



# Log & Summary of Occupational Injuries and Illnesses

## SH 900 FORMS

### SCHOOL & PAYROLL SECRETARIES

presented by:

Office of Occupational Safety and Health

January, 2012

# What is it?

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

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



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# Why report?

Enforced by the New York State Department of Labor – Public Employee Safety and Health (PESH)

PESH requires that SH900 series be saved for 5 years following the end of the calendar year that these records cover

## 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?

Custodial employees and kitchen staff are not included in the report prepared by the School Secretary

- All employers
- Each NYCDOE 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?

## Note:

Recording or reporting a work-related injury, illness, or fatality 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.

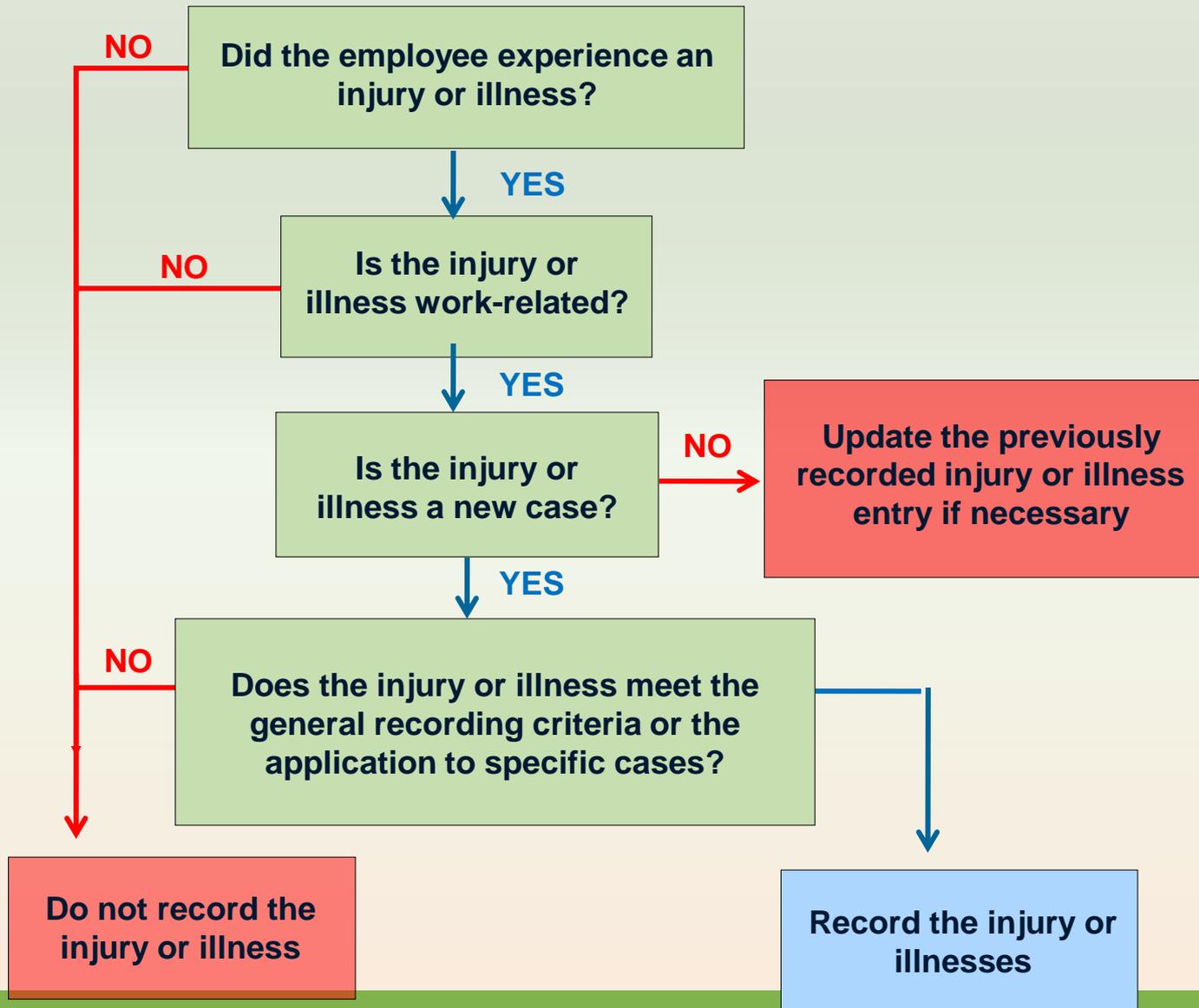
Employers must record each fatality, injury or illness that:

is work-related

is a new case, and

meets one or more of the general recording criteria

# Recording Criteria Decision Tree



# How is the report made?

The employer must use the following forms:

**SH 900**

- The Log of Work-Related Injuries and Illnesses

**SH 900.1**

- The Annual Summary of Work-Related Injuries and Illnesses

**SH 900.2**

- The Injury and Illness Incident Report
- (A copy of the Comprehensive Accident Report may be substituted)

# Frequency of Reporting - ANNUALLY

Jan 1<sup>st</sup> – Dec 31<sup>st</sup>

- Report incidents from previous calendar year

Feb 1<sup>st</sup>

- Complete SH900 report

Feb 15<sup>th</sup>

- Send copies of all SH 900 forms to the Office of Occupational Safety and Health

Feb 1<sup>st</sup> – April 30<sup>th</sup>

- Post SH 900.2 on Health and Safety Bulletin Board



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# Retention and Updating Records

Retain forms for 5 years from the year that they cover

Update the SH900 during that period

Need not update the SH 900.1 or SH 900.2



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# DEFINITIONS



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# What is work related?

## 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

event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness

# Injury or Illness

An abnormal condition or disorder



# 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.

# General Recording Criteria

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

- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a licensed health care professional



# 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



# First Aid



Drilling of fingernail or toenail, draining fluid from blister



Eye patches



Removing foreign bodies from eye using irrigation or cotton swab



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



Finger guards



Massages



Drinking fluids for relief of heat stress

# First Aid



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

# Loss of Consciousness

All work-related cases involving loss of consciousness must be recorded



# 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





**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)  JOB TRANSFER OR RESTRICTION _____ (Col. L)	INJURIES _____ (Col. 1)
DAYS AWAY FROM WORK _____ (Col. H)		SKIN DISORDERS _____ (Col. 2)
JOB TRANSFER OR RESTRICTION _____ (Col. I)		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 _____

## 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. 
$$\frac{a}{b}$$
 \_\_\_\_\_ (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)

SH  
900.1  
section 2

# Sample for SH 900.1 – Section 2

## Calculating Employment Information

Average Number of Employees	Sample
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	2,370 (a)
2. Count the number of pay periods for the year, including pay periods with no employee	24 (b)
3. Divide the number of employees by the number of pay periods	98.75 (c)
4. Round the answer to the next whole number. Enter this number in the line for “Annual average number of employees” in items 2 on the front.	99.00 (d)

# Sample for SH 900.1 - Section 2

## Calculating Total Hours Worked by All Employees

Total Hours worked by all Employees	Sample
Enter the number of full-time employees in your establishment for the year.	90 (e)
Enter the number of work hours for a full time employee in a year. (PESH estimates a pedagogue's annual work hours as 1200 hours)	1200 (f)
Multiply (e) by (f) to find the number of full-time hours worked.	X 108,000 (g)
Add number of overtime hours and number of hours worked by other employees (part-time, temporary, seasonal).	+ 3,000 (h)
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)

# 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

Do not include the day of injury/illness



# Days Away Cases

## Day counts — days away or restricted

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

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

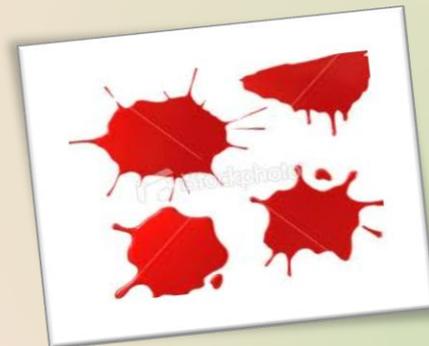
Record all work-related needle sticks and cuts from sharp objects that are contaminated with:

- 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.



# Annual Summary

The principal or SESA must sign the SH 900 forms to certify that the information is correct and complete



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# 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



# ADDITIONAL INFORMATION

# 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

# 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

Section 27(a)(10) also protects the employee:

- who files a safety and health complaint,
- asks for access to the Part 801 records, or
- otherwise exercises any rights afforded by the PESH Act



# Multiple Establishments (Off Sites)



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

May keep one SH 900 for all short-term establishments

Each employee must be linked with one establishment

# Reporting Fatalities and Multiple Hospitalization Incidents

Orally report within 8 hours:  
(NYCDOL – 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



- PESH
- Attorney General
- Dept. Of Health

**Must provide copies of the records within 4 business hours**



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# Need Information?

Contact the Office of Occupational Safety and Health

65 Court Street, Room 706

Brooklyn, NY 11201

718-935-2319

- Download SH900 forms and instructions

[www.schools.nyc.gov/offices/DHR/OOSH](http://www.schools.nyc.gov/offices/DHR/OOSH)



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# THE END