

JOB SAFETY AND HEALTH IT'S THE LAW



EMPLOYEES:

- You have the right to notify your employer or Iowa OSHA about workplace hazards. You may ask Iowa OSHA to keep your name confidential.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with Iowa OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the OSH Act.
- You have a right to see Iowa OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation for at least 3 working days.
- 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 and records of your exposures to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards issued under the OSH Act that apply to your own actions and conduct on the job.



EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the OSH Act.
- Iowa OSHA Consultation can help you identify and correct hazards without citation or penalty.

To report a workplace fatality, hospitalization, amputation or the loss of an eye, visit www.iowaosha.gov or call 877-242-6742

For assistance and information contact:

Iowa OSHA
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
Phone (515) 242-5870 or (800) JOB-IOWA
Email: iowaosha@iwd.iowa.gov
www.iowaosha.gov



COMPLAINTS ABOUT THE IOWA OSHA PROGRAM

You may file a complaint about Iowa OSHA by contacting:

OSHA Regional Office
2300 Main Street, Suite 1010
Kansas City, MO 64108-2447
(816) 283-8745

A handwritten signature in black ink that reads "Michael A. Mauro".

Michael A. Mauro, Labor Commissioner