



Log & Summary of Occupational Injuries & Illnesses

SH 900 series

12NYCRR Part 801

Office of Occupational Safety and Health
October, 2015

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Director

Office of Occupational Safety and Health

Div. Human Resources

What is it?

SH 900 report series
is different from the
**Comprehensive
Accident Reports**
or
Workers Compensation

All schools must report
employee injuries and illness
that take place on the job each
year.



Why Report?

It's the law!

- Rule Part 801 (12 NYCRR part 801)

Recordkeeping

- Provides information to employers and employees on injuries, illnesses and related hazards in the workplace.

Who Must Report?

Do not include:
Custodial employees;
School Food staff;
School Safety Officers

Each school must submit a report

Usually prepared by payroll secretary
(Principal as ultimately responsible)

SH900 reports include all employees
on payroll

Includes employees not on payroll, but
who are supervised on a daily basis

What must be reported?

Employers must report each fatality, injury or illness that:

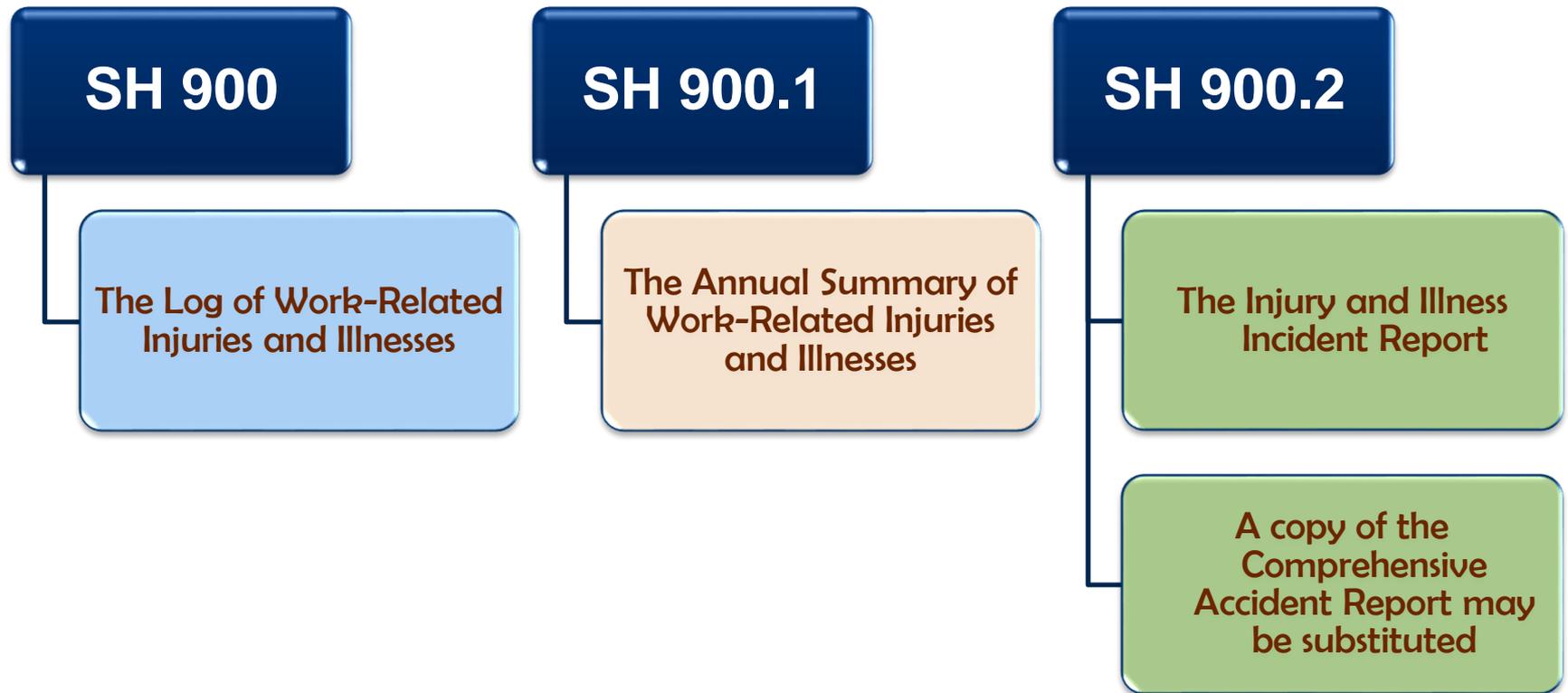
- Is work related;
- Is a new case, and
- Meets with the general recording criteria.

Recording or reporting a case does not mean:

- that the employer or employee was at fault,
- a PESH rule has been violated, or
- that the employee is eligible for workers' compensation or other benefits.

Reporting Forms

The employer must use the following forms:





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

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.

SH
900.1

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES _____ TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR _____
STREET ADDRESS	
CITY, STATE, ZIP CODE	
INDUSTRY DESCRIPTION (e.g., village fire department)	
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)	AWAY FROM WORK _____ (Col. K)	INJURIES _____ (Col. 1)
DAYS AWAY FROM WORK _____ (Col. H)		SKIN DISORDERS _____ (Col. 2)
JOB TRANSFER OR RESTRICTION _____ (Col. I)	JOB TRANSFER OR RESTRICTION _____ (Col. L)	RESPIRATORY CONDITIONS _____ (Col. 3)
OTHER RECORDABLE 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 _____

Timetable for Reports

January 1 – December 31

Report incidents from previous calendar year

February 1

Complete SH 900 report

February 1 - April 30

Post SH 900.1 on Health & Safety Bulletin Board

February 15

Send copies of SH900 forms to OOSH

Posting

Post on Health & Safety
Bulletin Board



SH900.1 must be posted
from February - April

January	February	March
April	May	June
July	August	September
October	November	December



- Work Related
- Injury
- Illness
- General Recording Criteria
- Restricted Work
- First Aid
- Privacy Protection

DEFINITIONS

What is Work Relatedness?

- Injuries and illnesses resulting from events or exposures **occurring** in the work environment;
- An event or exposure in the work environment either **caused or contributed** to the resulting condition;
- An event or exposure in the work environment which *significantly* **aggravated** a pre-existing injury or illness;

Injury

A wound or damage to the body resulting from an event in the workplace (above and beyond first aid).

Damage to muscle, joints, and connective tissue when resulting from slip, trip, and falls.

Illness

Musculoskeletal disorders,

skin diseases or disorders,

respiratory conditions,

poisoning,

noise-induced hearing loss,

all other occupational illnesses.

Work Related Exceptions: *Part 1*

1. Present as a member of the general public;
2. Symptoms arising in a work-related environment that are solely due to non-related event or exposure;
3. Voluntary participation in wellness program, fitness or recreational activity;
4. Eating, drinking or preparing food or drink for personal consumption;
5. Personal tasks outside assigned working hours;

Work-relatedness exceptions : *Part 2*

6. Personal grooming, self medication of non-work related condition, or intentionally self-inflicted;
7. Motor vehicle accident in parking lot/access road during commute;
8. Common cold or flu;
9. Mental illness, unless employee voluntarily provides a medical option from a physician with appropriate qualifications and experience that affirms work-relatedness.

Restricted Work Activity

An employer or health-care professional keeps, or recommends keeping, an employee from:

doing the routine functions of his/her job, or

working the full workday that s/he would have been scheduled to work before the injury occurred

General Recording Criteria

An injury or illness is recordable if it results in one of more of the following:

DEATH



DAYS AWAY



**RESTRICTION
OF DUTY**



JOB TRANSFER



MORE THAN FIRST AID



**DIAGNOSED SIGNIFICANT
ILLNESS OR INJURY**



UNCONSCIOUSNESS

First Aid: *Part 1*



Using nonprescription medication at nonprescription strength



Tetanus immunizations



Cleaning, flushing, or soaking surface wounds



Hot or cold therapy



Non-rigid means of support



Wound coverings, butterfly bandages, Steri-Strips



Temporary immobilization device used to transport accident victims

First Aid: *Part 2*



Drilling of fingernail or toenail, draining fluid from blister



Eye patches



Removing foreign bodies from eye using irrigation or cotton swab



Massages



Finger guards



Drinking fluids for relief of heat stress



Removing foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means

Privacy Protection

Privacy concern cases are:

An injury or illness to an intimate body part or reproductive system

An injury or illness resulting from sexual assault

Mental illness

HIV infection, hepatitis, tuberculosis

Employee voluntarily requests to keep name off for illness cases

Needle stick and sharps injuries that are contaminated with another person's blood or other potentially infectious material



CALCULATING SH 900.FORMS

Remember:

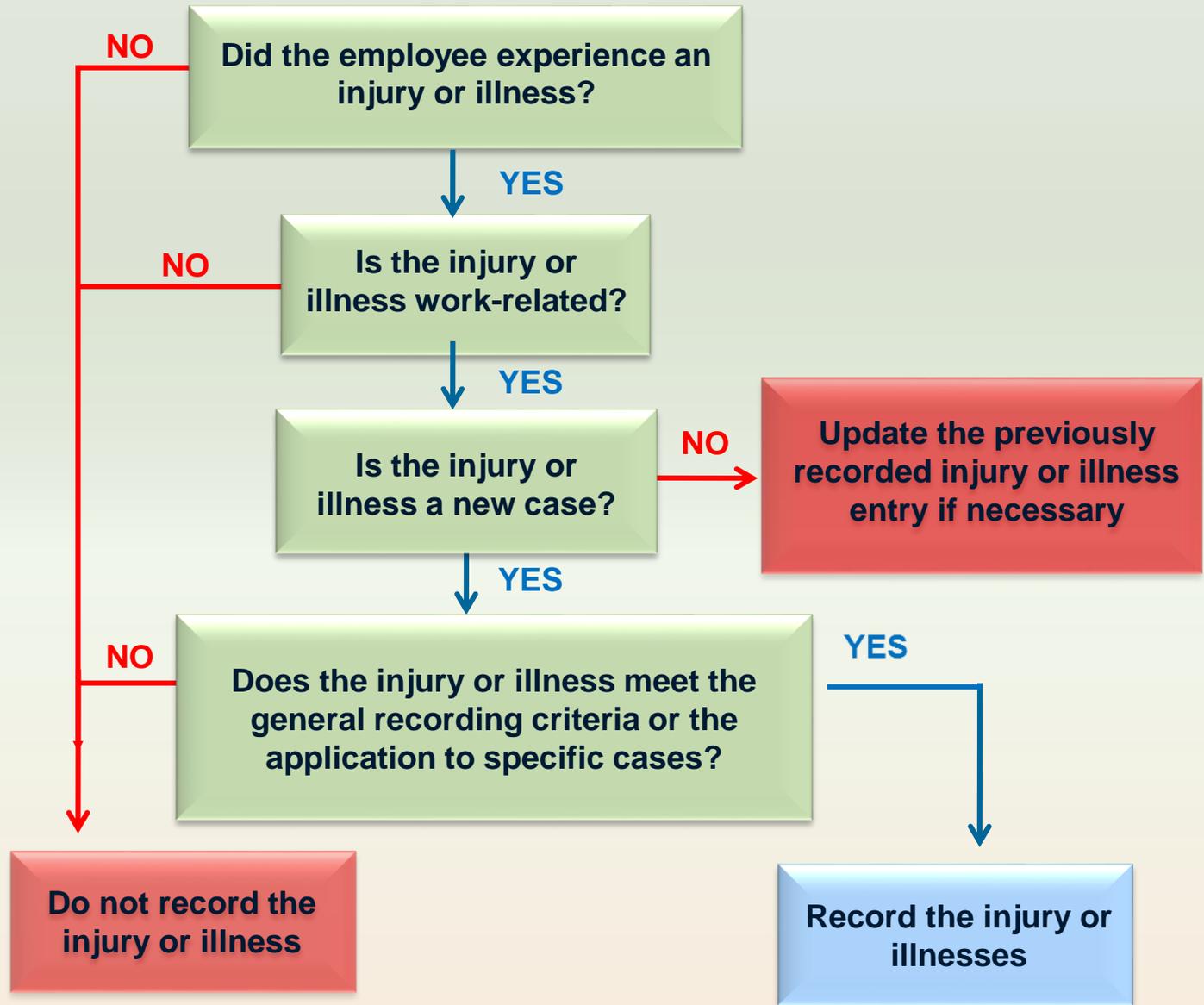
Employers must record each fatality, injury or illness that:

is work-related

is a new case, and

meets one or more of the general recording criteria

Recording Criteria Decision Tree



Days Away Cases



Days Away Cases

Record if the case involves one more days away from work

Check the box for days away cases and count the number of days

Day counts — days away or restricted duty

Count the number of calendar days the employee was unable to work (*include weekend days, holidays, vacation days, etc.*)

Do not include the day of injury/illness, nor the day of return

Cap day count at 180 days away and/or days restricted

May stop day count if employee leaves NYCDOE for a reason unrelated to the injury or illness

If a medical opinion exists, employer must follow that opinion

Bloodborne Pathogens

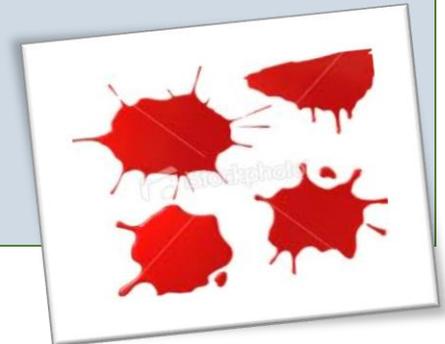


Record all work-related needle sticks and cuts from sharp objects that are contaminated with:

- another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs);
- other materials infected with HIV or HBV such as laboratory cultures).

Record splashes or other exposures to blood or other potentially infectious material if it results in:

- diagnosis of a bloodborne disease, or
- meets the general recording criteria.



Privacy Protection



Do not enter the name of an employee on the PESH Form 900 for “privacy concern cases”

Enter “privacy case” in the name column

Keep a separate confidential list of the case numbers and employee names

SH 900



**State of New York
Department of Labor
Log of Work Related Injuries and Illnesses
Form SH-900**

Political Subdivision (Employer) _____
 Establishment Name K123
 Street Address 103 C Street
 City Big Town State NY Zip Code 98765

Calendar Year 2015
 Page 1 of 1

- This form is required by the Commissioner of Labor's Rules and Regulations Part 801 (12 NYCRR Part 801) and must be kept in the establishment for five years. Failure to maintain this form can result in the issuance of a Notice of Violation and Order to Comply.
- You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria found in 12 NYCRR §801.7 - 801.12 and instructions.
- Use more than one line for a single case if necessary.
- This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Refer to the instructions (SH-901) for types of illness and injuries defined as privacy concern cases.

A. Case No.	B. Employee Name	C. Job Title	D. Date of Injury or Onset of Illness (Mo./day)	E. Where the Event Occurred (e.g., Loading dock, north end)	F. Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case.				Enter No. of Days Injured or Ill Worker Was:		M. Check the Injury Column or Check One Type of Illness								
						G. Death	H. Days Away From Work	Remained at Work		K. Away from Work	L. On Job Transfer or Restriction	1. Injury	2. Skin Disorder	3. Respiratory Condition	4. Poisoning	5. Hearing Loss	6. All Other Illnesses			
								J. Job Transfer or Restriction	I. Other Recordable Cases											
1	Tony Stark	Gym Teacher	03/20	Gym	Sprained left ankle, from tripping on school bag		✓			3	10	✓								
2	Cinderella Tremain	School Aid	05/12	Rm 222	Infection on right leg from pen stabbing		✓			4		✓								
3	Wendy Darling	Para	11/04	Rm 247	Blood splashed in eyes from bleeding student				✓											✓
4	Jane Porter	Teacher	11/15	Cafeteria	Sprained back from slipping on wet floor				✓	10		✓								
TOTALS						0	2	0	2	17	10	3	0	0	0	0	0	0	0	1

ADDITIONAL FORMS AND INFORMATION: If you require additional forms or information concerning the completion of this form, contact: New York State Department of Labor, Division of Research and Statistics, P.O. Box 669, New York, NY 10014-0669. Telephone (212) 352-6690.

SH900.2

Completed by
employee within 7
days after the
accident.

NEW YORK STATE - DEPARTMENT OF LABOR
INJURY AND ILLNESS INCIDENT REPORT
FORM SH 900.2

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

This *Injury and Illness Incident Report* 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* and the accompanying *Summary*, these forms help the employer and PESH 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 this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to 12NYCRR Part 801, PESH recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____ Date ____/____/____

Employee Information:

1) Full name _____

2) Street _____

City _____ State ____ Zip _____

3) Date of birth ____/____/____ 4) Date hired ____/____/____

5) Male Female

14) **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. *Examples:* "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer."

15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement."

16) **What was the injury or illness?** Tell us the part of the body that was affected; be more specific than "hurt", "pain", or "sore." *Examples:* "strained back", "chemical burn, hand."

17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor", "radial arm saw", "chlorine."

18) **If the employee died, when did death occur?** Date of death ____/____/____

ILLNESS CASES ONLY Check this box if the employee independently and voluntarily requests that his or her name not be entered on the log. If checked, treat as a privacy concern case.

Physician/Health Care Professional Information:

6) Name of physician or other health care professional _____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ State ____ Zip _____

8) Was employee treated in an emergency room?

Yes No

9) Was employee hospitalized overnight?

Yes No

Information about the case:

10) Case number from the Log _____
(Transfer the case number from the Log after you record the case.)

11) Date of injury or illness ____/____/____

12) Time employee began work _____ AM / PM

13) Time of event _____ AM / PM

Check if time cannot be determined

Event occurred before during after work shift

Sample for SH 900.1 – Section 2

Calculating Employment Information

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

		SAMPLE DATA	YOUR DATA
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. EXAMPLE Please list the number of employees in each pay period since this number may change on a monthly basis. See Example Sheet	2,400 (a)	<input type="text"/> (a)
2.	Count the number of pay periods for the year, including pay periods with no employees. EXAMPLE School employees are paid in 24 pay periods. This Includes pay periods when you had no employees.	24 (b)	<input type="text"/> (b)
3.	Divide the number of employees by the number of pay periods. $\frac{\quad}{a} / \frac{\quad}{b}$ EXAMPLE 2400 employees divided by 24 pay periods = 100 employees	100 (c)	<input type="text"/> (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.	100 (d)	<input type="text"/> (d)

Sample for SH 900.1 - Section 2

Calculating Total Hours Worked by All Employees

Total Hours By All Employees		SAMPLE DATA	SAMPLE DATA						
1.	Enter the number of full-time employees in your establishment for the year. EXAMPLE PS 123K had 90 full-time employees during the year.	90 (e)	<input type="text"/> (e)						
2.	Enter the number of work hours for a full time employee in a year. EXAMPLE According to PESH, a teacher usually works about 1, 200 hours per year.	1,200 (f)	<input type="text"/> (f)						
3.	Multiply (e) by (f) to find the number of full time hours worked. EXAMPLE 90 full-time employees x 1200 hours (worked by a full time employee in a year) equals 108,000 full-time hours.	108,000 (g)	<input type="text"/> (g)						
4.	Add number of overtime hours and number of hours worked by other employees (part-time, temporary, seasonal). EXAMPLE <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Overtime hours</td> <td style="text-align: right;">+ 1,000</td> </tr> <tr> <td>Part-time hours</td> <td style="text-align: right;">+ 2,000</td> </tr> <tr> <td>Total overtime hours</td> <td style="text-align: right;">= 3,000</td> </tr> </table>	Overtime hours	+ 1,000	Part-time hours	+ 2,000	Total overtime hours	= 3,000	+ 3,000 (h)	<input type="text"/> (h)
Overtime hours	+ 1,000								
Part-time hours	+ 2,000								
Total overtime hours	= 3,000								
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.	111,000 (i)	<input type="text"/> (i)						

Instructions to Calculate Employment Information

INSTRUCTIONS TO CALCULATE EMPLOYMENT INFORMATION (Section 2)

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

Example: PS 123K pays its employees 24 times each year. If the pay period for full-time employees at your reporting site is 26, then follow the same steps using 26 pay periods.

#PAY PERIODS	PAY DATE	# EMPLOYEES
1	Jan 15 th	92
2	Jan 30 th	92
3	Feb 15 th	102
4	Feb 28 th	102
5	Mar 15 th	100
6	Mar 30 th	100
7	Apr. 15 th	99
8	Apr. 30 th	99
9	May 15 th	99
10	May 30 th	99
11	Jun 15 th	99
12	Jun 30 th	99
13	July 15 th	99
14	July 30 th	99
15	Aug 15 th	100
16	Aug 30 th	100
17	Sept 15 th	102
18	Sept 30 th	102
19	Oct 15 th	102
20	Oct 30 th	102
21	Nov 15 th	102
22	Nov 30 th	102
23	Dec 15 th	100
24	Dec 30 th	100
TOTAL		2400



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

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SH
900.1

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES _____ TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR _____
STREET ADDRESS	
CITY, STATE, ZIP CODE	
INDUSTRY DESCRIPTION (e.g., village fire department)	
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)	AWAY FROM WORK _____ (Col. K)	INJURIES _____ (Col. 1)
DAYS AWAY FROM WORK _____ (Col. H)		SKIN DISORDERS _____ (Col. 2)
JOB TRANSFER OR RESTRICTION _____ (Col. I)	JOB TRANSFER OR RESTRICTION _____ (Col. L)	RESPIRATORY CONDITIONS _____ (Col. 3)
OTHER RECORDABLE 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 _____

The principal or representative must sign



Posting SH 900.1

Post on Health & Safety
Bulletin Board



SH900.1 must be posted
from February - April

January	February	March
April		
July	August	September
October	November	December



ADDITIONAL INFORMATION

Submitting Completed Forms

Faxed:

- a. Staten Island: 718-935-4407
- b. Brooklyn & Queens: 718-935-2336 or 4682
- c. Bronx: 718-935-4366
- d. Manhattan: 718- 935- 5778

Emailed: SH900Forms@schools.nyc.gov

Submit:

- SH900
- SH900.1
- SH900.2 (for each case reported)

Deadline:

February 15th 2016

Retention and Updating of Records

Recordkeeping

Keep current SH 900 forms for 5 years

Update SH 900

If needed, the SH 900 can be updated during the period

Do not update

The SH 900.1 nor the SH 900.2

Employee Involvement



You must inform each employee of how to report an injury or illness.

Must set up a way for employees to report work-related injuries and illnesses promptly; and

Must tell each employee how to report work-related injuries and illnesses to his/her supervisor.

No Discrimination

Section 27(a)(10) of the PESH Act

- prohibits discriminating against an employee for reporting a work-related fatality, injury or illness

Multiple Establishments (Off-Sites)



Keep a separate SH 900 for each establishment that is expected to be in operation for more than a year

Each employee must be linked with one establishment

Reporting Fatalities and Multiple Hospitalization Incidents

Orally report:

- within 8 hours;
- to NYSDOL – PESH & NYCDOE – OOSH;
- any work related fatality;
- incident involving 2 or more in-patient hospitalizations

Information Required for Each Fatality or Multiple Hospitalization Incident

- The establishment name;
- The location of the incident;
- The time of the incident;
- The number of fatalities or hospitalizations;
- The names of any injured employees;
- The employer's contact person and his or her phone number;
- A brief description of the incident.

Providing Records to Government Representatives



Must provide copies of the records within 4 business hours to:

- PESH
- Attorney General
- Department of Health

Need Information?

Contact the Office of Occupational Safety and Health

65 Court Street, Room 706

Brooklyn, NY 11201

718-935-2319

Email: SH900Forms@schools.nyc.gov

FAX: 718-935-2336

- Download SH900 forms and instructions
www.schools.nyc.gov/offices/DHR/OOSH



EXERCISES

Case 1

On April 21st, 2013, Mr. Parker a Gym teacher, was moving the stands in the gym. His finger got trapped in the hinges. Mr. Parker was transported via ambulance and was diagnosed with a sprained forefinger. He was placed on restricted duty ending May 2nd. On May 3rd, he returned to full duty.

- | | |
|------------------------------|-----|
| 1. Is the case work related? | Yes |
| 2. Is the case recordable? | Yes |
| 3. Is this a new case? | Yes |

Case 2

On March 1st 2013, Delia Perez a Paraprofessional, was helping a student up from a chair in Room 222. The student lost her balance and fell on Ms. Perez. Ms. Perez fell to the floor, bruising her left knee. She was treated with ice packs and returned to work one hour later.

- | | |
|------------------------------|-----|
| 1. Is the case work related? | Yes |
| 2. Is the case recordable? | No |
| 3. Is this a new case? | No |

Case 3

On October 31st, 2013, Bob Steiner a Home School Teacher, was in enroute to his next assignment, when he was mugged. He was taken unconscious to the ER and ordered to stay home for two days.

- | | |
|------------------------------|-----|
| 1. Is the case work related? | Yes |
| 2. Is the case recordable? | Yes |
| 3. Is this a new case? | Yes |

Case 4

On February 15th, Carrie, a School Aide, was waiting after school for Donna so they could begin their Spring Break vacation. When Carrie was leaving the lunch room, she slipped and fell, breaking her leg. She was off her feet for two weeks (this included her vacation) and returned to work with a crutch.

- | | |
|------------------------------|----|
| 1. Is the case work related? | No |
| 2. Is the case recordable? | No |
| 3. Is this a new case? | No |

Case 5

Lacey, a School Aide, lacerated her right index finger picking up a rusty tin can in front of the school as she was helping students disembark the school bus. The wound was closed with Steri-Strips and she was given a tetanus shot. She was given the clearance to return to work, but she said she was too shook up and took the rest of the day off.

- | | |
|------------------------------|-----|
| 1. Is the case work related? | Yes |
| 2. Is the case recordable | No |
| 3. Is this a new case? | Yes |



THE END