



TIME OFF

Access To Medical/ Exposure Records ACCESS TO MEDICAL

AND EXPOSURE RECORDS

BY CAL/OSHA REGULATION GENERAL INDUSTRY SAFETY ORDER 3204
 YOU HAVE THE RIGHT TO SEE AND COPY:

Your medical records and records of exposure to toxic substances or harmful physical agents.

Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours.

Safety Data Sheets (SDS) or other information that exists for chemicals or substances used in the workplace, or which employees may be exposed.

THESE RECORDS ARE AVAILABLE AT:

A COPY OF THE GENERAL INDUSTRY SAFETY ORDER 3204 IS AVAILABLE FROM:

OSHA

SAFETY AND HEALTH PROTECTION ON THE JOB

California law provides workplace safety and health protections for workers through regulations enforced by the Division of Occupational Safety and Health (CaliOSHA). This poster explains some basic requirements and procedures to comply with the state's workplace safety and health standards cardiories. The law requires that this poster be displayed, Fallure to do so could result in a substantial penalty, CaliOSHA standards can be found at www.dir.ca. gooy/samples/search/juey.htm. SPECIAL RULES APPLY FOR WORK AROUND HAZARDOUS SUBSTANCES

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and

You must be aware of hazards your employees face on the job and keep records

WHAT AN EMPLOYER MUST NEVER DO:

EMPLOYEES HAVE CERTAIN WORKPLACE SAFETY & HEALTH RIGHTS:

is an employee, you (or someone acting for you) have the right to file a confidential omplaint and request an inspection of your workplace if you believe conditions there reasted or unhealthful. This is done by contacting the local Cal/OSHA district office see below). Your name is not revealed by Cal/OSHA, unless your request otherwise.

You and your designated representative have the right to access the employer's IIPP. Any employee has the right to refuse to perform work that would violate an occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fred or punished in any way for filing a complaint about unsafe or unhealthist working conditions, or for otherwise exercising your rights to a safe and rights, you may file a complaint about this type of discrimination by containing the your fights, you may file a complaint about this type of discrimination by containing the nearest office of the California Department of Industrial Relations, Division of Labor Standardas Enforcement (Labor Commissioner's Offices) or the San Francisco office of the California of the San Francisco office the San Francisc

WHEN CAL/OSHA COMES TO THE WORKPLACE:

Inspections are also conducted when an employee files a valid complaint with Cal(OSHA

Call the FREE Worker Information Helpline - (833) 579-0927

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (CAL/OSHA)

\$\begin{align*}{20pt} \text{Size HB, American Carryon 94503} \tag{707, 646,3700} \text{ (681,3700 665) 3208} \tag{707, 646,3700 665 3208} \text{ (681,682,682) 675, 682,682} \text{ (681,682,682,682) 675, 682,682} \text{ (681,682,682) 675, 682,682} 7718 Meany Ave., Bakersfield 93308 1065 East Hillsdale Bl., Ste. 110, Foster City 94404 39141 Civic Center Dr., Ste. 310, Fremont 94538 2550 Mariposa St., Rm. 4000, Fresno 93721 2000 warposa St., Rm. 400U, Fresno 93721 1500 Hughes Way, Suite C-2011, Long Beach 90810 320 West Fourth St., Rm. 820, Los Angeles 90013 4206 Technology Dr., Ste. 3, Modesto 95356 800 Royal Oaks Dr., Ste. 105, Monrovia 91016 1515 Clay St., Ste. 1303, Box 41, Oakland 94612

Regional Offices

381 Hemsted Dr., Redding 98002 (1750) (22-23) (250) (224-47) (1750 Howe Ave., Ste. 430, Sacramento 95825 (1750 Howe Ave., Ste. 430, Sacramento 95825 (1750 Howe Ave., Ste. 430, Sacramento 92401 (1757 Metropolitan Dr., She. 207, San Diego 92108 (17 (714) 558-4451 (818) 901-5403

455 Golden Gate Ave., Rm 9516, San Francisco 94102 4750 Howe Ave., Ste. 440, Sacramento 95825 2 MacArthur Place, Ste. 720, Santa Ana 92707 800 Royal Oaks Dr., Ste. 105, Monrovia 91016

Oakland/ Bay Area 1515 Clay St., Ste 1103 Oakland 94612

Field / Area Offices

Consultation Region Office -

OSHA

PROTECCIÓN DE SEGURIDAD Y SALUD EN EL **TRABAJO**



(510) 622-2891 (916) 263-0704

QUÉ DEBE HACER EL EMPLEADOR:

ADLICAN DECLAS ESDECIALES DADA TRADA IO CEDCA DE SUSTANCIAS DELICROSA

Debe fijar este cartel en un lugar visible y donde se fijan normalmente los avisos a los empleados con el fin de que todos en el trabajo estén conscientes de sus derechos y responsabilidades hásicas.

estar consciente de los peligros que sus empleados enfrentan en el trabajo y ser documentos indicando que cada trabajador ha sido capacitado sobre los riesgos lares de cada asignación de trabajo. Debe corregir cualquier condición peligrosa que sepa que puede resultar en lesiones a sus empleados. El incumplimiento de esta normativa puede resultar en cargos penales, sanciones monetarias e incluso el enacreclamiento

LOS EMPLEADOS TIENEN CIERTOS DERECHOS DE SEGURIDAD Y SALUD LABORAL:

LOS EMPLEADOS TAMBIÉN TIENEN RESPONSABILIDADES:

LA AYUDA ESTÁ DISPONIBLE:

pleadores deben permitir el acceso a empleados o sus representantes a registros de ión del empleado a materiales potencialmente tóxicos o a agentes físicos dafinos, y r a los empleados sobre cualquier exposición a concentraciones o niveles que excedar es de exposición permitidos por las normas de Cal/OSHA.

CUÁNDO VIENE CAL/OSHA AL LUGAR DE TRABAJO: Un ingeniero o higienista industrial capacitado de Cal/OSHA puede visitar el lugar de trabajo co el fin de asegurarse de que la compañía está cumpliendo con las leyes de seguridad y salud

Si la investigación muestra que un empleador ha infringido una norma o regla de seguridad salud, el investigador de CallOSHA puede emitir una sanción. Cada sanción acarrea una penalidad monetaria y especifica la fecha en la que debe eliminar la vidación. Una adverten la cual no acarrea penalidades monetarias, puede ser emitida en lugar de una sanción para

Llame GRATIS a la Línea de Información al Trabajador – (833) 579-0927

DIVISIÓN DE SALUD Y SEGURIDAD OCUPACIONAL (CAL/OSHA) 2 – Teléfono (510) 286-7000 vicios de Consulta de Cal/OSHA Oficinas de campo y zona ...

•Fresno / Central Valley 2550 Mariposa Mall, Rm. 2005 (559) 445-6800 Fresno 93721

1515 Clay St., Ste 1103 Oakland 94612 Oshain 34012 (916) 263-0704 Sacramento 95825 464 West Fourth St., Ste. 339 (909) 383-4567 San Bernardino 92401 *San Diego /Imperial 7575 Metropolitan Dr., Ste. 204 (619) 767-2060 County San Diego 92108 (619) 767-2060 *San Femando Valley 6150 Van Nuys Bivd., Ste. 307 (818) 901-5754 Van Nuys 91401

(714) 562-5525

 Oficina regional de Servicios de Consulta

 •Fresno
 2550 Maríposa Mall, Rm. 3014
 (559) 445-6800

 Fresno 93721
 Fresno 93721

Your employer is registered with and reporting wages to the Employment Development Department (EDD) as required by law. Wages are used for the following benefit programs

Unemployment Insurance Funded entirely by e

Notice to Employees

Provides partial wage replacement when you are unable to work because of a non-work-related illness

Provides partial wage replacement when you need to take time off work to

· Care for a seriously ill family member.

PAYDAY NOTICE

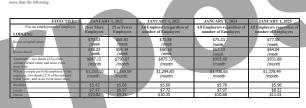
PAYDAY NOTICE



MINIMUM WAGE SUPPLEMENT

OFFICIAL NOTICE California Minimum Wage MW-2025 es, shall pay to

Effective January 1, 2025, Minimum Wage: \$16.50 per hour * Effective January 1, 2024, Minimum Wage: \$16.00 per hour Effective January 1, 2023, Minin um Wage: \$15.50 per hour



WORKERS' COMPENSATION STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS Division of Workers' Compensation

Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting you back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over.) Benefits. Workers' compensation benefits include:

• Medical Care: Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and

Temporary Disability (TD) Benefits: Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.

Permanent Disability (PD) Benefits: Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.

Supplemental Job Displacement Benefit: A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.

andents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

 Get Medical Care. If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire depart police department. If you need first aid, contact your employer.

Report Your Injury. Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.

See Your Primary Treating Physician (PTP). This is the doctor with overall responsibility for treating your injury or illness

If you predesignated your personal physician or a medical group, you may see your personal physician or the medical

after you are injured. In Bourd and the MPN or HCO, in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.

Medical Provider Networks. Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated abortor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN Effective Date: MPN Identification number: If you need help locating an MPN physician, call your MPN access assistant at: __ If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at:

Claims Administrator____

rrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying nother person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and s and expenses up to limits set by the state. Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your

Phone

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest mation & Assistance Officer can be found at location: or or lling toll-free (800) 736-7401. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful let "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and inversioned.

WHISTLEBLOWERS ARE PROTECTED

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency, person with authority over the employee, or another employee with authority to investigate, discover, or correct the violation or noncompliance, and to provide information to and testify before a public body conducting an investigation, hearing or inquiry, when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a local, state or federal rule or regulation.

Pursuant to California Labor Code Section 1102.5, employees are the protected class of individuals. "Employee" means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. (California Labor Code Section

What is a whistleblower?

A "whistleblower" is an employee who discloses information to a government or law enforcement agency, person with authority over the employee, or to another employee with authority to investigate, discover, or correct the violation or noncompliance, or who provides information to or testifies before a public body conducting an investigation, hearing or inquiry, where the employee has reasonable

A violation or noncompliance with a local, state or federal rule or regulation, or

With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment. An employee is also considered a whistleblower and protected when the employer believes the

employee engaged in or will exercise protected activity. A whistleblower can also be an employee who refuses to participate in an activity that would result in a violation of a state or federal statute, or a violation of or noncompliance with a local, state or federal rule or regulation.

What protections are afforded to whistleblowers?

would result in a violation of a state or federal statute, or a violation or noncompliance with a

whistleblower in any former employment

How to report improper acts

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, call the California State Attorney General's Whistleblower

The Attorney General will refer your call to the appropriate government authority for review and

EMERGENCY

Posting is required by Title 8 Section 1512 (e), California Code of Regulation

CAL/OSHA:

CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION & HARASSMENT

ANCESTRY

COLOR

CAL OSHA March 1990 8-500

. GENETIC INFORMATION GENDER EXPRESSION · GENDER IDENTITY,

 MARITAL STATUS MEDICAL CONDITION

ADDITIONAL PROTECTIONS

NATIONAL ORIGIN (includes language restrictions an a driver's license issued to undocumented immigrants)

. REPRODUCTIVE HEALTH DECISIONMAKING

REMEDIES/FILING A COMPLAINT

TO FILE A COMPLAINT

Toll Free: 800.884.1684 / TTY: 800.700.2320

ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES

Aviso a los Empleados—Lesiones Causadas por el Trabajo

Beneficios. Los beneficios de compensación de trabajadores incluyen:

 Atención Médica: Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un

permanente de su función física o mental que un médico puede modir.

Benefició Suplementario por Desplazamiento de Trabajo: Un vale no-transferible si su lesión surge en o después del 11/104, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo. Beneficios por Muerte: Pagados a sus dependientes si usted muerte a causas de una lesión o enfermendar derlacionada con el Beneficios por Lesión o conferendad relacionada con el

empleador. Reporte la lesión .Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay limites de tiempo. Si susted espera demassiado, es posible que usted pierda su derecho a beneficios. Su empleado si doligado a prosportionarle un formulario de denadas de calculares de un dia laboral después de abacte da se lesión. Dentro de un dia después de que usted presente un formulario de reclamo, el empleador o administrator de reclamos debe autorizar todo tratamiento médico, hasta dez mil dolares, de acuerdo con las pastas de tratamiento aplicables a su presunta lesión, hasta que el reclamos de la después de la

médico después de lesionarse.

Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoria de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grapo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabapadores lesionados en el trabajo. Usade debe recibi información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.

Si su empleador o está utilizando una MPN o HCO, en la mayoria de los casos el administrador de reclamos puede escoger el médico que lo atiende primetro, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grapo médico.

personal o grupo médico.

Puede consultar a un abogado con licencia para que le asesore sobre sus derechos bajo las leyes de compensación para trabajadores. En la mayoria de los casos, los honorarios del abogado se pagaria a partir de su recuperación.

Red de Proveedores Médicos (MPN). Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de assistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. Si usted ha hecho una designación previa de un medico personal antes de lesionares en el trabajo, entonece susted puede recibir tratamiento des um médico proviamente designados. Si usted está recibiendo tratamiento de parte de un médico que no pertence a la MPN para una lesión existente, puede requeirse que susted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN:

cause to believe that the information discloses: A violation of a state or federal statute,

an employee from being a whistleblower.

An employer may not retaliate against an employee who is a whistleblower or is perceived to be a whistleblower.

An employer may not retaliate against an employee for refusing to participate in an activity that

ceha de vigencia de la MPN:

Número de identificación de la MPN:

i usted necesita syuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al:

i usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de MPN al:

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

WHISTLEBLOWER PROTECTION

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing

state or federal rule or regulation.

An employer may not retaliate against an employee for having exercised their rights as a

Under <u>California Labor Code Section 1102.5</u>, if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages and civil monetary penalties, and take other steps necessary to comply with the law.

EMERGENCY NUMBERS

FAIR EMPLOYMENT

The California Civil Rights Department (CRD) enforces laws that protect you from illegal discrimination and harassment in

· RACE (includes traits associated with race, such as hair texture and hairstyle) RELIGION (includes religious dress and grooming practices)

CRD-F07P-FNG / January 2025

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Used también puede obener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: o lamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: www.dwcca.govy acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

Consulte al Médico que le está Atendiendo (PTP). Este es el médico con la responsabilidad total de tratar su lesión o

THE FAIR EMPLOYMENT AND HOUSING ACT PROTECTS YOUR CIVIL RIGHTS AT WORK.

incuachia, equipi menor y vossos ue visia qui e son inziamententen incessana pata maia a risento. Isculminate coreia vei un cobre. Hay limites para visitas quiropriecticas, de terapia fisica y de terapia coupacional.

Beneficios por Incapacidad Temporal (TD): Pagos si usted pierde sueldo mientras se recupera. Para la mayoria de las lesiones, beneficios de TD no se pagarin por más de 104 semanas dentro de cinco años después de la fecha de la lesión.

Beneficios por Incapacidad Permanente (PD): Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de si función física o mentala ucu un mácio no unde medir.

Discriminación. Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos basta los limites estabelecidos por el estado.

MILITARY OR VETERAN STATUS

WORKERS' COMPENSATION

trabajo.
signación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al
disco que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito,
ombre y la dirección de su médico personalo grapo medico, antes de que usted se lesione. Usted debe de pomente de acuerdo con su
dico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de
ajadores que se le exige a su empleador darle a los empleados nuevos.

Sisted se Lastima:

Obtenga Atención Médica. Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una
ambulancia, el departamento de bomberos o departamento de policia. Si usted necesita primeros auxilios, comuniquese con su
empleador.

Asegurador del Seguro de Compensación de trabajador ___ (Anote "autoasegurado" si es apropiado)