STATE OF NEW YORK
DEPARTMENT OF LABOR

Divison of Safety and Health
Public Employee Safety and Health
State Office Campus
Building 12, Room 158
Albany, NY 12240

SUMMARY OF WORK-RELATED
INJURIES AND ILLNESSES
FORM SH-900.1

Calendar Year _____

All establishments covered by PART 801 **must** complete this summary annually, even if no occupational injuries or illnesses occurred during the year.
Employees, former employees, and their representatives have the right to review this form. They also have limited access to the Log (SH 900) or its equivalent. See 801.35 and instructions for further details on access provisions for these forms.

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS	
CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES _____
INDUSTRY DESCRIPTION (e.g.,village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS). _____ _____ _____ _____ _____ _____	_____

Enter the column totals from the Log of Occupational Injuries and Illnesses (SH 900) for each category (column labels under each line
correspond to the columns on the Log). If a category has no cases, enter "0."

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS _____ (Col. G)		INJURIES _____ (Col.1)
DAYS AWAY FROM WORK _____ (Col. H)	AWAY FROM WORK _____ (Col. K)	SKIN DISORDERS _____ (Col. 2)
JOB TRANSFER OR RESTRICTION _____ (Col. I)	JOB TRANSFER OR RESTRICTION _____ (Col. L)	RESPIRATORY CONDITIONS _____ (Col. 3)
OTHER RECORD-ABLE CASES _____ (Col. J.)		POISONINGS _____ (Col. 4)
		HEARING LOSS _____ (Col. 5)
		ALL OTHER ILLNESSES _____ (Col. 6)

6. CERTIFICATION
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

SIGNATURE _____   TITLE _____

PRINT NAME _____   DATE _____

SH-900.1 (10-05)

CALCULATING EMPLOYMENT INFORMATION (Section 2)

If accurate figures regarding the average number of employees and the total hours worked by your employees are not available, please use the steps below to estimate these numbers.

Average Number of Employees

1. Add the total number of employees paid in all pay periods for the year. Include all full-time, part-time, temporary, seasonal, salaried, and hourly employees.

   _____ (a)

2. Count the number of pay periods for the year, including pay periods with no employees.

   _____ (b)

3. Divide the number of employees by the number of pay periods.

   $\dfrac{}{a} / \dfrac{}{b}$ _____ (c)

4. Round the answer to the next whole number. Enter this number in the line for "Annual average number of employees" in Item 2 on the front.

   _____ (d)

Total Hours Worked By All Employees

1. Enter the number of full-time employees in your establishment for the year.

   _____ (e)

2. Enter the number of work hours for a full-time employee in a year.

   _____ (f)

3. Multiply (e) by (f) to find the number of full-time hours worked.

   X _____ (g)

4. Add number of overtime hours and number of hours worked by other employees (part-time, temporary, seasonal).

   + _____ (h)

5. Round the answer to the next highest whole number. Enter this number in the lines for "Total Hours Worked by All Employees Last Year" in Item 2 on the front.

   _____ (i)