- Color
- National Origin
- Ancestry
- Sex
- Age
- Religion
- Physical or Mental Disability or Serious Medical Condition
- Sexual Orientation
- Gender Identity
- Spousal Affiliation
- Pregnancy, Childbirth, or Related Condition

Sexual harassment and harassment based on other protected categories is prohibited by the Act.

The Human Rights Act prohibits discrimination in the areas of employment, housing, credit, and public accommodations, and prohibits retaliation for complaining about discrimination in any of these areas.

If you feel you have been discriminated against, contact the Human Rights Bureau by phone or fill out a complaint form online at:

www.dws.state.nm.us

ENFORCEMENT

The New Mexico Department of Workforce Solutions Human Rights Bureau investigates complaints of discrimination and harassment in employment, housing, credit, and public accommodations.

Complaints must be filed with the Human Rights Bureau within 300 days of the last act of discrimination or harassment.

For assistance in filing a complaint, or for any other information on the Human Rights Act, please call (800) 566-9471 (toll-free) or (505) 827-6838, or visit our website at:

www.dws.state.nm.us

Human Rights Bureau
1596 Pacheco Street, Santa Fe, NM 87505
Office: (505) 827-6838 • Toll-free: (800) 566-9471
Fax: (505) 827-6878



HUMAN TRAFFICKING NOTICE

NOTICE ON HUMAN TRAFFICKING

IF YOU OR SOMEONE YOU KNOW IS A VICTIM OF THIS CRIME, CONTACT THE FOLLOWING:
IN NEW MEXICO, CALL OR TEXT **505-GET-FREE (505-438-3733)**
OR CALL THE NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE TOLL-FREE AT **1-888-373-7888** FOR HELP
YOU MAY ALSO SEND THE TEXT "**HELP**" OR "**INFO**" TO **BEFREE ("233733")**
YOU MAY REMAIN ANONYMOUS, AND YOUR CALL OR TEXT IS CONFIDENTIAL

505-GET-FREE (505-438-3733)

OBTAINING FORCED LABOR OR SERVICES IS A CRIME UNDER NEW MEXICO AND FEDERAL LAW



OMBUDSMAN ACT

ATTENTION EMPLOYERS AND WORKERS!

If you have questions about worker's compensation, call the WCA Ombudsman for free information.

New Mexico Worker's Compensation Administration
WCA HELP/HOTLINE
1-866-WORKOMP / 1-866-967-5667



ATENCIÓN EMPLEADORES Y TRABAJADORES

Si usted tiene preguntas sobre compensación de los trabajadores, llame a un ombudsman para información gratis.

Administración de compensación
De Los Trabajadores Línea De Asistencia Gratuita
1-866-WORKOMP / 1-866-967-5667

UNEMPLOYMENT INSURANCE

UNEMPLOYMENT INSURANCE NOTICE

The state of New Mexico requires all employers to post and maintain the Unemployment Insurance Notice in a place readily accessible to individuals in his or her service. To obtain the Unemployment Insurance Notice, please contact:

New Mexico Department of Labor, Employment Security Division - Tax Section
P.O. Box 2281, Albuquerque, New Mexico 87103 • (505) 841-2000 or 8576 - FAX (505) 841-8480

NEW MEXICO MINIMUM WAGE



NEW MEXICO MINIMUM WAGE ACT

EMPLOYEE RIGHTS

MINIMUM WAGE IN NEW MEXICO

\$11.50 per hour



OVERTIME PAY

At least 1½ times your regular hourly rate of pay for all hours worked over 40 in a workweek.

TIPPED WORKERS

Employers must pay tipped employees an hourly rate of at least \$2.80 per hour. If the tips plus the hourly rate do not equal at least \$11.50 per hour, the employer must make up the difference. Tipped employees have a right to keep all of their tips. Tip pooling may only be among wait staff.

NO SEPARATE RATE FOR STUDENTS OR MINORS

These minimum wage rates apply to all employees regardless of their age or student status.

DAMAGES

Employers who violate the minimum wage or overtime requirements are required to pay impacted employees the full amount of their underpaid wages plus interest, plus an additional amount equal to twice the underpaid wages.

RETALIATION PROHIBITED

It is unlawful to retaliate against an employee for asserting a wage claim or for informing other employees of their rights.

ENFORCEMENT

The Labor Relations Division of the Department of Workforce Solutions investigates claims and recovers back wages for employees who have been underpaid in violation of law, regardless of the dollar value of the claim, going back at least three years, or longer if there was a continuing course of conduct. Violations may result in civil or criminal action.

LOCAL MINIMUM WAGES

There are higher minimum wages in Santa Fe City and County. There are higher tipped minimum wages in Albuquerque, Las Cruces and Santa Fe City and County.

ADDITIONAL INFORMATION

Certain jobs or employers are exempt from the minimum wage or overtime provisions.

Employers must display this poster where employees can easily see it.

For more information or to file a wage claim, contact the Labor Relations Division at 505-841-4400, or online at www.dws.state.nm.us

WORKERS' COMPENSATION

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

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

- Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- You have the right** to information and assistance from an information specialist known as an "Ombudsman" at the Workers' Compensation Administration.
- Claims information** -- Contact your employer's Claims Representative.

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

Employer's Insurer / Claims Representative:

Name: _____
Phone #: _____
Address: _____

Note: Employer must fill in this 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.

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.

Ombudsmen are located at the following offices:

Albuquerque: 1-866-967-5667 1-805-841-6000	Farmington: 1-800-568-7310 1-505-599-9746	Hobbs: 1-800-934-2450 1-575-397-3425	Las Cruces: 1-800-870-6826 1-505-524-6246	Las Vegas: 1-800-281-7889 1-505-454-9251	Roswell: 1-866-311-8587 1-505-623-3997	Santa Fe: 1-505-476-7381
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If You Need HELP Call:

Ask for Ombudsman
Si Usted Necesita Ayuda Llame Al:
Pregunte por un Ombudsman
1-866-WORKOMP (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 post this poster where your employees can read it and to post Notice of Accident forms with it. This poster without Notice of Accident forms does not comply with law. You have other rights and duties under the law.

11/18

POST FORMS HERE

New Mexico Workers' Compensation Administration
2410 Centre Avenue, Albuquerque, New Mexico 87106
PO Box 27198, Albuquerque, New Mexico 87125-7198

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11

Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____ (yo) _____ was involved in an on-the-job accident or was disabled me lastimé en un accidente en el trabajo o fui incapacitado

on _____, 20____ by an occupational disease at approximately

on _____, del 20____ por enfermedad de oficio aproximadamente (time/a la(s) hora(s) el (date/fecha)

Employee's social security number:

Número de seguro social del empleado:

Where did the accident occur?

¿Dónde ocurrió el accidente?

What happened?

¿Qué ocurrió?

To be completed by Employer:

Worker will choose health care provider. Yes ___ No ___
If Yes, Employer has right to change health care provider after 60 days. If No, Worker has the right to change health care provider after 60 days.

Completado por el empleador:

Trabajador elegirá proveedor de atención médica. Yes ___ No ___
En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

WORKER'S INITIALS _____ INICIALES DEL TRABAJADOR

Signed: _____
Firma: _____ (employee/empleado)

Signed/Notice Received: _____
Firma/Notificación recibida: (employer or representative/empleador o representante)

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1 Employer/employee: Each keep one copy. ---SEE BACK OF THIS FORM---
Employer/empleado: Retener una copia. ---VER AL REVERSO DE ESTA FORMA---

Worker -- For emergency medical care, go to any emergency medical facility.
Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador Para emergencias médicas vaya a cualquier clínica / hospital.
Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Hobbs: (575) 397-3425 - 1 (800) 934-2450

Las Cruces: (575) 524-6246 - 1 (800) 870-6826
Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Roswell: (575) 623-3997 - 1 (866) 311-8587

Rev. 11/18

<https://workerscomp.nm.gov>