



**New York State Correctional Officers  
& Police Benevolent Association, Inc.**

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# Health and Safety/ Workers' Compensation

Contact: **Peggy Porter**

1-518-427-1551 Ext. 247

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# HEALTH AND SAFETY

## Function/responsibilities:

- ◆ Work with stewards at the facilities to improve the health and safety at the workplace.
- ◆ Rely on your knowledge of facilities and experience with management to obtain information and develop strategies.
- ◆ Support the strategies with subjective information and objective data.
- ◆ Research and provide resources or standards to help resolve health and safety issues.
- ◆ Teach and provide information about workers' rights and how they apply to our membership.
- ◆ Monitor New York States' compliance with State and Federal laws and standards.

## When you call:

- ◆ Identify the issue, if possible. For example: old asbestos issue, current asbestos abatement project, chemical exposure, noise exposure, etc.
- ◆ Tell me if the information is for a labor management meeting, and the date of the meeting.
- ◆ Let me know who else may be working on the problem or situation.

Peggy Porter  
Health and Safety Coordinator  
427-1551 ext. 247





## Notice of Alleged Safety or Health Hazards

### For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the New York State Department of Labor.

Section 27a(5)(a) of the Public Employees Safety and Health Act of 1980 provides as follows: "Any employee or representative of employees who believes that a violation of a safety or health standard exists, or that an imminent danger exists, may request an inspection by giving notice to the commissioner (of Labor) of such violation or danger. Such notice and request shall be in writing, shall set forth with reasonable particularity the grounds for the notice, shall be signed by such employee or representative of employees, and a copy shall be provided by the commissioner to the employer or the person in charge no later than the time of inspection, except that on request of the person giving such notice, his name and the names of individual employees or representatives of employees shall be withheld. Such inspections shall be made forthwith." If the Commissioner of Labor determines there are no reasonable grounds to believe that a violation or danger exists, the Commissioner shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 27a (10)(a) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

### INSTRUCTIONS:

Complete as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to nearest DOSH district office listed below:

#### DIVISION OF SAFETY AND HEALTH DISTRICT OFFICES

#### PUBLIC EMPLOYEE SAFETY AND HEALTH BUREAU

ALBANY 12240 State Office Campus Bldg. #12 Rm 158 Tel: (518) 457-5508 FAX: (518) 485-1150	BINGHAMTON 12091 44 Hawley Street - Rm 901 Tel: (607) 721-8211 FAX: (607) 721-8207	BUFFALO 14202 65 Court St - Rm 400 Tel: (716) 847-7133 FAX: (716) 847-7108
GARDEN CITY 11530-6551 400 Oak Street - Suite 101 Tel: (516) 228-3970 FAX: (516) 794-7714	NEW YORK CITY 75 Varick St. (7 <sup>th</sup> Floor) New York, NY 10013 Tel: (212) 775-3548 FAX: (212) 775-3542	ROCHESTER 14607 109 S. Union St. - Rm 402 Tel: (585) 258-4570 FAX: (585) 258-4593
SYRACUSE 13202 450 S. Salina St. - Rm 401 Tel: (315) 479-3212 FAX: (315) 479-3451	UTICA 13501 207 Genessee St - Rm 703A Tel: (315) 793-2258 FAX: (315) 793-2303	WHITE PLAINS 10605 120 Bloomingdale Rd. - Rm. 255 Tel: (914) 997-9514 FAX: (914) 997-9528

## Workers' Compensation Checklist

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

- \_\_\_\_\_ Report injury to facility.
- \_\_\_\_\_ Receive Medical Treatment on day of injury.
- \_\_\_\_\_ Provide disability note to facility.
- \_\_\_\_\_ File C3, Employee's Claim for Compensation, with the WC Board.
- \_\_\_\_\_ Request a Workers' Compensation Packet from NYSCOPBA.
- \_\_\_\_\_ Obtain and keep copies of all notes provided to facility that pertain to initial treatment, such as:
  - \_\_\_\_\_ UI (if any),
  - \_\_\_\_\_ Facility injury report
  - \_\_\_\_\_ Names of witnesses
  - \_\_\_\_\_ Ambulance run sheet
  - \_\_\_\_\_ ER report
  - \_\_\_\_\_ Tests done in ER
- \_\_\_\_\_ If WC Leave is not established as stated in Article 14.9, FILE A GRIEVANCE. YOU HAVE JUST 20 DAYS after you receive notification that WC Leave is denied, to file a grievance.
- \_\_\_\_\_ Review the NYSCOPBA WC packet. If you have questions, call either your local WC Steward or NYSCOPBA: Peggy Porter at ext. 247. NYSCOPBA's NYS toll free number is: 888-484-7279.

This is to remind all members who are ordered to go to an Independent Medical Exam (IME) by the insurance company to bring someone with them to either videotape or record the exam.

# HELPFUL PHONE NUMBERS FOR WORKERS' COMPENSATION CASES

NYSCOPBA 1-888-484-7279

or

518-427-1551

<u>TOPIC</u>	<u>ASSISTANCE PROVIDED</u>	<u>PHONE NUMBER OR EXTENSION AT NYSCOPBA</u>	<u>CONTACT</u>
Accident Reporting System (ARS)	To report injury.	1-888-800-0029	Automated System
Workers' Compensation	Answer questions pertaining to WC and the NYSCOPBA contract, Articles 14.9 and 14.11.	247	Peggy Porter
Workers' Compensation	Information Packet	305	Order Line
Disability Pension	Explanation of disability pension process. Provides information and forms.	257	Gary Dommermuth
Medical Benefits	Explanation of health insurance when payroll status changes.	236	Sharon Smith
Norvest	If enrolled for optional disability insurance.	1-888-869-8252	Customer Assistance
Membership Services	Resolve problems with Norvest. Provide information to members leaving state payroll.	261	Stephanie Flanagan
Specialists/Physicians	List of specialists who accept WC cases.	1-800-781-2362	
Advocate for the Injured Worker	Answers questions pertaining to your specific case.	1-800-580-6665	

