STATE OF NEW YORK
DEPARTMENT OF LABOR

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

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.

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME: NYC DOH TB CONTROL

STREET ADDRESS: 59-17 JUNCTION BLVD

CITY, STATE, ZIP CODE: Queens, NY 1

INDUSTRY DESCRIPTION (e.g., village fire department): DOHMH

STANDARD INDUSTRIAL CLASSIFICATION (SIC), IF KNOWN.

2. EMPLOYMENT INFORMATION

If you don't have accurate figures, see the instructions on the back of this sheet.

AVERAGE NUMBER OF EMPLOYEES: 22

TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 40,700

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

DEATHS	0 (Col. G)
DAYS AWAY FROM WORK	3 (Col. H)
JOB TRANSFER OR RESTRICTION	2 (Col. I)
OTHER RECORDABLE CASES	1 (Col. J)

4. NUMBER OF DAYS

JOB TRANSFER OR RESTRICTION	78 (Col. K)
AWAY FROM WORK	117 (Col. L)

5. INJURIES AND ILLNESS TYPES

INJURIES	1 (Col. 1)
SKIN DISORDERS	0 (Col. 3)
RESPIRATORY CONDITIONS	0 (Col. 4)
POISONINGS	0 (Col. 5)
HEARING LOSS	0 (Col. 6)
ALL OTHER ILLNESSES	2 (Col. 7)

6. CERTIFICATION

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

SIGNATURE: Crystal C. Simmons TITLE: Field Service Manager

PRINT NAME: CRYSTAL C. SIMMONS DATE: 1/25/06

DEPARTMENT OF LABOR

Public Employee Safety and Health
State Office Campus
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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: BROWNSVILLE CHEST CENTER	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 259 BRISTOL STREET 3RD FL	AVERAGE NUMBER OF EMPLOYEES: 7
CITY, STATE, ZIP CODE: BROOKLYN NY 11212	
INDUSTRY DESCRIPTION (e.g.,village fire department): CHEST CENTER	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 12250
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 9 2 3 1 2 0	

Awaiting corrections

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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	2 (Col. H)	AWAY FROM WORK	2 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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 Nonie Gillespie TITLE PAA

PRINT NAME NONIE GILLESPIE DATE 12-16-05

SH-900.1 (2-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health
State Office Campus
Building 12, Room 158
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1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME: BUSHWICK CHEST CENTER

STREET ADDRESS: 335 CENTRAL AVENUE

CITY, STATE, ZIP CODE: BROOKLYN NY 11206

INDUSTRY DESCRIPTION (e.g., village fire department): CHEST CENTER.

NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 9 2 3 1 2 0

2. EMPLOYMENT INFORMATION

If you don't have accurate figures, see the instructions on the back of this sheet.

AVERAGE NUMBER OF EMPLOYEES: 13.

TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 22750

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

DEATHS	0 (Col. G)
DAYS AWAY FROM WORK	0 (Col. H)
JOB TRANSFER OR RESTRICTION	0 (Col. I)
OTHER RECORDABLE CASES	(Col. J.)

4. NUMBER OF DAYS

JOB TRANSFER OR RESTRICTION	0 (Col. K)
AWAY FROM WORK	0 (Col. L)

5. INJURIES AND ILLNESS TYPES

INJURIES	0 (Col. 1)
SKIN DISORDERS	0 (Col. 2)
RESPIRATORY CONDITIONS	0 (Col. 3)
POISONINGS	0 (Col. 4)
ALL OTHER ILLNESSES	0 (Col. 5)

Ite will resubmit / Awaiting corrections.

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: Nonie Gillespie

TITLE: PAA

PRINT NAME: NONIE GILLESPIE

DATE: 12-16-05

SH-900.1 (2-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Divison of Safety and Health
Public Employee Safety and Health
State Office Campus
Building 12, Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH-900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Bureau of TB Control Washington Heights Chest Center	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS 600 W. 168 Street 3rd floor	AVERAGE NUMBER OF EMPLOYEES 23
CITY, STATE, ZIP CODE New York, N.Y. 10032	
INDUSTRY DESCRIPTION (e.g.,village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 39,445
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS). 923120, 621399	

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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	9 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

6. CERTIFI...

STATE OF NEW YORK
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH-900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Bureau of TB Control Washington Heights Chest Center	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS 600 W. 168 Street 3rd floor	AVERAGE NUMBER OF EMPLOYEES 23
CITY, STATE, ZIP CODE New York, N.Y. 10032	
INDUSTRY DESCRIPTION (e.g.,village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 39,445
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS). 923120, 621399	

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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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 Elsie Zayas TITLE Center Adm. Mgr

PRINT NAME Elsie Zayas DATE 12/8/2005

SH-900.1 (2-03)

DEPARTMENT OF LABOR

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: Bedford Chest clinic	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 485 Throop Avenue, 3rd Floor	AVERAGE NUMBER OF EMPLOYEES: 2
CITY, STATE, ZIP CODE: Brooklyn, NY 11221	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 17,522
INDUSTRY DESCRIPTION (e.g.,village fire department): Community Health clinic (TB Control)	
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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORDABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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 John Cabau TITLE SPHN

PRINT NAME John Cabau DATE 1/3/05

900.1 (2-03)

Calendar Year 20 05
Page 1 of 1

case if necessary.
ling to employee health and must be used in a
ability of employees to the extent possible while the
cupational health purposes. Refer to the instructions
njuries defined as "privacy concern cases".

Enter the number of days the Injured or Ill worker was:

Check the "Injury" column or choose one type of illness:

On job transfer or restriction (K)	Away from work (L)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	All Other Illnesses (5)
days	2 days					

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Bureau of TB Control Ft. Greene Chest Center	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS 295 Flatbush Avenue	AVERAGE NUMBER OF EMPLOYEES _____
CITY, STATE, ZIP CODE Brooklyn ny 11201	
INDUSTRY DESCRIPTION (e.g., village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR _____
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS). 923120, 621399	

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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: Pelhem Parkway south and East Chester Road	AVERAGE NUMBER OF EMPLOYEES: 34
CITY, STATE, ZIP CODE: BRONX, NY, 10461	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 49660
INDUSTRY DESCRIPTION (e.g., village fire department): Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	25 (Col. K.)	INJURIES	4 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Neil Kosiborod — TITLE: Health and Safety

PRINT NAME: Neil Kosiborod — DATE: 01.25.06

SH 900.1 (12-03)

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of Chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 451 CLARKSON Avenue Building, Room 302	AVERAGE NUMBER OF EMPLOYEES 44
CITY, STATE, ZIP CODE BROOKLYN, NY, 11203	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 67600
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	21 (Col. K.)	INJURIES	3 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 [signature] TITLE Health and Safety

PRINT NAME Neil Rosiborod DATE 01.25.06

SH 900.1 (12-03)

STATE OF NEW YORK
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 460 - Brielle Avenue Seaview Mortuary	AVERAGE NUMBER OF EMPLOYEES 11
CITY, STATE, ZIP CODE Staten Island, NY. 10314	
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 10920
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 (12-03)

STATE OF NEW YORK
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of Chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 520 First Avenue	AVERAGE NUMBER OF EMPLOYEES 485
CITY, STATE, ZIP CODE Manhattan, NY, 10016	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 782,500
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 492210 621511 623990 92 3120; 541110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	50 (Col. K.)	INJURIES	12 (Col. 1)
DAYS AWAY FROM WORK	12 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Neil Rosibrod TITLE Health and Safety

PRINT NAME Neil Rosibrod DATE 01.25.06

SH 900.1 (12-03)

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of Chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 160-15, 82 Drive	
CITY, STATE, ZIP CODE Queens, NY, 11432	AVERAGE NUMBER OF EMPLOYEES 37
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 65000
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	(Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Neil Kosiborod TITLE Health and Safety

PRINT NAME Neil Kosiborod DATE 01.25.06

SH 900.1 (12-03)

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: Pelham Parkway south and East Chester Road	AVERAGE NUMBER OF EMPLOYEES: 34
CITY, STATE, ZIP CODE: Bronx, NY, 10461	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 49660
INDUSTRY DESCRIPTION (e.g., village fire department): Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	25 (Col. K.)	INJURIES	2 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (Col. 6)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 **must** complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 451 CLARKSON Avenue IBilding, ROOM 302	AVERAGE NUMBER OF EMPLOYEES 44
CITY, STATE, ZIP CODE BROOKLYN, NY, 11203	
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 67600
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	21 (Col. K.)	INJURIES	3 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 [signature] TITLE Health and Safety

PRINT NAME Neil Rosiborod DATE 01.25.06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 460 - Brielle Avenue Seaview Mortuary	AVERAGE NUMBER OF EMPLOYEES 11
CITY, STATE, ZIP CODE Staten Island, NY. 10314	
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 10920
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 _____

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12, Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF PEST CONTROL SERVICES - BROOKLYN SOUTH	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 107 RALPH AVE	AVERAGE NUMBER OF EMPLOYEES 32
CITY, STATE, ZIP CODE BROOKLYN N.Y 11236	
INDUSTRY DESCRIPTION (e.g., village fire department) NYC DEPT OF HEALTH & MENTAL HYGIENE	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 61,305
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399, 561710	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Browne TITLE Regional Director.

PRINT NAME OSWALD BROWNE DATE 1/20/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Veterinary and Pest Control Services - Central Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, Room #619	AVERAGE NUMBER OF EMPLOYEES 7
CITY, STATE, ZIP CODE New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 12,420
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9 2 3 1 2 0	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	4 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Delia Payne TITLE Research Assistant

PRINT NAME Delia Payne DATE 1/20/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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State Office Campus
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF PEST CONTROL SERVICES - BROOKLYN SOUTH	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 107 RALPH AVE	AVERAGE NUMBER OF EMPLOYEES 32
CITY, STATE, ZIP CODE BROOKLYN N.Y 11236	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 61,305
INDUSTRY DESCRIPTION (e.g., village fire department) NYC DEPT OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399, 561710	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Oswald Browne TITLE Regional Director.

PRINT NAME OSWALD BROWNE DATE 1/20/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of TB Control TB Field Units	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 346 Broadway, 8th floor	AVERAGE NUMBER OF EMPLOYEES 40
CITY, STATE, ZIP CODE New York, N.Y. 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 70,000
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (Col. 6)

STATE OF NEW YORK
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of TB Control Richmond Chest Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 51 Stuyvesant Place, 4th floor	AVERAGE NUMBER OF EMPLOYEES 15
CITY, STATE, ZIP CODE Staten Island, New York 10301	
INDUSTRY DESCRIPTION (e.g.. village fire department) Clinic NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 26,390.
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 621399, 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (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 Wanda Osborne **TITLE** Principal Administrative Associate

PRINT NAME Wanda Osborne **DATE** 1/3/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Morrisania Chest Center (BUREAU OF TB CONTROL)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1309 Fulton Avenue, 1st floor	AVERAGE NUMBER OF EMPLOYEES 16
CITY, STATE, ZIP CODE Bronx, New York 10456	
INDUSTRY DESCRIPTION (e.g.. village fire department) Clinic (NYC Dept of Health & Mental Hygiene)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 27,510
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 627399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (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 Wanda Osborne **TITLE** Principal Administrative Associate

PRINT NAME Wanda Osborne **DATE** 1/3/06

SH 900.1 (12-03)

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Health Promotion Disease Prevention - Administration	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, AM 348	AVERAGE NUMBER OF EMPLOYEES 15
CITY, STATE, ZIP CODE New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 29,232
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 G. Caphart TITLE Research Assistant

PRINT NAME Gardea T. Caphart DATE 1/25/06

SH 900.1 (12-03)

STATE OF NEW YORK
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Division of Epidemiology Central Admin, Bureau of Epi Service.	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth st, Rm 315, 201, 202	AVERAGE NUMBER OF EMPLOYEES 59
CITY, STATE, ZIP CODE New York NY 10013 CN6	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 91,000
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene.	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	1 (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 Jeneda Johnson TITLE Admin Manager.

PRINT NAME Jeneda Johnson DATE 7/24/06

SH 900.1 (12-03)

STATE OF NEW YORK
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bur. of Chronic Disease Prevention & Control	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 2 Lafayette Street, 20th Floor	AVERAGE NUMBER OF EMPLOYEES 56
CITY, STATE, ZIP CODE New York, NY 10007	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR approx. 92645 hrs
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Neena Ahluwalia on behalf of Lynn Silver TITLE Assistant Commissioner

PRINT NAME Dr. Lynn Silver DATE 1/24/2005

SH 900.1 (12-03)

STATE OF NEW YORK
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Division of Disease Control Admins. Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth Street, Room 326	AVERAGE NUMBER OF EMPLOYEES: 17
CITY, STATE, ZIP CODE: New York City 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 28,420
INDUSTRY DESCRIPTION (e.g.. village fire department): N.Y.C. Dept. Health Dental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120, 621111	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: M.C. TITLE: STAFF ANALYST

PRINT NAME: MARJORIE CABBAGESTALK DATE: 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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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. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Human Resources-(All Central Units)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth St-Rms 900-916, 346 B'way-Rm 714, 49-51 Chambers St Rm 720	AVERAGE NUMBER OF EMPLOYEES 72
CITY, STATE, ZIP CODE New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 123,260
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 541612, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 IRamlakhan **TITLE** Health & Safety Compliance Inspector

PRINT NAME Ingrid Ramlakhan **DATE** 1/31/06

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Human Resources-WEP Unit	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 346 Broadway, Room 708	AVERAGE NUMBER OF EMPLOYEES 5
CITY, STATE, ZIP CODE New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 8,050
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 541612, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 I Ramlakhan TITLE Health & Safety Compliance Inspector

PRINT NAME Ingrid Ramlakhan DATE 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Human Resources-Employee Health Program	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 303 Ninth Avenue, Room 137	AVERAGE NUMBER OF EMPLOYEES 9
CITY, STATE, ZIP CODE New York, NY 10001	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 13,876
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 621111, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 IRamlakhan **TITLE** Health & Safety Compliance Inspector

PRINT NAME Ingrid Ramlakhan **DATE** 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME FSM, Bureau of Finance – Administration	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, Rm 630	AVERAGE NUMBER OF EMPLOYEES 43
CITY, STATE, ZIP CODE New York, N.Y. 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 78561 Hours
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561110 541990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Roxanne Kewley TITLE Health & Safety Officer

PRINT NAME Roxanne Kewley DATE 2/2/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bureau of Emergency Management	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth Street Rm 100, 300	AVERAGE NUMBER OF EMPLOYEES: 19
CITY, STATE, ZIP CODE: New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 33,250
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120, 541990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Raymond M Lynch TITLE Director of Operations

PRINT NAME Raymond M Lynch DATE 01/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYC-DOHMH Bureau of Maternal, Infant & Reproductive Health - Queens	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 166-10 Archer Avenue, Section C01	AVERAGE NUMBER OF EMPLOYEES 10
CITY, STATE, ZIP CODE Jamaica, NY 11433	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 17,500
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 - 624190	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Joy Palmer **TITLE** Site Administrator

PRINT NAME JOY PALMER **DATE** 1/27/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF OPERATIONS CENTRAL HARLEM HEALTH CENTER	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 2238 FIFTH AVENUE, BSMT	AVERAGE NUMBER OF EMPLOYEES 3
CITY, STATE, ZIP CODE NEW YORK, N.Y. 10035	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 5974
INDUSTRY DESCRIPTION (e.g.. village fire department) N.Y.C. DEPT. OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 561720	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Nurbert Atanade TITLE Health Service Manager

PRINT NAME NORBERT ATANDE DATE 1/17/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Health Care Access & Improvement – Oral Health Programs and Policy	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 299 Broadway, Suite 500	AVERAGE NUMBER OF EMPLOYEES 25
CITY, STATE, ZIP CODE NYC NY 10007	
INDUSTRY DESCRIPTION (e.g., village fire department) NYC Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 45,675
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 621210, 621399, 923120, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 James Wolin TITLE Director, Operations Mgmt/Budget

PRINT NAME JAMES WOLIN DATE 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF OPERATIONS EAST HARLEM HEALTH CENTER	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 158 EAST 115 STREET, 3rd FL & BSMT	AVERAGE NUMBER OF EMPLOYEES 5
CITY, STATE, ZIP CODE NEW YORK N.Y. 10029	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 8626
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DEPT OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 561720	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	50 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	1 (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 Norbert Atamole TITLE Health Service Mgr

PRINT NAME NORBERT ATAMOLE DATE 1/17/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF OPERATIONS NYC Dept. of Health & Mental Hygiene/ Corona Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 34-33 Junction Boulevard, BSMT.	AVERAGE NUMBER OF EMPLOYEES 6
CITY, STATE, ZIP CODE Jackson Heights, NY 11372	
INDUSTRY DESCRIPTION (e.g.. village fire department) Public Health Outpatient Clinic	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 11,581
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 561720	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Kevin McGrath **TITLE** Health Services Manager

PRINT NAME Kevin McGrath **DATE** 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of STD Control Morrisania STD Clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1309 Fulton Avenue, 2nd Floor.	AVERAGE NUMBER OF EMPLOYEES 33
CITY, STATE, ZIP CODE Bronx, New York 10456	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 58,240
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 561110	

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3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Mary Seabrooks TITLE Clinic Manager

PRINT NAME Mary Seabrooks DATE 2/14/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: Bureau of - Operations Washington Heights Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 600 W. 168th St, Bsmt & 4th Fl.	AVERAGE NUMBER OF EMPLOYEES: 4
CITY, STATE, ZIP CODE: New York, NY 10032	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 7,472
INDUSTRY DESCRIPTION (e.g., village fire department): N.Y.C. Dept of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120 561720	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Phyllis Wynn Parker TITLE: Health Service Manager

PRINT NAME: Phyllis Wynn - Parker DATE: 1/25/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: NYC Early Intervention Program - Administration	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 93 Worth St Rm 303, 910 - 915	AVERAGE NUMBER OF EMPLOYEES: 31
CITY, STATE, ZIP CODE: NYC NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 80661
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120 624110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Gary Blaettler TITLE EIP - Office Svc Coord.

PRINT NAME Gary Blaettler DATE 2/27/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME North Brooklyn Pest Control Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 130 Nostrand Avenue	AVERAGE NUMBER OF EMPLOYEES 44
CITY, STATE, ZIP CODE Brooklyn, NY 11205	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 77,665
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 561710	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	24 (Col. K.)	**INJURIES**	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 JRankkhan for Vincent Goulbourne **TITLE** Regional Director

PRINT NAME Vincent R. Goulbourne **DATE** 1/26/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: FISCAL MANAGEMENT - INTERNAL ACCOUNTING	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 WORTH STREET, ROOMS 916-923	AVERAGE NUMBER OF EMPLOYEES: 31
CITY, STATE, ZIP CODE: NEW YORK, NEW YORK	
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC DEPT OF HEALTH AND MENTAL HYGIENE	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 53,165
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 541219, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Mark Kohn TITLE: Prog. Staff Analyst

PRINT NAME: MARK KOHN DATE: 3/10/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Call Center - NYC DOH	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 40 Worth Street, Room 1610	AVERAGE NUMBER OF EMPLOYEES: 40
CITY, STATE, ZIP CODE: New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health & Mental Hyg.	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 55,640
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 9 2 3 1 2 0	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 X [signature] TITLE HSCO/Supervisor

PRINT NAME Donna Palmer-Jones DATE 3/1/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Early Intervention Program - Child Find Unit	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 40 Worth Street, 16th Floor	AVERAGE NUMBER OF EMPLOYEES 27
CITY, STATE, ZIP CODE New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 63,557
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 624110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Michele Lona TITLE Sr HCPPA - Health + Safety Offr

PRINT NAME Michele Lona DATE 2/1/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Early Intervention Program/ DOHMH	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1309 Fulton Avenue 5th floor	AVERAGE NUMBER OF EMPLOYEES 40
CITY, STATE, ZIP CODE Bronx, NY 11456	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 624110, 561110, 923120	70264 * In 2005 ALL EMPLOYEE'S were Physically located at 1932 Arthur Ave Bronx NY 10457

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Director

PRINT NAME Ireti Bobb DATE 2/27/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2006

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Morrisania Chest Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 1309 Fulton Avenue	AVERAGE NUMBER OF EMPLOYEES: 38
CITY, STATE, ZIP CODE: Bronx New York 10456	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 60,0310.
INDUSTRY DESCRIPTION (e.g.. village fire department): Health Department	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	1 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Maulakhan for Wanda Osborne TITLE: PAA Wanda Osborne

PRINT NAME: WANDA OSBORNE DATE: 3/15/07

as re-submitted

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Operations Tremont Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1826 Arthur Avenue Suite 13	AVERAGE NUMBER OF EMPLOYEES 6
CITY, STATE, ZIP CODE Bronx, NY 10457	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 6,478
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561720 423120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Valerie Bailey TITLE Health Services Managers

PRINT NAME Valerie Bailey DATE 1/27/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Food Safety and Community Sanitation	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 253 Broadway, 6th, 12th, and 13th floors	AVERAGE NUMBER OF EMPLOYEES 190
CITY, STATE, ZIP CODE New York, NY 10007	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 372,500
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 541990 541350	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	626 (Col. K.)	INJURIES	16 (Col. 1)
DAYS AWAY FROM WORK	16 (Col. H.)	JOB TRANSFER OR RESTRICTION	10 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	1 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Michele Lignore-Diaz TITLE Director, Bureau Administration/ASA

PRINT NAME Michele Lignore-Diaz DATE 1/26/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: BUREAU OF TOBACCO CONTROL	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 2 Lafayette St. 21st Fl.	AVERAGE NUMBER OF EMPLOYEES: 27
CITY, STATE, ZIP CODE: New York, NY 10007	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 47,964
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Edgar Mendizabal TITLE: Deputy Director

PRINT NAME: Edgar Mendizabal DATE: 02/15/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bureau of Operations Distribution Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 320 Kingsland Ave	AVERAGE NUMBER OF EMPLOYEES: 14
CITY, STATE, ZIP CODE: Brooklyn, N.Y. 11222	
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 21,168
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 493190	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 [signature] TITLE Director

PRINT NAME Thomas Andrews DATE 2/15/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Public Health Laboratory	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 455 First Avenue	AVERAGE NUMBER OF EMPLOYEES 207
CITY, STATE, ZIP CODE New York, NY 10016	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene.	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 334,320
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 621511, 621399, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	12 (Col. K.)	INJURIES	2 (Col. 1)
DAYS AWAY FROM WORK	2 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	3 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	3 (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 City Research Scientist

PRINT NAME Jacqueline Terlonge DATE 2/21/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

All establishments covered by Part 801 **must** complete this 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. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of STD Control – Central Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, Room 207, 212, 203	AVERAGE NUMBER OF EMPLOYEES 55
CITY, STATE, ZIP CODE New York, N.Y. 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 88,076
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	125 (Col. K.)	INJURIES	3 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Ramlakhan for Linda Brown TITLE Program Planner

PRINT NAME Linda Brown DATE 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME -BUREAU STD CONTROL-JAMAICA H.C.	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 90-37 Parson's Blvd., 1St Fl	AVERAGE NUMBER OF EMPLOYEES 29
CITY, STATE, ZIP CODE JAMAICA, N.Y. 11432	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE.	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 50750
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120/621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	285 (Col. K.)	**INJURIES**	7 (Col. 1)
DAYS AWAY FROM WORK	5 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	2 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Lucretia Williams **TITLE** Clerical Assistant (ASA)

PRINT NAME Lucretia Williams **DATE** 1/26/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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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. EMPLOYENT INFORMATION
ESTABLISHMENT NAME -BUREAU STD CONTROL-CORONA H C.	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 34-33 Junction Blvd, 1st Fl	AVERAGE NUMBER OF EMPLOYEES 4
CITY, STATE, ZIP CODE Jackson Heights, N.Y. 11372	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 7000
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120/621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Lucille Williams TITLE Program Manager (ASA)

PRINT NAME Lucille Williams DATE 1/26/06

SH 900.1 (12-03)

2005

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bureau of Communicable Disease	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth Street, Rms 214-225	AVERAGE NUMBER OF EMPLOYEES: 72
CITY, STATE, ZIP CODE: New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 131,544
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120, 621399, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	5 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: G Abraham — TITLE: ASA - HSCO

PRINT NAME: Gee Abraham — DATE: 2/1/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005.

All establishments covered by Part 801 **must** complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Operations Morrisania Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1309 Fulton Avenue # B28, B34, 302	AVERAGE NUMBER OF EMPLOYEES 6
CITY, STATE, ZIP CODE Bronx, New York 10456	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 7,599
INDUSTRY DESCRIPTION (e.g., village fire department) New York City Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561720, 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	26 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	180 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (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 Valerie Bailey TITLE Health Service Manager

PRINT NAME Valerie Bailey DATE 1/22/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME ACCO/Procurement Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 93 Worth Street Rm: 812/125 Worth Street, Rm: 1002	AVERAGE NUMBER OF EMPLOYEES 50
CITY, STATE, ZIP CODE New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept. of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 87,500
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Barbara J. Madison **TITLE** P.M.G

PRINT NAME Barbara J. Madison **DATE** 02/12/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of HIV/AIDS Prevention & Control	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 40 Worth St. 15th Fl. Rm 1513	AVERAGE NUMBER OF EMPLOYEES 89
CITY, STATE, ZIP CODE New York, N.Y. 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 161,980
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Dept. of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Saundra P. Gilkes TITLE Health & Safety Compliance Officer, ASA

PRINT NAME SAUNDRA P. Gilkes DATE 2/1/06

SH 900.1 (12-03)

Calendar Year 2005
Page 1 of 1

necessary.
mployee health and must be used in a
mployees to the extent possible while the
al health purposes. Refer to the instructions
efined as "privacy concern cases".

Check the "injury" column or choose one type of illness:
ter the number of
: the injured or
ill worker was:

On Job transfer or restriction (L)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
0	0	0	0	0	0	0
days	days	days	days	days	days	days

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Brownsville Chest clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 259 Bristol Street, 3rd floor	AVERAGE NUMBER OF EMPLOYEES: 7
CITY, STATE, ZIP CODE: BKlyn, NY 11206	
INDUSTRY DESCRIPTION (e.g.. village fire department): Community Health Clinic CTB control	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 12,250
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	2 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: John Caban TITLE: SPHN

PRINT NAME: John Caban DATE: 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bushwick Chest clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 335 Central Ave, 2nd floor	AVERAGE NUMBER OF EMPLOYEES: 12
CITY, STATE, ZIP CODE: Bklyn, NY 11206	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 21,000
INDUSTRY DESCRIPTION (e.g.. village fire department): Community Health Clinic (TB control)	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 John Caban TITLE SPHN

PRINT NAME John Cabán DATE 1/31/06

SH 900.1 (12-03)

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

2005

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.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: Central OFFICE Bureau Maternal Infant & Reproductive Health	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 2 Lafayette Street, 18th FLOOR	AVERAGE NUMBER OF EMPLOYEES: 32
CITY, STATE, ZIP CODE: New York, NY 10007	
INDUSTRY DESCRIPTION (e.g., village fire department): NYC Health Department + Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 54,950
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120 - ____ ____ ____ ____	

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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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 JoAnna Quinn TITLE Office Manager

PRINT NAME JOANNA QUINN DATE 2/24/06

SH-900.1 (2-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 460-Brielle Avenue Seaview Mortuary	AVERAGE NUMBER OF EMPLOYEES 11
CITY, STATE, ZIP CODE Staten Island, NY. 10314	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 10920
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Kos TITLE Health and Safety

PRINT NAME Nil Kosibarod DATE 01.25.06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 460 - Brielle Avenue Seaview Mortuary	AVERAGE NUMBER OF EMPLOYEES 11
CITY, STATE, ZIP CODE Staten Island, NY. 10314	
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 10920
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 must complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Office of Chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 160-15, 82 Drive	AVERAGE NUMBER OF EMPLOYEES 37
CITY, STATE, ZIP CODE Queens, NY, 11432	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 65000
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	(Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS Pelhem Parkway south and East Chester Road	AVERAGE NUMBER OF EMPLOYEES 34
CITY, STATE, ZIP CODE BRONX, NY, 10461	
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 49660
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	65 (Col. K.)	INJURIES	3 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Neil Rosiborod TITLE Health and Safety

PRINT NAME Neil Rosiborod DATE 01.25.06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of Chief Medical Examiner	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 451 CLARKSON Avenue Building, Room 302	AVERAGE NUMBER OF EMPLOYEES 44
CITY, STATE, ZIP CODE BROOKLYN, NY, 11203	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 67600
INDUSTRY DESCRIPTION (e.g.. village fire department) Department of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 623990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	126 (Col. K.)	INJURIES	3 (Col. 1)
DAYS AWAY FROM WORK	3 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

2005

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: PAYROLL	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 253 Broadway - Rm 400	AVERAGE NUMBER OF EMPLOYEES: 45
CITY, STATE, ZIP CODE: NY, NY 10007	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 45 X 35 = 1575 X 49W = (2 wks - sick)
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC DEPT. OF HEALTH and Mental HYGiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 541214, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Laila Salib TITLE: Administrative Acct.

PRINT NAME: LAILA SALIB DATE: 5/18/06

SH 900.1 (12-03)

DEPARTMENT OF LABOR

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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: NYC Dept. of Health/Mental Hygiene Bureau of TB Control, Homeless Services Unit 400-430 East	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS 400-430 East 30th Street	AVERAGE NUMBER OF EMPLOYEES: 1 (one)
CITY, STATE, ZIP CODE New York, New York 10016	
INDUSTRY DESCRIPTION (e.g., village fire department) Department of Health	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 1,820
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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	0 (Col.1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	1 (Col. 5)

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 nikolaos mitropoulos TITLE Associate Staff Analyst

PRINT NAME NIKOLAOS MITROPOULOS DATE 26 January 2006

SH-900.1 (2-03)

DEPARTMENT OF LABOR

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

All establishments covered by PART 801 must complete this summary annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: NYC DOHMH, TUBERCULOSIS CONTROL	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 225 BROADWAY, 22ND FLOOR	AVERAGE NUMBER OF EMPLOYEES: 80
CITY, STATE, ZIP CODE: NEW YORK, NEW YORK 10007	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 140,800
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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	0 (Col.1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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 Juanita Chinn TITLE OFFICE MANGER

PRINT NAME JUANITA CHINN DATE 1-26-2006

SH-900.1 (2-03)

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

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"2005"

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME: Corona Chest Center

STREET ADDRESS: 34-33 Junction Blvd.

CITY, STATE, ZIP CODE: Jackson Hts., N.Y. 11372

INDUSTRY DESCRIPTION (e.g., village fire department): HEALTH

NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): ____ ____ ____ ____ ____ ____

2. EMPLOYMENT INFORMATION

If you don't have accurate figures, see the instructions on the back of this sheet.

AVERAGE NUMBER OF EMPLOYEES: 42

TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: ~57,100

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

DEATHS	0 (Col. G)
DAYS AWAY FROM WORK	0 (Col. H)
JOB TRANSFER OR RESTRICTION	0 (Col. I)
OTHER RECORDABLE CASES	0 (Col. J.)

4. NUMBER OF DAYS

JOB TRANSFER OR RESTRICTION	0 (Col. K)
AWAY FROM WORK	0 (Col. L)

5. INJURIES AND ILLNESS TYPES

INJURIES	0 (Col.1)
SKIN DISORDERS	0 (Col. 2)
RESPIRATORY CONDITIONS	0 (Col. 3)
POISONINGS	0 (Col. 4)
ALL OTHER ILLNESSES	0 (Col. 5)

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: Luz Santana TITLE: Admin. Mgr.

PRINT NAME: Luz Santana DATE: 1/31/06

SH-900.1 (2-03)

DEPARTMENT OF LABOR

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

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'2005' 1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: Jamaica Chest Center	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 90-37 Parsons Blvd.	AVERAGE NUMBER OF EMPLOYEES: 5
CITY, STATE, ZIP CODE: Jamaica, N.Y. 11432	
INDUSTRY DESCRIPTION (e.g., village fire department): HEALTH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 8,370
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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	0 (Col.1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

6. CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: COMMISSIONER'S OFFICE	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 WORTH STREET RM. 331	AVERAGE NUMBER OF EMPLOYEES: 23
CITY, STATE, ZIP CODE: NEW YORK, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 41860
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC DEPT. HEALTH + MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120	

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 ILLNESSES TYPES	
DEATHS	Ø (Col. G.)	AWAY FROM WORK	Ø (Col. K.)	INJURIES	Ø (Col. 1)
DAYS AWAY FROM WORK	Ø (Col. H.)	JOB TRANSFER OR RESTRICTION	Ø (Col. L.)	SKIN DISORDERS	Ø (Col. 2)
JOB TRANSFER OR RESTRICTION	Ø (Col. I.)			RESPIRATORY CONDITIONS	Ø (Col. 3)
OTHER RECORD-ABLE CASES	Ø (Col. J.)			POISONINGS	Ø (Col. 4)
				HEARING LOSS	Ø (Col. 5)
				ALL OTHER ILLNESSES	Ø (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: Ross Clarke TITLE: PAA

PRINT NAME: ROSS CLARKE DATE: 4/16/2007

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME DEH Administrative Offices	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, Rooms 613-616	AVERAGE NUMBER OF EMPLOYEES 16
CITY, STATE, ZIP CODE New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 28,000
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept. of Health & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 541620	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Daisy Apellaniz TITLE Staff Analyst II

PRINT NAME Daisy Apellaniz DATE 12/18/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Operations Lower Manhattan Health Center (Chelsea)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 303-9th Ave	AVERAGE NUMBER OF EMPLOYEES 5
CITY, STATE, ZIP CODE New York, NY 10001	
INDUSTRY DESCRIPTION (e.g.. village fire department) Health NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 9800
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF ORAL HEALTH, PROGRAMS AND POLICY	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1932 ARTHUR AVE Rm 403B *	AVERAGE NUMBER OF EMPLOYEES 24
CITY, STATE, ZIP CODE BRONX, NY 10457	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 36,240
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".

* EMPLOYEES ARE BASED AT VARIOUS SCHOOL SITES

3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Mark Lewis TITLE Regional Director

PRINT NAME MARK LEWIS DATE 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 **must** complete this 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. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF ORAL HEALTH, PROGRAMS & POLICY	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 600 W. 168 ST. - DENTAL CLINIC	AVERAGE NUMBER OF EMPLOYEES 3
CITY, STATE, ZIP CODE N.Y., N.Y. 10032	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DOHMH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 4750
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Mark Lewis TITLE Regional Director

PRINT NAME MARK LEWIS DATE 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bushwick STD Clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 335 Central Ave	AVERAGE NUMBER OF EMPLOYEES: 22
CITY, STATE, ZIP CODE: Brooklyn N.Y. 11221	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 27,000
INDUSTRY DESCRIPTION (eg.. 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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Vincent Dufour TITLE Clinic Manager

PRINT NAME Vincent Dufour DATE Jan-26 2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: CROWN Heights STD Clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 1218 Prospect Place	AVERAGE NUMBER OF EMPLOYEES: 22
CITY, STATE, ZIP CODE: Brooklyn N.Y. 11213	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 9,000
INDUSTRY DESCRIPTION (e.g.. village fire department): Health Facility	
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 ILLNESSES TYPES	
DEATHS	00 (Col. G.)	AWAY FROM WORK	02 (Col. K.)	INJURIES	01 (Col. 1)
DAYS AWAY FROM WORK	02 (Col. H.)	JOB TRANSFER OR RESTRICTION	00 (Col. L.)	SKIN DISORDERS	00 (Col. 2)
JOB TRANSFER OR RESTRICTION	00 (Col. I.)			RESPIRATORY CONDITIONS	00 (Col. 3)
OTHER RECORD-ABLE CASES	00 (Col. J.)			POISONINGS	00 (Col. 4)
				HEARING LOSS	00 (Col. 5)
				ALL OTHER ILLNESSES	00 (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: Vincent Dufour TITLE: clinic Manager

PRINT NAME: Vincent Dufour DATE: Jan. 26, 2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of TB Control	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 346 Broadway 8th Floor	AVERAGE NUMBER OF EMPLOYEES 40
CITY, STATE, ZIP CODE New York, N.Y. 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 70,000
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 , 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (Col. 6)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: BUREAU OF TB CONTROL - EDUCATION + TRAINING	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 253 BROADWAY ROOM 602	AVERAGE NUMBER OF EMPLOYEES: 12
CITY, STATE, ZIP CODE: NEW YORK, N.Y. 10007	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 20530
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120 – 611699	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (Col. 6)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Camden Hotel	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 206 West 95th Street	AVERAGE NUMBER OF EMPLOYEES 1
CITY, STATE, ZIP CODE New Yor, NY 10025	
INDUSTRY DESCRIPTION (e.g.. village fire department) DOHMH TB Control, DOT provider	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 1760
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	58 (Col. K.)	**INJURIES**	1 (Col. 1)
DAYS AWAY FROM WORK	58 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Darrin O. Taylor **TITLE** SRO Project Manager

PRINT NAME Darrin O. Taylor **DATE** 1-27-06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Operations, Homecrest District Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1601 Avenue 'S'	AVERAGE NUMBER OF EMPLOYEES 5
CITY, STATE, ZIP CODE Brooklyn, New York 11229	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 9445
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561720 - 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Burt Rob — TITLE Health Service Manager

PRINT NAME Burt Roberts — DATE Jan 24, 06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Communications/Cross-Cultural/Community Relations/AMO	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth St Rm 1047	AVERAGE NUMBER OF EMPLOYEES: 11
CITY, STATE, ZIP CODE: New York, N.Y 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 20,000
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health & Mental Hygiene	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: [signature] TITLE: PMO

PRINT NAME: OLIVIA MERA DATE: 1/30/06

SH 900.1 (12-03)

OF NEW YORK
TMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Communications/On-line Editng/Publications	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth St. Rm 339	AVERAGE NUMBER OF EMPLOYEES: 7
CITY, STATE, ZIP CODE: New York, N.Y 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 13,000
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health & Mental Hygiene	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 PMO

PRINT NAME OLIVIA MERA DATE 1/30/06

SH 900.1 (12-03)

OF NEW YORK
TMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Communications/Press Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth St. Rm 329	AVERAGE NUMBER OF EMPLOYEES: 6
CITY, STATE, ZIP CODE: New York, N.Y 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 11,000
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health & Mental Hygiene	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 PMO

PRINT NAME OLIVIA MERA DATE 1/30/06

SH 900.1 (12-03)

OF NEW YORK
RTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Communications / HHMG / Publications	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth St. Rm 342	AVERAGE NUMBER OF EMPLOYEES: 12
CITY, STATE, ZIP CODE: New York, N.Y 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 21,595
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): ____ ____ ____ ____ ____ ____	

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3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Olivia Mera TITLE PH O

PRINT NAME OLIVIA MERA DATE 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Chelsea Chest & enter	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 303 Ninth Avenue	AVERAGE NUMBER OF EMPLOYEES: 22
CITY, STATE, ZIP CODE: New York, N.Y. 10001	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 32,641
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 ILLNESSES TYPES	
DEATHS	Ø (Col. G.)	AWAY FROM WORK	Ø (Col. K.)	INJURIES	Ø (Col. 1)
DAYS AWAY FROM WORK	Ø (Col. H.)	JOB TRANSFER OR RESTRICTION	Ø (Col. L.)	SKIN DISORDERS	Ø (Col. 2)
JOB TRANSFER OR RESTRICTION	Ø (Col. I.)			RESPIRATORY CONDITIONS	Ø (Col. 3)
OTHER RECORD-ABLE CASES	Ø (Col. J.)			POISONINGS	Ø (Col. 4)
				HEARING LOSS	Ø (Col. 5)
				ALL OTHER ILLNESSES	Ø (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: David T. Cappelli TITLE: Center Administrative Manager

PRINT NAME: David T. Cappelli DATE: 1/30/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME GRANTS Admin NYC DOHMH DIVISION OF FINANCIAL STRATEGIC MANAGEME	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 WORTH STREET ROOM 623	AVERAGE NUMBER OF EMPLOYEES 6
CITY, STATE, ZIP CODE NEW YORK, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 10920
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Judith Gaskin TITLE Prin Admin Assoc

PRINT NAME Judith GASKIN DATE 2/7/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 **must** complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME ORAL HEALTH Programs Policy Fort Greene Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 295 Flatbush Avenue Ext	AVERAGE NUMBER OF EMPLOYEES 4
CITY, STATE, ZIP CODE Brooklyn, NY. 11201	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 6175
INDUSTRY DESCRIPTION (e.g., village fire department) N.Y.C. Dept Health & Mental Hygiene,	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 6 21210 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	(Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	(Col. 3)
OTHER RECORD-ABLE CASES	0 (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 Sheldon Lisogorsky TITLE Regional ADMIN. Dir

PRINT NAME Sheldon Lisogorsky DATE 2-1-06.

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

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

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: ORAL HEALTH Programs & Policy	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 3525 Nostrand Avenue	AVERAGE NUMBER OF EMPLOYEES: 32
CITY, STATE, ZIP CODE: Brooklyn, NY. 11229	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 45,425
INDUSTRY DESCRIPTION (e.g., village fire department): NYC, Dept of HEALTH & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 621210 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	6 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	6 (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: Sheldon Lisogorsky TITLE: Regional ADM. Dir.

PRINT NAME: Sheldon Lisogorsky DATE: 2-1-06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 **must** complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME FSM/PPQD, Policy & Planning	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, RM 624	AVERAGE NUMBER OF EMPLOYEES 15
CITY, STATE, ZIP CODE New York, N.Y. 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 26,300 Hours
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561110 541990	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Dodsey Cyrus TITLE PAA I

PRINT NAME Dodsey Cyrus DATE 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Correctional Health Services-Vernon C. Bain Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1 Hallack Street	AVERAGE NUMBER OF EMPLOYEES 15
CITY, STATE, ZIP CODE Bronx, New York 10474	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 26,250
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Dept. of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9213120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (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 Jaime Rivera TITLE Dir. of Credentialing & Accreditation

PRINT NAME Jaime Rivera DATE 2/7/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Correctional Health Services-Administration	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 225 Broadway, Floors 17 & 23	AVERAGE NUMBER OF EMPLOYEES 51
CITY, STATE, ZIP CODE New York, New York 10007	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Dept. of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 89,250
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9213120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	10 (Col. K.)	INJURIES	2 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (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 Jaime Rivera TITLE Dir. of Credentialing & Accreditation

PRINT NAME Jaime Rivera DATE 2/7/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Correctional Health Services-Rikers Island	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1606 Hazen Street (West Facility Trailer)	AVERAGE NUMBER OF EMPLOYEES 91
CITY, STATE, ZIP CODE Queens, New York 11365	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Dept. of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 159,250
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9213120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (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 Jaime Rivera **TITLE** Dir. of Credentialing & Accreditation

PRINT NAME Jaime Rivera **DATE** 2/7/2006

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Correctional Health Services-Warehouse (CMS)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 18-39 42 Street	AVERAGE NUMBER OF EMPLOYEES 21
CITY, STATE, ZIP CODE Astoria, New York 11105	
INDUSTRY DESCRIPTION (e.g.. village fire department) New York City Dept. of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 36,750
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9213120, 621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (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 Jaime Rivera **TITLE** Dir. of Credentialing & Accreditation

PRINT NAME Jaime Rivera **DATE** 2/7/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bureau of STD Control (East Harlem)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 158 E 115 st	AVERAGE NUMBER OF EMPLOYEES: 11
CITY, STATE, ZIP CODE: NYC NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: N/A 25
INDUSTRY DESCRIPTION (e.g.. village fire department): Dept of Health.	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Maria Rodriguez TITLE DIS / SR. PHA

PRINT NAME MARIA Rodriguez DATE 1/18/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF SCHOOL HEALTH QUEENS SCHOOL HEALTH REGIONAL OFFICE	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 120-34 QUEENS BLVD	AVERAGE NUMBER OF EMPLOYEES 310
CITY, STATE, ZIP CODE KEW GARDENS NY 11415	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 431,600
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DEPT OF HEALTH & MENTAL HYGIENE	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	21 (Col. K.)	INJURIES	10 (Col. 1)
DAYS AWAY FROM WORK	7 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	3 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Richard Fox TITLE REGIONAL MANAGER

PRINT NAME RICHARD FOX DATE 2/8/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: New York City Department of Health and Mental Hygiene	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 2 Lafayette St	AVERAGE NUMBER OF EMPLOYEES: 171
CITY, STATE, ZIP CODE: New York New York	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 286,320
INDUSTRY DESCRIPTION (e.g.. village fire department): Health 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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	1 (Col. K.)	INJURIES	3 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Robert Young TITLE Labor Relations Coordinator

PRINT NAME Robert Young DATE Feb 2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYC-DOHMH ORAL HEALTH PROGRAMS & POLICY - LOWER MANHATTAN DENTAL CLINIC (D.H.C)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 303 NINTH AVENUE	AVERAGE NUMBER OF EMPLOYEES 7
CITY, STATE, ZIP CODE NY, NY 10001	
INDUSTRY DESCRIPTION (e.g.. village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 11,731
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 6 2 1 2 1 0	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	(Col. 1)
DAYS AWAY FROM WORK	(Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	2 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	2 (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 Toni D. Smith TITLE REGIONAL ADM. DIRECTOR

PRINT NAME TONI D. SMITH DATE 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: N.Y.C. EARLY INTERVENTION PROGRAM	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 49-51 CHAMBERS STREET - RM 133	AVERAGE NUMBER OF EMPLOYEES: 17
CITY, STATE, ZIP CODE: NEW YORK, NEW YORK 10007	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 29,750
INDUSTRY DESCRIPTION (e.g.. village fire department): NEW YORK CITY DOHMH	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Deborah Adams TITLE COORDINATING MANAGER

PRINT NAME DEBORAH ADAMS DATE 2/14/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 **must** complete this 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. EMPLOYENT INFORMATION
ESTABLISHMENT NAME OPERATIONS - PLANT OPERATIONS	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 455 1ST. AVE. ROOM 047	AVERAGE NUMBER OF EMPLOYEES 37
CITY, STATE, ZIP CODE NEW YORK, N.Y. 10016	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DEPT. OF HEALTH + MENTAL HYGIENE	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 73840
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	35 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	35 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Samuel Martinez TITLE ADMIN. SUPR. BUILD. MAINT.

PRINT NAME SAMUEL MARTINEZ DATE 2/14/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: PEST CONTROL SERVICES – Rm 330	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 12-26 31 ST AVE	AVERAGE NUMBER OF EMPLOYEES: 14
CITY, STATE, ZIP-CODE: ASTORIA, NY 11106	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 24,500
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC DEPT OF HEALTH AND MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 62 11 11 621511	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0			POISONINGS	0

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Morrisania STD Clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1309 Fulton Avenue	AVERAGE NUMBER OF EMPLOYEES 33
CITY, STATE, ZIP CODE Bronx, New York 10456	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DOH/MH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 58,240
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9 2 3 1 2 0 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	(Col. K.)	INJURIES	(Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	(Col. L.)	SKIN DISORDERS	(Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	(Col. 3)
OTHER RECORD-ABLE CASES	0 (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 Mary Seabrooks TITLE Clinic Manager

PRINT NAME Mary Seabrooks DATE 2/14/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME OPERATIONS NYC Dept. Of Health & Mental Hygiene / Bedford Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 485 Throop Avenue	AVERAGE NUMBER OF EMPLOYEES 4
CITY, STATE, ZIP CODE Brooklyn, NY 11221	
INDUSTRY DESCRIPTION (e.g.. village fire department) Public Health Clinic	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 7,560
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Kevin McGrath TITLE Health Services Manager

PRINT NAME Kevin McGrath DATE 1/31/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005 .

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME OPERATIONS NYC Dept. of Health & Mental Hygiene/ Astoria Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 12-26 31st Avenue	AVERAGE NUMBER OF EMPLOYEES 3
CITY, STATE, ZIP CODE Astoria, NY 11106	
INDUSTRY DESCRIPTION (e.g.. village fire department) Public Health Clinic	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 5,125
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	5 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Kevin McGrath TITLE Health Services Manager

PRINT NAME Kevin McGrath DATE 1/31/06

SH 900.1 (12-03)

Calendar Year 20 05
Page 1 of 1

essary.
oyee health and must be used in a
loyees to the extent possible while the
health purposes. Refer to the instructions
ed as "privacy concern cases".

Check the "injury" column or choose one type of illness:

(L) On Job transfer or restriction	
0	(1) Injury ✓
	(2) Skin Disorder
	(3) Respiratory Condition
	(4) Poisoning
	(5) Hearing Loss
	(6) All Other Illnesses

days/s

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Financial and Strategic Management - Administration	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth Street, Room 620	AVERAGE NUMBER OF EMPLOYEES: 6
CITY, STATE, ZIP CODE: New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 11,000
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC Dept. of Health and Mental Hygiene	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Krista Bringley TITLE: Research Assistant

PRINT NAME: Krista Bringley DATE: 2/1/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bureau of Informatics and Information Technology	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 125 Worth Street, Room 1051-1072, 10th Floor	AVERAGE NUMBER OF EMPLOYEES: 28
CITY, STATE, ZIP CODE: New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 49,000
INDUSTRY DESCRIPTION (e.g.. village fire department): NYC DEPT OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 541519 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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: Nicole Chisholm TITLE: Research Assistant

PRINT NAME: Nicole Chisholm DATE: 2/13/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

2005

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Informatics and Information Technology	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 40 Worth Street, 15th Fl	AVERAGE NUMBER OF EMPLOYEES 50
CITY, STATE, ZIP CODE New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 87,500
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC DEPT OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 541519 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)

TATE OF NEW YORK
DEPARTMENT OF LABOR

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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

2005.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: Bureau of Informatics and Information Technology	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 346 Broadway, Rm 832	AVERAGE NUMBER OF EMPLOYEES: 33
CITY, STATE, ZIP CODE: New York, NY 10013	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 57,750
INDUSTRY DESCRIPTION (e.g., village fire department): NYC DEPT OF HEALTH & MENTAL HYGIENE	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 541519, 561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (Col. 6)

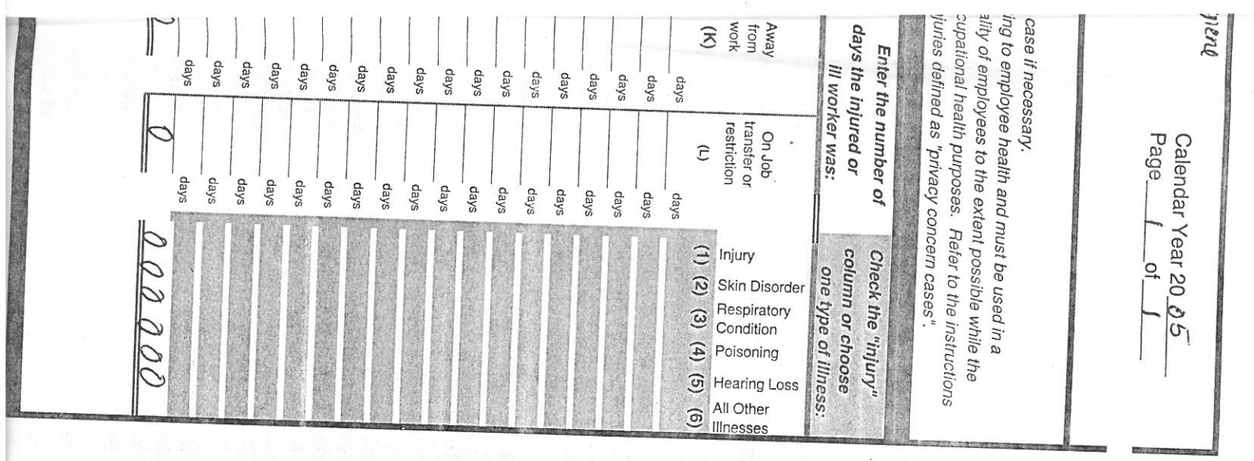
6. CERTIFICATION

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

SIGNATURE: Nicole Crusholm TITLE: Research Assistant

PRINT NAME: Nicole Crusholm DATE: 2/13/06

SH 900.1 (12-03)



STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureaus of Public Health Training-Library	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 455 First Avenue, 12th Floor, Room 1200	AVERAGE NUMBER OF EMPLOYEES 10
CITY, STATE, ZIP CODE New York, NY 10016	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept. of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 9800
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561110	

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3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Delores Sands TITLE PMO

PRINT NAME Delori s Sands DATE 2/14/2006

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
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State Office Campus
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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureaus of Public Health Training/Injury Epidemiology	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 2 Lafayette Street, 20th Floor, CN65	AVERAGE NUMBER OF EMPLOYEES 28
CITY, STATE, ZIP CODE New York, NY 10007	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYC Dept. of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 42500
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120/561110	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Delori Sands TITLE PMO

PRINT NAME Delori s Sands DATE 2/14/2006

SH 900.1 (12-03)

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: NYC DOH-MH	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 66 John St., 11th Fl.	AVERAGE NUMBER OF EMPLOYEES: 26
CITY, STATE, ZIP CODE: NY NY 10038	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 43,990
INDUSTRY DESCRIPTION (e.g.. village fire department): Municipal Govt. Agency	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Charles P. Miller TITLE Asst. Dir.

PRINT NAME Charles P. Miller DATE 2/1/06

SH 900.1 (12-03)

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

2005

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: North Brooklyn Pest Control Office	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 130 Nostrand Ave	AVERAGE NUMBER OF EMPLOYEES: 44
CITY, STATE, ZIP CODE: Brooklyn NY 11205	
INDUSTRY DESCRIPTION (e.g.,village fire department): NYC Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 77,665
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS): 923120	

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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	1 (Col.1)
DAYS AWAY FROM WORK	1 (Col. H)	AWAY FROM WORK	17 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

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: Vincent R. Goulbourne TITLE: Regional Director

PRINT NAME: Vincent R. Goulbourne DATE: 1.26.06

SH-900.1 (2-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

All establishments covered by Part 801 **must** complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Policy, Planning, Quality & Development-Dept. of Health/Hygiene	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street 6th Floor Room 627	AVERAGE NUMBER OF EMPLOYEES 6
CITY, STATE, ZIP CODE New York, NY 10013	
INDUSTRY DESCRIPTION (e.g.. village fire department) Municipal Health Department	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 8, 400
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 9 2 3 1 2 0	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Assistant Commissioner

PRINT NAME Dan Lehman DATE Feb. 7, 06

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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(includes community sites)

1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYCDOHMH ORAL HEALTH PROGRAMS & POLICY - REGION II MANHATTAN REGIONAL OFFICE - HARLEM DHC	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 158 E 115 STREET ROOM 222	AVERAGE NUMBER OF EMPLOYEES 18
CITY, STATE, ZIP CODE NEW YORK, NY 10029	
INDUSTRY DESCRIPTION (e.g.. village fire department) CHILDREN'S DENTAL SERVICES	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 29,385
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 6 2 1 2 1 0	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	1 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	1 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	2 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	2 (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 Toni D. Smith TITLE REGIONAL ADM. DIRECTOR

PRINT NAME TONI D. SMITH DATE 1/31/06

SH 900.1 (12-03)

PARTMENT OF LABOR

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

All establishments covered by PART 801 **must** complete this summary annually, even if no occupational injuries or illnesses occurred during the year.

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'2005' 1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME: Far Rockaway Chest Center	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS: 67-10 Rockaway Beach Blvd.	AVERAGE NUMBER OF EMPLOYEES: 8
CITY, STATE, ZIP CODE: Far Rockaway, N.Y. 11692	
INDUSTRY DESCRIPTION (e.g., village fire department): HEALTH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: ~2,912
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	0 (Col. G)	JOB TRANSFER OR RESTRICTION	0 (Col. K)	INJURIES	0 (Col.1)
DAYS AWAY FROM WORK	0 (Col. H)	AWAY FROM WORK	0 (Col. L)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				ALL OTHER ILLNESSES	0 (Col. 5)

* PLEASE NOTE: CENTER CLOSED SEPTEMBER 2, 2005.

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 Luz Santana TITLE Admin. Mgr.

PRINT NAME Luz Santana DATE 1/31/06

SH-900.1 (2-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES
FORM SH 900.1

All establishments covered by Part 801 **must** complete this annually, even if no occupational injuries or illnesses occurred during the year.

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME: SURVEILLANCE + EDUCATION AND TRAINING	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS: 253 Bowery	AVERAGE NUMBER OF EMPLOYEES: 30
CITY, STATE, ZIP CODE: New York NY 10007	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR: 47,060
INDUSTRY DESCRIPTION (e.g.. village fire department): Dept. of Health + Mental Hygiene (TB)	
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	0 (Col. K.)	INJURIES	2 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (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 Dir. Health/Surveillance, BTX NYC DOHMH

PRINT NAME Fabienne Laraque DATE 1/26/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYCDOHMH-BMIRH-NEWBORN	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 158 E 115TH STREET	AVERAGE NUMBER OF EMPLOYEES 6
CITY, STATE, ZIP CODE NEW YORK, NY 10029	
INDUSTRY DESCRIPTION (e.g.. village fire department) NYCDOHMH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 10,290
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 624110,923120	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	**AWAY FROM WORK**	0 (Col. K.)	**INJURIES**	0 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	**JOB TRANSFER OR RESTRICTION**	0 (Col. L.)	**SKIN DISORDERS**	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			**RESPIRATORY CONDITIONS**	0 (Col. 3)
OTHER RECORD-ABLE CASES	0 (Col. J.)			**POISONINGS**	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Haywood Stephney **TITLE** PROJECT COORDINATOR

PRINT NAME HAYWOOD STEPHNEY,JR **DATE** 3/16/06

SH 900.1 (12-03)

Program was located @ 2238 5th Ave
Unt.1 10/05

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYC DOHMH-MATERNAL, INFANT & REPRODUCTIVE HEALTH - COMMUNITY EDUCATIONAL SERVICES	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 25 Chapel Street 10th Fl. Suite 1006 Brooklyn, NY 11201	AVERAGE NUMBER OF EMPLOYEES 8
CITY, STATE, ZIP CODE	
INDUSTRY DESCRIPTION (e.g.. village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 14,560
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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	84 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	84 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Naomi Garcia TITLE Assistant DIRECTOR - CES

PRINT NAME NAOMI GARCIA DATE 3-22-06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
Albany NY 12240

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME DOHMH-BUREAU STD CONTROL-CORONA	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 34-33 Junction Blvd.	AVERAGE NUMBER OF EMPLOYEES 4
CITY, STATE, ZIP CODE Jackson Heights, N.Y. 11372	
INDUSTRY DESCRIPTION (e.g.. village fire department) HEALTH DEPARTMENT	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 7000
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120/621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	1 (Col. K.)	INJURIES	1 (Col. 1)
DAYS AWAY FROM WORK	0 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	1 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Lucinda Williams TITLE Project Manager (ASA)

PRINT NAME Lucinda Williams DATE 1/26/06

SH 900.1 (12-03)

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety and Health
Public Employee Safety and Health Bureau
State Office Campus
Building 12. Room 158
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SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900.1

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME DOHMH-BUREAU STD CONTROL-JAMAICA	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 90-37 Parson's Blvd.	AVERAGE NUMBER OF EMPLOYEES 29
CITY, STATE, ZIP CODE JAMAICA, N.Y. 11432	
INDUSTRY DESCRIPTION (e.g.. village fire department) HEALTH DEPARTMENT	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 50750
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120/621399	

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 ILLNESSES TYPES	
DEATHS	0 (Col. G.)	AWAY FROM WORK	191 (Col. K.)	INJURIES	7 (Col. 1)
DAYS AWAY FROM WORK	5 (Col. H.)	JOB TRANSFER OR RESTRICTION	0 (Col. L.)	SKIN DISORDERS	0 (Col. 2)
JOB TRANSFER OR RESTRICTION	0 (Col. I.)			RESPIRATORY CONDITIONS	0 (Col. 3)
OTHER RECORD-ABLE CASES	2 (Col. J.)			POISONINGS	0 (Col. 4)
				HEARING LOSS	0 (Col. 5)
				ALL OTHER ILLNESSES	0 (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 Frank Williams TITLE Senior Manager (ASA)

PRINT NAME Lacwyn Williams DATE 1/26/06

SH 900.1 (12-03)