



## **NOTICE: MICHIGAN WORKERS COMPENSATION**

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**This business operates under Michigan Workers Compensation Law.**

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, OR AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR OR FOREMAN OF THE EMPLOYER.

**Workers Compensation insurance benefits are provided through:**

BerkleyNet

**To report a claim, contact us at:**

Website: [berkleynet.com](http://berkleynet.com)

Email: [claimops@berkleynet.com](mailto:claimops@berkleynet.com)

Address: 9301 Innovation Drive, Suite 200, Manassas, VA 20110

Phone: 877.497.2637

Fax: 866.275.6320

**EMPLOYEE'S REPORT OF CLAIM**  
 Michigan Department of Licensing and Regulatory Affairs  
 Workers' Compensation Agency  
 P.O. Box 30016, Lansing, MI 48909

**NOTE: A copy of this form will be sent to your employer and their workers' compensation insurance carrier. Do not submit any medical reports with this form.**

1. Social Security Number	2. Date of Injury	3. Date of Birth (MM/DD/YYYY)	4. Employee Telephone Number
5. Employee Name (Last, First, MI)		10. Employer Name	
6. Employee Street Address		11. Employer Street Address	
7. Employee City	8. State	9. ZIP Code	12. Employer City
			13. State
			14. ZIP Code
15. Describe the type of injury and explain how it happened.			
16. Are you making a claim for payment of medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Last Day Worked	
18. Have you gone back to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of return _____		19. Was the injury reported to your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date reported _____	

***Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.***

20. Employee Signature	21. Date of this report
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**OFFICE USE ONLY**

Carrier Name
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LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, 408.31(4) Completion: Voluntary Penalty: None
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**EMPLOYER'S BASIC REPORT OF INJURY**  
 Michigan Department of Licensing and Regulatory Affairs  
 Workers' Compensation Agency  
 PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailling procedures.

**I. EMPLOYEE DATA**

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)		
4. Address (Number & Street)		5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Number of dependents	11. Telephone number	
12. Tax filing status: <input type="checkbox"/> A. Single <input type="checkbox"/> B. Single, Head of Household <input type="checkbox"/> C. Married, Filing Joint <input type="checkbox"/> D. Married, Filing Separate				

**II. EMPLOYER/CARRIER DATA**

13. Employer name		14. Federal ID Number		
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)	
19. Employer street address		20. City	21. State	22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)	

**III. INJURY/MEDICAL DATA**

25. Last day worked	26. Date employee returned to work (if applicable)	27. Did employee die? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. If yes, date of death	
29. Injury city	30. Injury state	31. Injury county	32. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, see item 53)	
33. Case number from OSHA/MIOSHA log		34. Time employee began work <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	35. Time of event <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. If time cannot be determined, check here <input type="checkbox"/>	
36. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.				
37. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet;" "Worker was sprayed with chlorine when gasket broke during replacement"				
38. Describe the nature of injury or illness			39. Part of body directly affected by the injury or illness	
40. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.				
41. Name of physician or other health care professional	42. Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)				

**IV. OCCUPATION AND WAGE DATA**

45. Date hired	46. Total gross weekly wage (highest 39 of 52)	47. Number of weeks used	48. Value of discontinued fringes	
49. Occupation (Be specific)	50. Was employee a volunteer worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Was employee certified as vocationally handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No		
52. Date employer notified by employee		53. If temporary service agency, provide name/address of employer where injury occurred.		

**V. PREPARER DATA**

I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

<b><i>Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.</i></b>			
54. Preparer's name (Please print or type)	55. Preparer's signature	56. Telephone number	57. Date prepared

**Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54**

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

## Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report*. It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary* (Form 300A), these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Compensation Agency unless it meets the conditions listed below in Section B.**

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## Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority: Workers' Disability Compensation Act, 408.31(1)(3) Completion: Mandatory Penalty: Workers' Disability Compensation Act, 418.631	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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## ***Employees -- Know Your Rights!***

- **Remember - It is important to report your injury to your employer.**

- **Medical Care**

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

If your employer refuses to provide medical care, you should contact Michigan's Workers' Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.

- **Wage Loss Benefits**

You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.

- **Vocational Rehabilitation**

If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

*To be completed by the employer*

_____ Employer Name
_____ Employer Contact Person and Telephone Number
_____ Workers' Compensation Insurance Carrier Name

If you have questions, please call the  
State of Michigan Workers' Compensation Agency  
**Toll-free 1-888-396-5041**

Additional information is on the agency's website at [www.michigan.gov/wca](http://www.michigan.gov/wca).

**EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!**

# Workers' Compensation Agency

## Rights & Responsibilities

Michigan's workers' compensation system provides wage replacement, medical treatment, and vocational rehabilitation benefits to individuals who are injured while at work. Each party in this system has rights and responsibilities that ensure the successful operation of the process.

### EMPLOYEES

- Most workers are covered under workers' compensation from the date of employment.
- **Report all injuries to your supervisor immediately.**
- When injured, you can receive wage loss benefits, medical care, and rehabilitation services.
- A compensable injury is one that has arisen "out of and in the course of employment." The work must cause the disability.
- Workers' compensation is the "exclusive remedy" for work injuries, meaning that in most cases you cannot sue for other damages.
- **There is a 7-day waiting period for benefit payments.** You will not receive a workers' compensation check for disability lasting less than 7 days. However, medical benefits should be provided from the day of injury. If your wage loss lasts longer than 7 consecutive days, you are entitled to benefits as of the 8<sup>th</sup> day. If your wage loss continues for 14 days or longer, you are entitled to receive payment for that first week of disability.
- In most cases, wage loss benefits are calculated by taking the average of the highest 39 weeks of the last 52 weeks of gross wages prior to injury. This is your Average Weekly Wage (AWW). Generally you should receive 80% of the after-tax value of your AWW.
- In certain circumstances, the value of discontinued "fringe benefits" such as the cost of health insurance, employer contributions to a pension plan, and vacation and holiday pay may be included in determining the AWW.
- You should be paid your benefit on a weekly basis, and payments should continue as long as you are disabled and are suffering a wage loss.
- Your first check is due and payable on the 14<sup>th</sup> day of disability. However, a benefit check is not considered "late" until 30 days after the due date.
- If you have **more than one job** covered under the Act, the earnings from Michigan employers are added together to calculate the AWW.
- You may also be eligible for Family Medical Leave Act (FMLA) benefits. If you have questions, you should contact the U.S. Department of Labor.
- **Medical Benefits:** You are entitled to all reasonable and necessary medical care including surgical, hospital, and dental services, as well as crutches, hearing apparatus, chiropractic treatment, and nursing care. These services are provided indefinitely as long as there is a need.
- **Choosing A Doctor:** During the first 28 days of treatment, the employer has the right to choose the doctor. After that, you are free to change doctors providing that you notify the employer and insurance company, preferably in writing. You do not need authorization from the insurance company or the employer to be medically treated, as long as the treatment is reasonable and necessary, and your claim is not in dispute.
- **Maintaining Contact:** It is extremely important that you maintain regular contact with your employer throughout the treatment and recovery period so that they are aware of your progress. Provide your employer with updated work status reports and discuss early return to work options.
- **Vocational Rehabilitation:** If you have a work-related injury or illness which prevents you from returning to your job and you are currently receiving workers' compensation benefits, you are entitled to a maximum of 104 weeks of vocational assistance in returning to work. Vocational rehabilitation can help you return to your current job or a new one by identifying interests, skills and abilities, evaluating accommodations, providing job readiness assistance, outlining career objectives, and arranging retraining opportunities. Vocational rehabilitation services create a "win-win" scenario for employers, carriers, and injured employees, especially when utilized as an early intervention tool.

### EMPLOYERS

- All public and most private employers in Michigan are covered by workers' compensation. Every employer subject to the Act must provide proof of insurance or be approved for self-insurance to ensure benefits can be paid to its workers should they become injured.
- Eligible employees are covered under workers' compensation from the date of employment.
- There are severe penalties if an employer fails to provide workers' compensation coverage.
- **Minors:** The Act provides that an illegally employed minor is entitled to double compensation if injured.
- **Reporting:**
  - ⇒ All claims must be reported to your insurance carrier.
  - ⇒ Form WC-100: must be filed with the Workers' Compensation Agency and your insurance carrier immediately upon the disability exceeding 7 consecutive days, death or specific loss. A copy of this form must also be given to the employee.
- You must ensure that reasonable and necessary medical treatment is provided promptly.
- You will need to provide a wage history report to the insurance carrier in order to calculate the correct benefit amount.
- You are encouraged to maintain contact with your employees while they are off work, and provide appropriate light-duty work options and accommodations when possible.

### INSURANCE COMPANIES

- Prompt and regular payment of benefits is required by law.
  - ⇒ Form WC-701: must be filed with the Workers' Compensation Agency (WCA) when wage loss benefits begin, change or stop.
  - ⇒ Form WC-110: must be filed with the WCA 3 months post-injury, and every 4 months after, to report on vocational rehabilitation activity.
- ⇒ Form WC-107: must be filed with the WCA if a claim is disputed.
- Medical services rendered are subject to the State of Michigan Health Care Rules and Fee Schedules. Injured employees are not to be "balance billed" for charges over and above the fee schedule.
- Benefits are not to be stopped for non-cooperation with vocational rehabilitation, but a hearing can be requested.

**For more information contact: State of Michigan - Workers' Compensation Agency**  
 Toll free: 1-888-396-5041      [www.michigan.gov/wca](http://www.michigan.gov/wca)



# MICHIGAN SAFETY AND HEALTH PROTECTION ON THE JOB

THE MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ACT, 1974 P.A. 154, AS AMENDED, REQUIRES POSTING OF THIS DOCUMENT IN A CENTRAL AND CONSPICUOUS LOCATION. FAILURE TO DO SO MAY RESULT IN A PENALTY.

The Michigan Occupational Safety and Health Act (MIOSH Act), Act No. 154 of the Public Acts of 1974, as amended, provides job safety and health protection for Michigan employees through the maintenance of safe and healthful working conditions. Under the MIOASH Act and a state plan approved in September 1973 by the U.S. Department of Labor, the Michigan Department of Licensing and Regulatory Affairs is responsible for administering the Act. Department representatives conduct job site inspections and investigations to ensure compliance with the Act and with safety and health standards.

The contents of this poster describe many important provisions of the Act. These provisions apply equally to employers and employees in either private industry or the public sector.

## EMPLOYER REQUIREMENTS: MIOASHA requires that each employer:

1. Furnish to each employee employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to the employee.
2. Comply with promulgated rules and standards and with orders issued pursuant to the Act.
3. Post this and other notices and use other appropriate measures to keep his or her employees informed of their protection and obligations under the Act, including the provisions of applicable rules and standards.
4. Notify the Michigan Department of Licensing and Regulatory Affairs within 8 hours of any work-related fatality. Notification may be accomplished by calling 1-800-858-0397.
5. Notify the Michigan Department of Licensing and Regulatory Affairs within 24 hours of all work-related inpatient hospitalizations, amputations and losses of an eye. Notification may be accomplished by calling 1-844-464-6742 (4MIOASHA).
6. Make available to employees, for inspection and copying, all medical records and health data in the employer's possession pertaining to that employee.
7. Afford an employee an opportunity with or without compensation to attend all meetings between the Department of Licensing and Regulatory Affairs and the employer relative to any appeal of a citation by the employer.
8. Give the representative of employees the opportunity to accompany the department during the inspection or investigation of a place of employment and to prohibit the suffering of any loss of wages or fringe benefits or discriminate against the representative of employees for time spent participating in the inspection, investigation, or opening and closing conferences.
9. Provide personal protective equipment, at the employer's expense, when it is specifically required by a MIOASHA standard.
10. Not permit an employee, other than an employee whose presence is necessary to avoid, correct or remove an imminent danger, to operate equipment or engage in a process which has been tagged by the Department and which is the subject of an order issued by the Department identifying that an imminent danger exists.
11. To promptly notify an employee who was or is being exposed to toxic materials or harmful physical agents in concentrations or at levels which exceed those prescribed by a MIOASHA standard.

## EMPLOYEE REQUIREMENTS: MIOASHA requires that each employee:

1. Comply with promulgated rules and standards and with orders issued pursuant to the Act.
2. Not remove, displace, destroy, or carry off a safeguard furnished or provided for use in a place of employment, or interfere in any way with the use thereof by any other person.

**INSPECTIONS/INVESTIGATIONS:** Inspections and investigations are conducted by trained personnel. The Act requires that an employer representative and a representative of employees be given an opportunity to accompany the department representative for the purpose of aiding in the inspection or investigation.

If a representative of employees does not participate, the department representative will consult with a number of employees concerning matters of safety or health in the place of employment.

**COMPLAINTS:** Employees and employee representatives who believe that an unsafe or unhealthful condition exists in their workplace have the right to request an inspection by giving written notice to the Department of Licensing and Regulatory Affairs. If a condition exists which may present an immediate danger, the Department should be notified in the most expedient manner without regard to a written notice. The names of complainants will be kept confidential and not revealed upon the request of the employee. Employees also have the right to bring unsafe or unhealthful conditions to the attention of the department representative during the conduct of an inspection or investigation.

The Act provides that employees may not be discharged or in any manner discriminated against for filing a complaint or exercising any of their rights under the Act. An employee who believes he or she has been discriminated against may file a complaint with the Michigan Department of Licensing and Regulatory Affairs within 30 days of the alleged discrimination.

The U.S. Department of Labor is monitoring the operation of the Michigan Occupational Safety and Health Administration (MIOASHA) to assure the effective administration of the state act. Any person may make a written complaint regarding the state administration of the state act directly to the Regional Office of OSHA, 230 South Dearborn, Chicago, Illinois 60604.

**CITATIONS:** If upon inspection or investigation the Department of Licensing and Regulatory Affairs believes that a requirement of the Act has been violated, a citation alleging such violation and setting a time period for correction will be issued to the employer. The citation must be prominently posted at or near the place of the alleged violation for three days or until the violation is corrected, whichever is later.

The Act provides for first instance penalties of up to \$7,000 for a violation. Penalties of up to \$7,000 per day may be assessed for failure to correct a violation within a proposed abatement period. Any employer who willfully or repeatedly violates the Act may be assessed penalties of up to \$70,000 for each such violation. Employers may appeal the alleged citation, the proposed penalties or the abatement periods to the Department and to the Board of Health and Safety Compliance and Appeals. Employees may appeal the abatement period in a similar manner. Employees also may appeal to the Board of Health and Safety Compliance and Appeals any decision issued by the Department in response to an employer appeal.

Criminal penalties also are provided for in the Act. A person who knowingly makes a false statement or report pursuant to the Act upon conviction is punishable by a fine of up to \$10,000 or may be imprisoned for not more than 6 months or both. Any willful violation resulting in death of an employee, upon conviction, is punishable by a fine of up to \$10,000 or by imprisonment for not more than one year or both. A second conviction doubles the maximum monetary penalty and is punishable by imprisonment for up to three years.

**VOLUNTARY ACTIVITY & COMPLIANCE ASSISTANCE:** The act encourages employers and employees to reduce workplace hazards voluntarily.

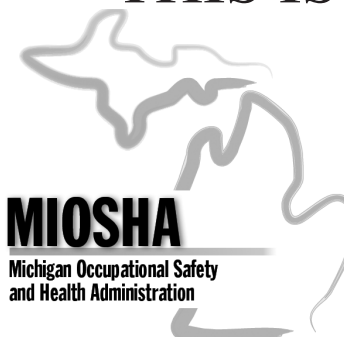
The Michigan Department of Licensing and Regulatory Affairs offers limited on-site consultation assistance to employers to assist them in achieving compliance with occupational safety and health standards. Training specialists are available and can give advice on the correction of hazardous conditions and on the development of safety and health systems. Department staff are available to conduct seminars and training relative to occupational safety and health for both employer and employee groups. Requests for service should be addressed to the department at the address shown below.

The U.S. Department of Labor will continue to enforce federal standards governing maritime operations of long shoring, shipbuilding, ship breaking and ship repairing. These issues are not covered by the Michigan Plan for Occupational Safety and Health.

## MORE INFORMATION:

Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety & Health Administration  
530 W. Allegan Street, Box 30643  
Lansing, Michigan 48909-8143  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)

## THIS IS AN IMPORTANT DOCUMENT - DO NOT COVER!



MIOASHA Complaint Hotline..... 1-800-866-4674  
Fatality Hotline ..... 1-800-858-0397  
MIOASHA Injuries/Illnesses Reporting ..... 1-844-464-6742  
Consultation and Training Assistance ..... 1-517-284-7720



The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your need known to this agency. (10,000 copies printed at \$705.54 or \$0.07 per copy.)

# PROTECCIÓN DE SEGURIDAD Y SALUD EN EL TRABAJO DEL ESTADO DE MICHIGAN

LA LEY DE SEGURIDAD Y SALUD EN EL TRABAJO DEL ESTADO DE MICHIGAN, 1974 P.A. 154, SEGÚN REFORMADA, EXIGE LA PUBLICACIÓN DE ESTE DOCUMENTO EN UN SITIO CENTRAL Y VISIBLE. EL NO HACERLO PUEDE DAR COMO RESULTADO UNA SANCIÓN.

La Ley de Seguridad y Salud en el Trabajo del Estado de Michigan (MIOSHA por sus siglas en inglés) -Ley No. 154 de las Leyes Públicas de 1974, según reformada ofrece protección de seguridad y salud para los empleados de Michigan a través del mantenimiento de condiciones de trabajo sanas y seguras. Bajo MIOSHA y el plan estatal aprobado en septiembre de 1974 por el Departamento de Trabajo de EE.UU., el Departamento del Trabajo y el Crecimiento Económico de Michigan es responsable de administrar la Ley. Los representantes del departamento realizan inspecciones e investigaciones en el lugar de trabajo para asegurar la conformidad con la Ley y con las normas de seguridad y salud.

El contenido de este póster describe muchas disposiciones importantes de la Ley. Estas disposiciones corresponden igualmente a los empleadores y a los empleados en la industria del sector público y privado.

**REQUISITOS PARA EL EMPLEADOR:** MIOSHA dispone que todo empleador:

1. Suministre a cada empleado un empleo y un lugar de empleo libre de peligros reconocidos que causen o puedan causar la muerte o lesiones físicas graves al empleado.
2. Cumpla con las reglas y normas promulgadas, así como con las órdenes emitidas de acuerdo a la Ley.
3. Publique éste y otros avisos, y haga uso de medidas adecuadas para mantener a sus empleados informados sobre su protección y obligaciones conforme a la Ley, incluyendo las disposiciones de las reglas y normas correspondientes.
4. Notifique al Departamento de Servicios a la Industria y al Consumidor de Michigan, dentro de las próximas ocho horas, sobre cualquier fatalidad, o la hospitalización de 3 o más empleados que hayan sufrido una lesión o enfermedad del mismo incidente. La notificación puede realizarse llamando al 1-800-858-0397.
5. Ponga a disposición de los empleados, para su inspección y copia todos los expedientes médicos y datos de salud en posesión del empleador referentes a ese empleado.
6. Proporcione al empleado la oportunidad, con sin compensación, de asistir a todas las reuniones entre el Departamento de Servicios a la Industria y al Consumidor y el empleador referentes a cualquier apelación de una citación por el empleador.

**QUEJAS:** Los empleados y los representantes de los empleados que piensan que existe una condición mediante el aviso por escrito al Departamento del Trabajo y el Crecimiento Económico. Si existe una condición que pueda presentar un peligro inmediato, se deberá notificar al Departamento de la manera más oportuna sin considerar un aviso por escrito. Los nombres de los querellantes se mantendrán confidenciales y no se revalarán si el empleado así lo solicita. Los empleados también tienen el derecho de informar al representante del departamento sobre condiciones inseguras o no sana durante la realización de una inspección o investigación.

La Ley estipula que los empleados no pueden ser despedidos ni discriminados de ninguna manera por presentar una queja o ejercer alguno de sus derechos que dicta la Ley. Un empleado que piensa que se le está discriminando puede presentar una queja al Departamento del Trabajo y el Crecimiento Económico de Michigan en los siguientes treinta días de la presunta discriminación.

El Departamento de Trabajo de EE.UU, supervisa la operación del programa de seguridad y salud en el trabajo de Michigan para asegurar la administración efectiva de la ley estatal. Cualquier persona puede presentar una queja por escrito referente a la administración del estado de la ley estatal directamente a la Regional Office of OSHA, 230 South Dearborn, Chicago, Illinois 60604.

**CITACIONES:** Si con la inspección del Departamento del Trabajo y el Crecimiento Económico se cree que se ha violado un requisito de la Ley, se emitirá al empleado una citación alegando dicha violación. La citación debe publicarse prominentemente en el lugar o cerca del lugar de la violación citada durante tres días o hasta que se corrija la violación, cualquiera que ocurra al último.

La Ley proporciona penas de primera instancia de un máximo de \$7,000 dólares por una violación. Las penas de un máximo de \$7,000 dólares al día se pueden enjuiciar por no corregir una violación dentro de un período de supresión propuesto. A cualquier empleador que viole la Ley deliberada o repetidamente se le podrán iniciar penas hasta de \$70,000 dólares por cada violación. Los empleadores pueden apelar la presunta citación, las penas propuestas o los períodos de supresión al Departamento y al Consejo de Cumplimiento y Apelaciones de Salud y Seguridad. Los



7. Dé a un representante de empleados la oportunidad de acompañar al departamento durante la inspección o investigación de un lugar de empleo y prohibir la pérdida de salario o beneficios complementarios, o discriminar contra el representante de los empleados por el tiempo dedicado a participar en la inspección, investigación o conferencias de apertura y cierre.
8. Proporcione equipo de protección personal, a cargo del empleador, cuando una norma de MIOSHA requiera específicamente que se suministre a cargo del empleador.
9. No permita a un empleado, siempre y cuando no sea un empleado cuya presencia sea necesaria para evitar, corregir o eliminar un peligro inminente, operar el equipo o realizar un proceso que el Departamento haya marcado y que sea el objeto de una orden emitida por el Departamento identificando que existe un peligro inminente.
10. Notifique lo más pronto posible a un empleado que se expuso o está expuesto a materiales tóxicos o agentes físicos dañinos en concentraciones o niveles que sobrepasan los prescritos por una norma de MIOSHA.

**REQUISITOS PARA EL EMPLEADO:** MIOSHA dispone que todo empleado:

1. Cumpla con las reglas y normas promulgadas, y con las órdenes emitidas referentes a la Ley.
2. No quite, retire, destruya o se lleve a otro lugar un resguardo de seguridad suministrado o provisto para el uso en un lugar de empleo, ni interferir de ninguna manera con el uso del mismo por otra persona.

**INSPECCIONES / INVESTIGACIONES:** Las inspecciones e investigaciones las realiza personal capacitado. La Ley dispone que se dé la oportunidad a un representante del empleador y a un representante de los empleados de acompañar al representante del departamento para el propósito de auxiliar en la inspección o investigación.

Si un representante de empleados no participa, el representante del departamento consultará con un número de empleados sobre asuntos de seguridad o salud en el lugar de empleo.

empleados pueden apelar la supresión al Consejo de Cumplimiento y Apelaciones de Salud Y Seguridad de una manera similar. Los empleados también pueden apelar al Consejo de Cumplimiento y Apelaciones de Salud y Seguridad cualquier decisión emitida por el Departamento en respuesta a una apelación del empleador.

**ACTIVIDAD VOLUNTARIA Y ASISTENCIA CON EL CUMPLIMIENTO:**

La ley fomenta a los empleadores y empleados redicir voluntariamente los peligros del lugar de trabajo.

El Departamento del Trabajo y el Crecimiento Economico de Michigan ofrece asistencia limitada de consulta en el lugar de trabajo a los empleadores para ayudarlos a lograr el cumplimiento de las normas de seguridad y salud en el trabajo. Se tienen disponibles especialistas en capacitación y ellos pueden brindar consejo en lo referente a la corrección de condiciones peligrosas y al desarrollo de programas de seguridad y salud. El personal del departamento está disponible para condicir seminarios y capacitación relativos a la seguridad y salud en el trabajo tanto para el empleador como para grupos de empleados. Las solicitudes del servicio se deben dirigir al departamento a la dirección citada más adelante.

El Departamento de Trabajo de EE.UU. continuará haciendo cumplir las normas federales que gobiernan las operaciones marítimas portuarias, construcción, descompostura y reparación de buques. Estos asuntos no los abarca el Plan para Seguridad y salud en el Trabajo del Estado de Michigan.

**MÁS INFORMACIÓN:**

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 MIOSHA  
 State Secondary Complex  
 7150 Harris Drive • Box 30643  
 Lansing, Michigan 48909-8143



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 Línea de Fatalidades.....1-800-858-0397  
 Línea de Ayuda de Consulta y Instrucción.....1-571-322-1809

Información adicional está disponible en nuestro sitio web en  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)



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