

NEW YORK STATE REGULATIONS

Regulation 12NYCRR Part 801 requires that employers maintain a record of recordable occupational injuries and illnesses. This record is filed annually with the New York State Department of Labor. All NYC Department of Education sites must complete and post a record of occupational injuries and illnesses for calendar year 2016. This report is different from the Comprehensive Accident Reporting. This information must be recorded on specific forms:

- SH 900 - the Log of work-Related Injuries and Illnesses
- SH 900.1 - Summary of Work-Related Injuries and Illnesses
- SH 900.2 - Injury and Illness Incident Report

WHAT SHOULD BE REPORTED ON THE SH 900 FORMS?

DOE sites must report work-related injuries and illnesses for the 2016 calendar year: January 1st – December 31st, 2016. Forms must be completed and submitted even if no cases occurred.

A case is considered work related if:

- it occurred in the work environment;
- an event or exposure in the work environment either caused or contributed to the resulting condition;
- exposure in the work environment significantly aggravated a pre-existing injury or illness.

Report all cases that meet the requirements of the Recording Criteria Decision Tree and result in:

- Death;
- Days away from work;
- Restricted work activity;
- Transfer to another job assignment;
- Medical treatment beyond first aid
- Loss of consciousness;
- Significant injury or illness diagnosed by a Physician or a Licensed Health Care Professional (PLHCP).

Medical treatment does not include:

- *Visits to a PLHCP solely for observation or counseling;*
- *Diagnostic procedures; nor*
- *First aid*

ALL WORK-RELATED BLOODBORNE PATHOGENS OR TUBERCULOSIS CASES MUST BE RECORDED

- 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.)
- 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.
- If an employee is exposed at work to someone with a known case of active tuberculosis, and subsequently develops a TB infection.

THE SH900 FORM

Employers must enter each recordable injury or illness on the form within 7 calendar days of receiving information that a recordable injury or illness has occurred. This form may be updated as needed. If there is a change in the extent and outcome of an injury or illness which affects the entries in columns G – M, cross out the first entry with a single line and enter the updated information. This form must not be posted.

Regardless of the occurrence of work-related incidents, all DOE sites must complete a SH900 form. If no injuries occurred, place 0s in all columns.

THE SH900.1 FORM

This form summarizes the information on the SH900. Use Section 2 – Calculating Employment Information as your guide to complete this form. **A completed form must be posted at the work-site from February 1st – April 30th.**

Regardless of the occurrence of work-related incidents, all DOE sites must complete a SH900.1 form.

THE SH900.2 FORM

An SH 900.2 form must be submitted for each case being reported on the SH 900 form. This form includes specifics about how the injury or illness occurred. The recording officer and the injured employee or his/her designee should fill out this form. You may also submit a copy of the Comprehensive Accident Form in lieu of this form.

The SH900.2 contains information concerning employee health and must be maintained in a manner that protects the confidentiality of employees to the extent possible while providing the necessary occupational safety and health information. This form should be filled out **within seven (7) calendar days** after receipt of information that a recordable work-related injury of illness has occurred.

This form **should** neither be updated nor posted.

SUBMISSION OF FORMS

All forms must be completed by February 1st and submitted by February 28th, 2017.

BY MAIL:

Office of Occupational Safety and Health
65 Court Street, Room 706, Brooklyn, NY 11201

BY FAX:

- Staten Island sites: 718-935-4407;
- Brooklyn and Queens sites: 718-935-2336;
- Bronx sites: 718-935-4366;
- Manhattan sites: 718-935-5778

BY EMAIL: SH900Forms@schools.nyc.gov

RETAIN COPIES

According to the PESH recordkeeping rule, 12 NYCRR Part 801, this form must be retained for five (5) calendar years after the recording year.

Recording Criteria Decision Tree

