1. ESTABLISHMENT INFORMATION



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

2004

#### 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.

	CLASSIFICATION SYSTEM  1210  f Occupational Injuries and Illnesses (SH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  6,923  900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM WORK  Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  C(Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
I certify that I have examined to SIGNATURE  PRINT NAME  STE	his document and that to the best of my know	wledge the entries are true, accurate, and complete.  TITLE REGIONAL FIDMINISTRATIVE DIRECTORY DATE 1/21/2005



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

2004

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1. ESTABLISHMENT INFORMATION ESTABLISHMENT NAME	2. EMPLOYMENT INFORMATION
EARLY INTERVENTION PROGRAM Child Finds	If you don't have accurate figures, see the instructions on the back of this sheet.
40 Worth Street RM1607	AVERAGE NUMBER OF EMPLOYEES
NEW VORK NEW VORK 16013.  INDUSTRY DESCRIPTION (e.g., village fire department)	_34_
TANDARD INDUSTRIAL CLASSIFICATION (SIC) IE KNOWN (NAICS)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
= 923/20, 624190 =	60073

3. NUMBER OF	CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS	_()		INJURIES (
DAYS AWAY FROM WORK	(Col. G)	JOB TRANSFER OR RESTRICTION	SKIN DISORDERS (Col:
JOB TRANSFER	(Col. H)	(Col. (1)	RESPIRATORY CONDITIONS (Col.
OR RESTRICTION OTHER RECORD-	(Col. I)	AWAY FROM WORK	POISONINGS
ABLE CASES	(Col. J.)	(Col. K	ALL OTHER ILLNESSES (Col.
		16	Hearing Loss 0

6. CERTIFICATIO	NC
I certify that I have examined this document and that to the best of my	acknowledge the entries are true, accurate, and complete.  TITLE MANAGEMENT MANAGEMENT TO A COMPLETE.
PRINT NAME DE BOILAGE HUMS.	DATE 1/26/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
RIVERSICE HEALTH CENTER	If you don't have accurate figures, see the Instructions on the back of the sheet.
160 West 100 Street	AVERAGE NUMBER OF EMPLOYEES
New York N.Y. 10025 INDUSTRY DESCRIPTION (e.g., village fire department)	
N.Y.c. Dept. of Health & Mental Hygren NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120 561720	10,750
w .	

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  (Col. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  (Col. 5)
		ALL OTHER ILLNESSES (Col. 6)

# 1 certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete. SIGNATURE Northern Araman TITLE Health Environs Myr. PRINT NAME NORBENT ATAMANE DATE 1/28/25

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

DATE 1-21-05

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

2004

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

1. ESTABLISHMENT INFORMATION

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STATIENS ISLAWED	NU1. 10301	15
NORTH AMERICAN INDUSTRIAL (	Harlth & METAl Hygunia	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  26, 860
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 90 If a category has no cases, enter "0".	0) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. I.)  (Col. I.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  COL. 1)  SKIN DISORDERS  COL. 2)  RESPIRATORY CONDITIONS  COL. 3)  POISONINGS  COL. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
SIGNATURE VIS	this document and that to the best of my knowledges the second of the se	edge the entries are true, accurate, and complete.  TITLE SC Crew Chief  DATE 1-21-05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME	If you don't have accurate figures, see the	
Bureau of Immunization - CROWN HEIGHTS H.C.	Instructions on the back of the sheet.	
STREET ADDRESS		
1218 PROSPECT PL, 1ST FLOOR	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE		
BROOKLYN NY 11213	7	
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) 923120 621399	12,005	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  O (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES

6. CERTIFICATION		
I certify that I have examined this document and that to the best	William M. W.	
SIGNATURE	TITLEStaff Analyst	
PRINT NAME Robert Young	DATE	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME Bureau of Tuberculosis Control-Chelsea Chest Center	If you don't have accurate figures, see the Instructions on the back of the sheet.	
STREET ADDRESS 303 9th Avenue, 3rd Floor	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE New York, NY 10001	18	
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) 923120, 621399	30,870	

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

~~~		6. CERTIFICATION		
I certify t	hat I have examined this docu Rumalkhan fo	ument and that to the best of my know  Clifford Johnson	edge the entries are true, accurate,	and complete.
PRINT NAME		JOHNSON.	DATE 1-31-05	



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

2004

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ESTABLISHMENT NAME  BUREAU DF STD CONTROL - FT. GREENE H. C.  STREET ADDRESS    295 FORTBUSH AVE. GAT., 444 FLOOY  CITY, STATE, ZIP CODE  INDUSTRY DESCRIPTION (e.g., village fire department)  NUC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  If you don't have accurate figures, see the Instructions on the back of the sheet.  AVERAGE NUMBER OF EMPLOYEES  AVERAGE NUMBER OF EMPLOYEES  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  (6. 3.6.)	1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
STREET ADDRESS  255 HATBUSH AVE. Ext., 446 FLOOY  CITY, STATE, ZIP CODE  SKLYN H. Y. ((20)  INDUSTRY DESCRIPTION (e.g., village fire department)  NUC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  AVERAGE NUMBER OF EMPLOYEES  AVERAGE NUMBER OF EMPLOYEES  10 TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  (X) 3 (A)	ESTABLISHMENT NAME	
STREET ADDRESS  295 HATBUSH AVE. Ext., 446 FLOOV  AVERAGE NUMBER OF EMPLOYEES  CITY, STATE, ZIP CODE  SKIVM H. 7. (120)  INDUSTRY DESCRIPTION (e.g., village fire department)  NUC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (5 3 0)	BUREAU OF STD, CONTROL - FT. GREENE, H.C.	Instructions on the back of the sheet.
CITY, STATE, ZIP CODE  SKIVM M-7- ((20)  INDUSTRY DESCRIPTION (e.g., village fire department)  NUC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (5 3 0)	STREET ADDRESS	
INDUSTRY DESCRIPTION (e.g., village fire department)  NYC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (F. 3.0)	295 HATBUSH AVE GAT., 4th Floor	AVERAGE NUMBER OF EMPLOYEES
NYC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (F. 3.0)	CLTY, STATE, ZIP CODE	20
NYC DEPT OF HEALTHE MENTAL HYGIENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (F. 3.0)	BKIVM N.Y. 1(20)	27
NYC DEPT OF HEALTH & MENTAL HYGIENE NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (6. 3.0.)	INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL MOUNT WORKED BY ALL EMPLOYEES LAST VEAR
(// 3//)		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
X 1 1/2 1	NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	US 21A
(NAICS) 923120 621399,	(NAICS) 923120 621399,	70, 360

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my know SIGNATURE SIGNATURE WELLEAMS	TITLE Chinic Manager  DATE 3/7/05	

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

AVERAGE NUMBER OF EMPLOYEES

2/

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

2004

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1. ESTABLISHMENT INFORMATION

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CONTROL - RIVERSIDE H.C. Instructions on the back of the sheet.

	10025	X 10
INDUSTRY DESCRIPTION (e.g., villa	age fire department)	
Myc Dept of	Heatthe Mental Hygie	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM	111 400
(NAICS) 923120, 62	1399	44,590
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH . If a category has no cases, enter "0".	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
	6. CERTIFICATION	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
Bureau of STD Control - Morrisania H.C. STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
1309 Fulton Avenue, 2nd Fl CITY, STATE, ZIP CODE Bronx, NY 10456	AVERAGE NUMBER OF EMPLOYEES
NYC Dept of Heath & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  58 870

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE Mary Seabrooks PRINT NAME Mary Seabrooks	TITLE Chnic Manager  DATE 1/29/05

## 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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Operations-Health Police Central DOHMH Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 125 Worth Street, 1st Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10013	12
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) 922120	24,416.

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  O  (Col. I.)	AWAY FROM Col. K.)  JOB TRANSFER OR RESTRICTION  O(Col. L.)	INJURIES
(Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5) (Col. 6)

6. CERTIFICATIO	N
I certify that I have examined this document and that to the best of my kn	nowledge the entries are true, accurate, and complete.  TITLE Deputy Chief
PRINT NAME Christine Baucom	DATE 1-31-05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Bureau of Operations-Health Police Labs	Instructions on the back of the sheet.
STREET ADDRESS	
455 1st Avenue, 1st Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York, NY 10016	18
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) 922120	36,416.

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

6. CERTIFICAT	6. CERTIFICATION	
I certify that I have examined this document and that to the best of my SIGNATURE Thus true auch	w knowledge the entries are true, accurate, and complete.  TITLE  Deputy Chief	
PRINT NAME Christine Baucom	DATE	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Equal Employment Opportunity Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 93 Worth Street, Room 1114B	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10013	4
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) 561110	6860

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my ki	nowledge the entries are true, accurate, and complete.  TITLE Health & Safety Compliance Inspector	
PRINT NAME Ingrid Ramlakhan	DATE 1/31/05	

1. ESTABLISHMENT INFORMATION

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

2. EMPLOYENT INFORMATION

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

2004

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ESTABLISHMENT NAME  HUNDLO WALLA TURANIA  STREET ADDRESS	ng 2 Onjury spidemio	If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATH, ZIPGODE	eet soun floor	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., vill	age fire department)	24
NVC-DEDT OF BUILDING	alth & mental blugging	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 9 23120, 5	61110-	37500
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9 . If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  Col. G.)	AWAY FROM (Col. K.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS (Col. 3)
OTHER RECORDABLE CASES Col. I.)	(Col. L.)	POISONINGS (Col. 4)
(Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
I certify that I have examined SIGNATURE DUOW PRINT NAME DEWES	ands	riedge the entries are true, accurate, and complete.  TITLE PHD  DATE 212105

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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2. EMPLOYENT INFORMATION
If you don't have accurate figures, see the Instructions on the back of the sheet.
AVERAGE NUMBER OF EMPLOYEES
0
TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
9800

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled SIGNATURE DELOGIS SandS  PRINT NAME DELOGIS SandS	edge the entries are true, accurate, and complete.  TITLE PHO  DATE 2 2 0 5



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Office of Environmental Investigations	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 2 Lafayette Street, 11th Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10007	11
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) 541620, 923120, 541990	20,590

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

		6. CE	RTIFICATION		
I certif	y that I have examined this doc	ument and that to the	ne best of my know	ledge the e	ntries are true, accurate, and complete.  Health & Safety Compliance Officer
PRINT NAME	Ray Nieves/Ingrid Ramla	khan		_ DATE	4/29/05



#### 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	If you don't have accurate figures, see the
Bureau of Operations - Brownsville Health Center	Instructions on the back of the sheet.
STREET ADDRESS	
259 Bristol Street, Room 344 & Basement	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	a a
Brooklyn, NY 11212	4
INDUSTRY DESCRIPTION (e.g., village fire department)	
NYC Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	7,595
(NAICS) 923120, 561720	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  O  (Col. I.)  (Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4) 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 know	ledge the entries are true, accurate, and complete.
SIGNATURE / Caro 1. 300	TITLE Administrative Manager
PRINT NAME Ricardo M. Baker	DATE 1-31-05



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

300 f

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of HIV/AIDS- HIV Epidemiology Program	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 346 Broadway, Rooms 701-707	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10013	113
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) 923120, 621330, 561110	193,200

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  O (Col. I.) O (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	(Col. 1)  (Col. 2)  (Col. 3)  (Col. 4)
		ALL OTHER ILLNESSES	(Col. 5) (Col. 6)

6. CERTII	FICATION
I certify that I have examined this document and that to the bes	t of my knowledge the entries are true, accurate, and complete.  TITLE Public Health Epidemiologist II
PRINT NAME Peter Rosas	DATE 5/2/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Division of Environmental Health-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	
CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York, NY 10013  INDUSTRY DESCRIPTION (e.g., village fire department)	
New York City Department of Health & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120, 541620	25,790

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

6. CERTIFICATIO	N
I certify that I have examined this document and that to the best of my kr	nowledge the entries are true, accurate, and complete.  TITLE Staff Analyst
PRINT NAME Meredith Laureno	DATE 1-31-05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
BUR. School Health- Region 3 / Brooklyn EAST STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
1601 AUE S. RM245- CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire department)	222
NYC Dept of Health & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS)  624110, 621399, 923120	272,076

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)  (Col. I.)	AWAY FROM 217 WORK Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)
(Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled	lge the entries are true, accurate, and complete.
SIGNATURE VILLOVILLOVILLOVILLOVILLOVILLOVILLOVILL	TITLE ASSOC. STAFF. ANalysi
PRINT NAME Vale valmont	DATE

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

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

2004

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1. ESTABLISHMENT INFORMATION

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Operations-facility	Planning & Plant Operation	Instructions on the back of the sheet.
STREET ADDRESS  2 La Saye He Shre CITY, STATE, SIP CODE  NOUSTRY DESCRIPTION (c.g., villa  MC Le H. Of Health NORTH AMERICAN INDUSTRIAL C  NAICS)  541310	et, 18th Floor	AVERAGE NUMBER OF EMPLOYEES  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  32,130
Enter the column totals from the Log of orrespond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9) If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
I certify that I have examined SIGNATURE PRINT NAME PRINT NAME	this document and that to the best of my know	TITLE PAA  DATE 2(105

DATE \_\_\_\_



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
Resources - Employee Health Program	If you don't have accurate figures, see the Instructions on the back of the sheet.	
303 9th Avenue Rm 034 CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES	
New York NY 10001	8	
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	3.0 ~ ~ ~	
(NAICS) 621112 621399	13,505	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES
		ALL OTHER ILLNESSES (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE Ramined this document and that to the best of my know	ritle Health & Safety Compliance Inspect
PRINT NAME INGRID RAMLAKHAN	DATE 1 31 05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Environmental Health-Regulatory Quality Assurance	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS  #0 Worth Street, 15th Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE  New York, NY 10013	16
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) 561110, 518210	27685

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

6. CERTIFIC	CATION
I certify that I have examined this document and that to the best of SIGNATURE	f my knowledge the entries are true, accurate, and complete.  TITLE Director
PRINT NAME Georgia Davidson	DATE 4/27/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Bureau of Vital Statistics	Instructions on the back of the sheet.
STREET ADDRESS	7
125 Worth Street, Floors 1, 2 & B	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York, NY 10013	162
INDUSTRY DESCRIPTION (e.g., village fire department)	
New York City Dept of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561110, 541990	275,765

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  O (Col. I.)  O (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	(Col. 1)  (Col. 2)  (Col. 3)  (Col. 4)  0
		ALL OTHER ILLNESSES	(Col. 5) (Col. 6)

6. CERTI	FICATION
I certify that I have examined this document and that to the be	est of my knowledge the entries are true, accurate, and complete.
SIGNATURE	TITLE Program Management Officer
PRINT NAME Jean Jacobs	DATE 1-31-05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION  If you don't have accurate figures, see the Instructions on the back of the sheet.	
ESTABLISHMENT NAME HPDP- Brooklyn District Public Health Office		
STREET ADDRESS		
335 Central Avenue, 1st Floor	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE	AVERAGE NOWIDER OF EMPLOYEES	
Brooklyn, NY 11221	18	
INDUSTRY DESCRIPTION (e.g., village fire department)		
NYC Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120	28672	

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my known SIGNATURE . Security Language of Tocume 4 lances	wledge the entries are true, accurate, and complete.  TITLE Health & Safety Officer
PRINT NAME Joanne Alexis/Ingrid Ramlakhan	DATE 5/4/05



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
FSM-Business Systems Improvement	Instructions on the back of the sheet.
STREET ADDRESS	
93 Worth Street, Room 700	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York, NY 10013	7
INDUSTRY DESCRIPTION (e.g., village fire department)	
NYC Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561110	12,250

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS    O   (Col. G.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	O (Col. 1) O (Col. 2) O (Col. 3) O (Col. 4) O (Col. 5)

6. CERTIFICATION		
I certify that I have examined this document and that to the b SIGNATURE SAMUALLA FOR Made	est of my knowledge the entries are true, accurate, and complete.  (INC. GONTITLE Health & Safety Officer	
PRINT NAME Madeline Colon/Ingrid Ramlakhan	DATE 5/4/05	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME 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 Halleck Street Bronx 10474	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Bronx, NY 10474	25
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) 923120, 621111, 621399, 623990	39,690

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  O (Col. I.)  O (Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES
		ALL OTHER ILLNESSES (Col. 6)

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my knowledge SIGNATURE Rawlakhan for Michael Oragon		
PRINT NAME Ingrid Ramlakhan/Michael Aragon	DATE 5/10/05	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Correctional Health Services-Bernard B. Kerik Complex	Instructions on the back of the sheet.
STREET ADDRESS	
125 White Street	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York, NY 10013	6
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) 923120, 621111, 621399, 623990	6,615

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled SIGNATURE Rainfallan_ For Michael Ovagon	edge the entries are true, accurate, and complete.
PRINT NAME Ingrid Ramlakhan/Michael Aragon	DATE 5/10/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME 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
CITY, STATE, ZIP CODE New York, NY 10007	
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) 923120, 621399, 561110	168,560

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES
		ALL OTHER ILLNESSES (Col. 6)

6. CERTIFICATIO	N
I certify that I have examined this document and that to the best of my king SIGNATURE Way allow for Michael Avage	owledge the entries are true, accurate, and complete.  TITLE Health & Safety Officer
PRINT NAME Ingrid Ramlakhan/Michael Aragon	DATE 5/10/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Bureau of Correctional Health- Warehouse	Instructions on the back of the sheet.
STREET ADDRESS	
18-39 42nd Street	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
Astoria, NY 11105	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST VEAD
New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	38.955
(NAICS) 493110, 492210	

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

6. CERTIFICATION			
I certify that I I	nave examined this document and that to the	best of my knowledge the entries are true,	accurate, and complete. Safety Officer
PRINT NAME Ingrid	Ramlakhan/Michael Paul	DATE 5/9/05	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the Instructions on the back of the sheet.
Bureau of STD Control-Administration/Central Office STREET ADDRESS	instructions on the back of the sheet.
125 Worth Street, Rooms 207 & 212	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York, NY 10013	53
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) 923120, 621399	90,755

3. NUMBER OF CASI	ES 4. P	NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES  O (Col. 0 (Col.	G.) AWAY I WORK  H.) JOB TR RESTRI	FROM 0 (Col. K.)  ANSFER OR	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4)
(00.			ALL OTHER ILLNESSES	(Col. 5) (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE SUBJECTION BLACKS	wledge the entries are true, accurate, and complete.  TITLE Program Planner
PRINT NAME Linda Brown	DATE 3/4/05

## 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

2004

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	If you don't have accurate figures, see the Instructions on the back of the sheet.
Bureau of STD Control- Jamaica HC	instructions on the back of the sheet.
STREET ADDRESS	
90-37 Parsons Boulevard, 1st Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
Jamaica, NY 11432	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES EAST TEAK
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	54,880
(NAICS) 923120, 621399	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  O (Col. I.)  (Col. I.)  (Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES
		ALL OTHER ILLNESSES (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled	edge the entries are true, accurate, and complete.
SIGNATURE Ramallan For Cynthia Martinez	TITLE Health & Safety Officer
PRINT NAME Ingrid Ramlakhan/Cynthia Martinez	DATE

STATE OF NEW YORK DEPARTMENT OF LABOR

ESTABLISHMENT NAME



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

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

2004

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

ALL OTHER ILLNESSES

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

1. ESTABLISHMENT INFORMATION

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 there forms.

Bucou of Sch	OD 1 Houth Region N	If you don't have accurate figure  Instructions on the back of the	
STREET ADDRESS  151 MAUTER 5  CITY, STATE, ZIP CODE	treet, 3 rdfl.	AVERAGE NUMBER OF EMPL	OYEES
BROOKWN NS	1 1120%	238	_
INDUSTRY DESCRIPTION (e.g. vil	lage lire department) Heatle & Mental Hygica	TOTAL HOURS WORKED BY ALL EMPLOYE	ES LAST YEAR
NORTH AMERICAN INDUSTRIAL		350,210	
Enter the column totals from the Log of Occupational Injuries and Illnesses (SH 900) for each category (column labels under each time correspond to the columns on the Log). If a entegory has no cases, enter "0".			der each tine
3. Number of Cases	4. Number of days	5. Injuries and Illnesses	TYPES
DEATHS O (COL C.)  DAYS AWAY FROM WORK 3	AWAY FROM: 44  (Col. K.)	INJURIES  SKIN DISORDERS	(Col. 1)
JOB TRANSFER OR RESTRICTION (Col. 1) OTHER RECORD-	JOB TRANSFER OR CALL	RESPIRATORY CONDITIONS POISONINGS	(Col. 3) (Col. 4)
ABLE CASES (Col. J.)	9	HEARING LOSS	0

	6. CERTIFICATION
	that to the best of my knowledge the entries are true, accurate, and complete.  TITLE Regional Nunsing Director
PRINT NAME JOAN RONDON	DATE 5/9/05



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

2004

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	If you don't have accurate figures, see the		
Bureau of Day Care-Enforcement Unit	Instructions on the back of the sheet.		
STREET ADDRESS			
151 Maujer Street, Floors 1 & Basement	AVERAGE NUMBER OF EMPLOYEES		
CITY, STATE, ZIP CODE	1 20		
Brooklyn, NY 11206			
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST VEAD		
New York City Department of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR		
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	54,180		
(NAICS) 923120,624110			

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES T	YPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES  O (Col. I.)  O (Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4) 0
		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 _	Skaulaldian for Lana Reid.	TITLE Health & Safety Officer		
PRINT NAME Ingrid Ramlakhan/Lana Reid DATE 5/9/05				

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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of S.T.D. Control - Central Harlem	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 2238 Fifth Avenue, 3rd Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10037	32
INDUSTRY DESCRIPTION (e.g., village fire department)  N.Y.C. Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120, 621399	54,880

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

ledge the entries are true, accurate, and complete.  TITLE  Associate Staff Analyst  5/9/05	
_	TITLE Associate Staff Analyst



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Day Care-Group Day Care Queens	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 120-34 Queens Boulevard, 4th Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Kew Gardens, NY 11424	13
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) 923120, 624110	20,531

3. NUMBER OF CASE	4. NUMBER OF DAY	5. INJURIES AND ILLNESSES TYPE	ES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col.  (Col.  (Col.  (Col.	AWAY FROM OCCUPATION O	INJURIES  SKIN DISORDERS  (C)  RESPIRATORY CONDITIONS  (C)  OI. L.)  POISONINGS  HEARING LOSS  O(C)	Col. 1) Col. 2)
		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 ORanjaklean Por Patricia Oquende	GITLE	Health & Safety Officer			
PRINT NAME Ingrid Ramlakhan/Patricia Ogundele	DATE	5/9/05			
		-			



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION		
ESTABLISHMENT NAME Bureau of Day Care-Family Day Care Manhattan	If you don't have accurate figures, see the Instructions on the back of the sheet.		
STREET ADDRESS 160 West 100 Street, Floors 2 & 3	AVERAGE NUMBER OF EMPLOYEES		
CITY, STATE, ZIP CODE New York, NY 10025	24		
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)	39,935		

3. NUMBER OF	FCASES	4. NUMBER OF	DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES	0 (Col. G.) 0 (Col. H.) 0 (Col. I.) 0 (Col. J.)	AWAY FROM WORK  JOB TRANSFER OR RESTRICTION	0 (Col. K.) 0 (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4)
				ALL OTHER ILLNESSES	(Col. 5) (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 Chamballan for Andrea Batts TITLE Health & Safety Officer						
PRINT NAME Ingrid Ramlakhan/Andrea Batts				DATE	5/9/05	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME HPDP-Bureau of Minority Health	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 485 Throop Avenue, Room 1102	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Brooklyn, New York 11221	7
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) 923120	12,005

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES  O (Col. I.) (Col. J.)	AWAY FROM 3 (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES
		ALL OTHER ILLNESSES (Col. 5) (Col. 6)

			6. CERT	IFICATION			
I certif	y that I have examined this doc	eument and	d that to the b	est of my knowle	dge the en	tries are true, accurate, and complete.  Health & Safety Officer	
PRINT NAME Ingrid Ramlakhan/Victor Hunter  DATE  4/29/05							



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Correctional Health Services-Rikers Island (all units)	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 16-06 Hazen Street (West Facility Trailer)	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Elmhurst, NY 11377	125
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) 923120, 621111, 621399, 623990	219, 275

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  O  (Col. I.)  (Col. J.)	AWAY FROM 28 WORK (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES	
		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 Rampallan for Michael Aragon	TITLE Health & Safety Officer				
PRINT NAME Ingrid Ramlakhan/Michael Aragon DATE 5/10/05					

**ESTABLISHMENT NAME** 



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

2. EMPLOYENT INFORMATION

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

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

2004

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

1. ESTABLISHMENT INFORMATION

CITY, STATE, ZIP CODE  NUC N 100  INDUSTRY DESCRIPTION (e.g., villa  NORTH AMERICAN INDUSTRIAL (NAICS)  923120 621  Enter the column totals from the Log of correspond to the columns on the Log).	ge fire department)  Mental Hygikul  CLASSIFICATION SYSTEM  [1] 621399  f Occupational Injuries and Illnesses (SH 9)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  19, 250  200) for each category (column labels under each line			
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES			
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (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 MULLIS TITLE DIS SHA  PRINT NAME MULLIS CONTROL DATE 1/18/05					

**ESTABLISHMENT NAME** 

1. ESTABLISHMENT INFORMATION

Lealth Center



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

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

2004

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

51 Sleupresax	+ Plago.	AVERACE MIN COER OF THE		
CITT, STATE, ZIP CODE		AVERAGE NUMBER OF EMP	LOYEES	
Maken Asland, L. Y. 10301 INDUSTRY DESCRIPTION (e.g., village fire department)		4	6	
INDUSTRY DESCRIPTION (e.g., vill	age fire department)			
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM		TOTAL HOURS WORKED BY ALL EMPLOY	EES LAST YEAR	
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM			
(NAICS) 923120 56	1720			
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	00) for each category (column labels u	nder each line	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES	
-		INJURIES	0	
DEATHS	2		(Col. 1)	
DAYS AWAY (Col. G.)	AWAY FROM	SKIN DISORDERS	0	
FROM WORK	WORK (Col. K.)		(Col. 2)	
JOB TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS	0	
OR RESTRICTION (Col. I.)	RESTRICTION		(Col. 3)	
OTHER RECORD-	(Col. L.)	POISONINGS	(Col. 4)	
ABLE CASES (Col. J.)		HE A BING LOSS	(Col. 4)	
8		HEARING LOSS	(Col. 5)	
		ALL OTHER ILLNESSES	(Col. 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 Xaran S Goldberg TITLE Decelors MS.  PRINT NAME KAREN S. Goldberg DATE 1-31-05				
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

2. EMPLOYENT INFORMATION

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

2004

## 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.

1. ESTABLISHMENT INFORMATION

Enter the column totals from the Log of correspond to the columns on the Log)	Hayle Mental Hygle LASSIFICATION SYSTEM  399  Housies and Illnesses (SH 90	AVERAGE NUMBER OF EMPLOYEES  TOTAL HOURS WORKED BY ALL BMPLOYEES LAST YEAR  177000  O) for each category (column labels under each line
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J.)	4. NUMBER OF DAYS  AWAY FROM WORK  Gol K  JOB TRANSFER OR RESTRICTION  (Col. L.)	S. INJURIES AND ILLNESSES TYPES  INJURIES  (Coh.1)  SKIN DISORDERS  (Col.2)  RESPIRATORY CONDITIONS  (Col.3)  POISONINGS  (Col.3)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
1/60-0	6. CERTIFICATION  and that to the best of my knowled this document and that to the best of my knowledge and the best of my knowledge	owledge the entries are true, accurate, and complete.



2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

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

2004

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

1. ESTABLISHMENT INFORMATION

	eau & TB	Instructions on the back of the sheet.
STREET ADDRESS  3+6 Broad ry R  CITY, STATE, ZIP CODE  NOUSTRY DESCRIPTION (e.g., village  NORTH AMERICAN INDUSTRIAL C (NAICS)  923120 62134	Plue Mental dygient  ASSIFICATION SYSTEM  Occupational Injuries and Illnesses (SH	AVERAGE NUMBER OF EMPLOYEES  LO  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  O00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATIO	N
SIGNATURE SOLAR VI	Buth	TITLE Network Director  DATE

#### STATE OF NEW YORK DEPARTMENT OF LABOR

ESTABLISHMENT NAME



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

2004

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

RESPIRATORY CONDITIONS

**POISONINGS** 

HEARING LOSS

ALL OTHER ILLNESSES

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

1. ESTABLISHMENT INFORMATION

HPDP - BUTEOU OF TODACCO

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.

STREET ADDRESS	Courtrof	
2 La Zayette St.	213.	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	00	
NEW YORK, MIL	10007	23
INDUSTRY DESCRIPTION (e.g., vill	ge fire department)	
Nyc. Dept of	ealth & Mental Hygien	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL (	CLASSIFICATION SYSTEM ()	24512
(NAICS) 923120	621399	37513
		L*
Enter the column totals from the Log of correspond to the columns on the Log).		000) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES

#### 6. CERTIFICATION

(Col. L.)

JOB TRANSFER OR

RESTRICTION

I certify that I have examined this document and that to the best of my knowl	ledge the entries are true, accurate, and complete.
	1. 110,00 01 000
SIGNATURE DeiClere Chimotic	TITLE HEalth'& Salety OFFICE
	1 120
PRINT NAME DEICHERIC HTMSTronie	DATE 1/31/05
	· I · · · · · · · · · · · · · · · · · ·

JOB TRANSFER

OR RESTRICTION

OTHER RECORD-ABLE CASES **ESTABLISHMENT NAME** 

BUS WULCK STREET ADDRESS

335 CE/VFRAI CITY, STATE, ZIP CODE

BROOKLYN, NY-



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

AVERAGE NUMBER OF EMPLOYEES

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

2004

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

8)

1. ESTABLISHMENT INFORMATION

	Alle Mental Lygiene LASSIFICATION SYSTEM 1399	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  15, 43  00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  (Col. I.)  (Col. I.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
	6. CERTIFICATION	
I certify that I have examined SIGNATURE PRINT NAME	this document and that to the best of my known that the best of m	wledge the entries are true, accurate, and complete.  TITLE 1 - 18-05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
TB Control, Homeles Services Unit	If you don't have accurate figures, see the Instructions on the back of the sheet.
1332 Bed ford Avenue CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
Brooklyn, N.Y. 11216	<u> </u>
INDUSTRY DESCRIPTION (e.g., village fire department)  Dept. ob Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 621399	9,100

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE milesland mitty with SIGNATURE MITEOTOV WS	viedge the entries are true, accurate, and complete.



## 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
CONTROL, HOMELESS Sewice's Unit	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	
400-430 East 30th St. N.Y. N.Y. 10016	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	(11/0)
New York, V.Y. 10016	ught (3)
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NyC Dept & Health & Mental Hygiene	-
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	72 800
(NAICS)923120 621 399	

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

6. CERTIFICATION	
SIGNATURE vikolas mittifends  PRINT NAME VILOLADS MITROPOUDS  DATE 7 January 2005	!t



2. EMPLOYENT INFORMATION

TITLE Health Services Manager

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

2004

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

1. ESTABLISHMENT INFORMATION

STABLISHMENT NAME BUT	au & Operation	If you don't have accurate figu	
Morrisance He	actle Center	Instructions on the back of t	ne sneet.
TREET ADDRESS 1309 Fulton 1	Frence - Executive Of	ia Average number of emi	PLOYEES
TTY, STATE ZIP CODE	10454	4	and the same of th
NOUSTRY DESCRIPTION (e.g., Villa)		TOTAL HOURS WORKED BY ALL EMPLO	YEES LAST YEAR
NORTH AMERICAN INDUSTRIAL C		8292	
		The second secon	COURT DEC
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSE INJURIES	
DEATHS OCIO. (Col. G.)	AWAY FROM		
DEATHS  Col. G.)  DAYS AWAY FROM WORK  (Col. H.)	0	INJURIES	(Col. 1) (Col. 2) (Col. 3)
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. H.)  (Col. L.)	AWAY FROM (Col. K.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS	(Col. 1) Ø (Col. 2)
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. H.)  (Col. L.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS	(Col. 1)  (Col. 2)  (Col. 3)  (Col. 4)
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  OCCOL. H.)  (Col. H.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS	(Col. 1)  (Col. 2)  (Col. 3)  (Col. 4)



2. EMPLOYENT INFORMATION

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

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

2004

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

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME (Staten IS Office)

2971 H	ylan Blud.	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE  STATEN.	Island, N.G. 10306	
NYC OHMI	age fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL (NAICS) 923120 (	CLASSIFICATION SYSTEM 24190	20,925
Enter the column totals from the Log correspond to the columns on the Log	of Occupational Injuries and Illnesses (SH 9). If a category has no cases, enter "0".	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  COI. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
I certify that I have examined  SIGNATURE  ARE HAD  PRINT NAME  ORE HAD	this document and that to the best of my know	wledge the entries are true, accurate, and complete.

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

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

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

2004

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

1. ESTABLISHMENT INFORMATION

2 Latayettent	22 4100r	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	10 7	30
NORTH AMERICAN INDUSTRIAL (NAICS) 923120 624110,62111,6	nt of Health & Mentage CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR HYGI-ene 51, 450
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9 . If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  (Col. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. H.)  (Col. I.)  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM OCOL K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
2	6. CERTIFICATION	
I certify that I have examined SIGNATURE PRINT NAME	this document and that to the best of my know	vieldge the entries are true, accurate, and complete.  TITLE USS to OSS Commus  DATE March 9, 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

2. EMPLOYENT INFORMATION

## SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 900,1

2004

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

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME Finan	cials Strategic Mgmt	If you don't have acculate figures, see the Instructions on the back of the sheet
253 Broadwa	y Room #400	AVERAGE NUMBER OF EMPLOYEES
NEW YORK NEW YORK NEW YORK NOW (e.g., billar	10007 ge fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 54121H		86,320
Enter the column totals from the Log of correspond to the columns on the Log).	Occupational Injuries and Illnesses (SH S If a category has no cases, enter "0"	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER	AWAY FROM (Col. K.)  JOB TRANSFER OR	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)
OR RESTRICTION (Cal. I.) OTHER RECORD	RESTRICTION (Col L.)	POISONINGS (Col. 4)
ABLE CASES (Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5) (Col. 6)
	6. CERTIFICATION	
SIGNATURE STATE	a bil	TITLE SLUCY  DATE 3 (15/0)



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

2004

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 Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
125 Worth St. Rm 331	AVERAGE NUMBER OF EMPLOYEES
New Molk, N/ 10013	_/7
NOUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NAICS) 923 12 0	35,219

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

6. CERTIFICATION	
I certify that have examined this document and that to the best of my know SIGNATURE  PRINT NAME SH 900.1 (12-03)	ledge the entries are true, accurate, and complete.  TITLE  DATE  DATE  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 Albany NY 12240

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

2004

All establishments covered by Part 301 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  OR AL 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  CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
appare NY 10457	24
INDUSTRY DESCRIPTION (e.g., value into departments)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NYC. DOWN H  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) (21210 923120	36,340

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

\* EMPLOYEES ARE BATED AT VARIOUS SCHOOL SITES 5. INJURIES AND ILLNESSES TYPES 4 NUMBER OF DAYS 3. NUMBER OF CASES INJURIES DEATHS SKIN DISORDERS AWAY FROM WORK DAYS AWAY RESPIRATORY CONDITIONS FROM WORK (Col. H.) JOB TRANSFER OR JOB TRANSFER RESTRICTION OR RESTRICTION POISONINGS (Col. L) (Col L) OTHER RECORD-ADLE CASES HEARING LOSS (Cal. J.) all other illnesses

6. CERTIFICA	ATION
I comify that I have examined this document and that to the best of	'my knowledge the entries are true, accurate, and complete,
SIGNATURE Mark Lum	TITLE RECIONAL DIRECTUR
PRINT NAME MARK LEWIS	DATE 1/s/os

1. ESTABLISHMENT INFORMATION



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

2004

2. EMPLOYENT INFORMATION

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

ESTABLISHMENT NAME BUT	eau & TB Control	If you don't have accurate figures, see the
STREET ADDRESS	West Center	Instructions on the back of the sheet.
CITY, STATE, ZIP CODE	Avenue, Bent ande 3rdf	AVERAGE NUMBER OF EMPLOYEES
Brooklyn 1	U.Y 11221	
NYC Dept of He	age fire department) La Hle E. Mental Hygie	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS)	CLASSIFICATION SYSTEM 23 120	98,000
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
7.	j.	INJURIES (Col. 1)
DEATHS (Col. G.) DAYS AWAY FROM WORK	AWAY FROM (Col. K.)	SKIN DISORDERS (Col. 2)
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)
OTHER RECORD- ABLE CASES	RESTRICTION (Col. L.)	POISONINGS (Col. 4)
(Col. J.)		HEARING LOSS (Col.5)
		ALL OTHER ILLNESSES (Col. 6)
	6. CERTIFICATION	
I certify that have examined SIGNATURE PRINT NAME	this document and the to the best of my kno	TITLE Centre Administration Manage  DATE 103/05
SH 000 1 (12 02)	75 10	1



STATE OF NEW YORK DEPARTMENT OF LABOR

1. ESTABLISHMENT INFORMATION



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

2004

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

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

3. NUMBER OF CASES  4. NUMBER OF DAYS  5. INJURIES AND ILLNESSES TYPES  INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)  6. CERTIFICATION	(NAICS) 923120	CLASSIFICATION SYSTEM  f Occupational Injuries and Illnesses (SH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  10 3 7 0  900) for each category (column labels under each line
DEATHS  (Col. G.)  DAYS AWAY FROM WORK  (Col. H.)  JOB TRANSFER OR OR RESTRICTION  (Col. I.)  OTHER RECORDABLE CASES  (Col. J.)  (Col. J.)  AWAY FROM WORK  (Col. K.)  AWAY FROM WORK  (Col. K.)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)	3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
	DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)	WORK (Col. K.)  JOB TRANSFER OR RESTRICTION	SKIN DISORDERS  (Col. 1)  (Col. 1)  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (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 PRINT NAME MARISA DAGA DATE 2205  SH 900.1 (12-03)	PRINT NAME MARISA	this document and that to the best of my know	_ TITLE Deputy Director

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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Environmental Health Danhattan Pest Control Services	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 158 East 115 st. Rm 209 A & Basement CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York, N.Y. 10029 INDUSTRY DESCRIPTION (e.g., village fire department)	50
Dept. of Health's Hental Augiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561710,561116, 488490	36,400

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

6. CERTIFICATION	(%-W(o U)
I certify that I have examined this document and that to the best of my knowled SIGNATURE Caroline Hilton	ordge the entries are true, accurate, and complete.  TITLE Regional Director  DATE 2-1-2005



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

2004

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	en decess provisions for	these forms.	141
1. ESTABLISHMEN	NT INFORMATION	2. EMPLOYENT INFORM	ATION
ESTABLISHMENT NAME	- ADMINISTRATIO	If you don't have accurate figu	
DIVISION OF MENTAL STREET ADDRESS	HYGIENE & BORO OFFICES	* Instructions on the back of the	he sheet.
93 WORTH STREET CITY, STATE, ZIP CODE	-LOORS 1-12	AVERAGE NUMBER OF EMP	LOVEES
37777		THE PROPERTY OF EACH	LUTEES
NEW YORK, NY 10013 INDUSTRY DESCRIPTION (e.g., vill		207	
MUNICIPAL CITY AGEN	ICY	TOTAL HOURS WORKED BY ALL EMPLOY	EES LAST YEAR
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM		
	611/0	355,005	has 1
* ALL BORO OFFICES Enter the column totals from the Log o correspond to the columns on the Log).	RELOCATED TO 93 WORTH f Occupational Injuries and Illnesses (SH 90 If a category has no cases, enter "0".	STREET 0) for each category (column labels u	nder each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	T	
	THE PAIS	5. INJURIES AND ILLNESSES	TYPES
DEATHS ()		INJURIES	0
DAYS AWAY FROM WORK  O (Col. G.)  (Col. G.)	AWAY FROM O (Col. K.)	SKIN DISORDERS	(Col. 1) (Col. 2)
JOB TRANSFER OF PESTINGTION O	JOB TRANSFER OR	RESPIRATORY CONDITIONS	0

(Cu. J.)		HEARING LOSS ALL OTHER ILLNESSES	(Col. 5) (Col. 6)
	6. CERTIFICATION		
SIGNATURE Dane a C	his document and that to the best of my knowled	TITLE DHAR  DATE 121 05	d complete.
SH 900 1 (12 02)	1 11		3,220

(Col. L.)

JOB TRANSFER OR

RESTRICTION

OR RESTRICTION

OTHER RECORD-ABLE CASES

Stephen FARREII

Title: Director

**POISONINGS** 

STREET ADDRESS

1. ESTABLISHMENT INFORMATION



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

2. EMPLOYENT INFORMATION

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

#### 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.

CITY, STATE, ZIP CODE  INDUSTRY DESCRIPTION (e.g., villa  NORTH AMERICAN INDUSTRIAL ( (NAICS) 923120	Hoakle Mental dygies	AVERAGE NUMBER OF EMPLOYEES  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  24,000
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)  (Col. H.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)
	6. CERTIFICATION	
I certify that I have examined  SIGNATURE Ward  PRINT NAME Ward  SH 900.1 (12-03)	this document and that to the best of my know  OSCOTIL	Pledge the entries are true, accurate, and complete.  TITLE  DATE  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 Albany NY 12240

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

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THE PROPERTY IN THE PROPERTY OF THE PROPERTY O	2. EMPLOYENT INFORMATION
ESTABLISHMENT INFORMATION  ESTABLISHMENT NAME  CONTROL  C	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS  120-34 CQUEENS Bluck RM 426  CITY, STATE, ZIP CODE  Kew GARdens, N. C. N. 11415  INDUSTRY DESCRIPTION (e.g., village fire department)	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
New YORK C: 14 DOT OF HEATH NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 561710 488999 923120	41,092
	Landah ander each line

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
3. NUMBER OF CASES		INJURIES	(Col. 1)
DEATHS (Col G.)	AWAY FROM (Col. K.)	SKIN DISORDERS	(Col. 2)
FROM WORK (Col. H.)	JOB TRANSFER OR	RESPIRATORY CONDITIONS	(Col. 3)
JOB TRANSFER OR RESTRICTION (Col. I.)	RESTRICTION (Col. L.)	POISONINGS	(Col. 4)
ABLE CASES (Col. J.)		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 knowled SIGNATURE SIGNATURE SOCIAL BOCON	TITLE P. A. T.  DATE 3 2 05	

SH 900.1 (12-03)

**ESTABLISHMENT NAME** 



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

2. EMPLOYENT INFORMATION

#### 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.

1. ESTABLISHMENT INFORMATION

	ERVICES - ASTORIA	If you don't have accumate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	CRICES = ASIDITA	histractions on the back of the sheet.
CITY, STATE, ZIP CODE  A CONNA NY III	Rm 330	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., villa		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL (NAICS)  5/01/7/0, 56/1		24,500
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 96 If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  Col. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. H.)  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
I certify that have examined II  SIGNATURE  PRINT NAME  HARD ()	his document and that to the best of my knowl	edge the entries are true, accurate, and complete.  TITLE ASSISIANT DIRECTOR  DATE 2-12-05



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

2004

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

1. ESTABLISHMENT	INFORMATION	2. EMPLOYENT INFORMATION
North Brooklyn to	est Control Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS  130  CITY, STATE, ZIP CODE	Ane	AVERAGE NUMBER OF EMPLOYEES
Brooklyn M	1 11434	39
INDUSTRY DESCRIPTION (e.g., village	ge fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NYC Dept of Hea	elde & Mental Hygiene	
NORTH AMERICAN INDUSTRIAL C		70,980
(NAICS) 561710 488999	923120	
Enter the column totals from the Log of correspond to the columns on the Log).	it a category has no cases, enter 0.	000) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
		INJURIES (Col. 1)
DEATHS  (Col. G.)  DAYS AWAY	AWAY FROM (Col. K.)	SKIN DISORDERS  (Col. 2)
FROM WORK (Col. H.)  JOB TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)
OR RESTRICTION (Col. I.)	RESTRICTION (Col. L.)	POISONINGS (Col. 4)
ABLE CASES (Col. J.)		HEARING LOSS (Col. 5)
		ALL OTHER ILLNESSES (Col. 6)
	6. CERTIFICATION	T .
I certify that I have examined  SIGNATURE VINCENT  PRINT NAME VINCENT	this document and that to the best of my knowledge of the control	owledge the entries are true, accurate, and complete.  TITLE Regional Director  DATE 194/05



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

2004

2. EMPLOYENT INFORMATION

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

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

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME BUREAU OF TB Control
Washington Hughts Coest Control

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.

INDUSTRY DESCRIPTION (e.g., villa, NYC Dept of Head NORTH AMERICAN INDUSTRIAL C (NAICS) 923120	CLASSIFICATION SYSTEM  621399  COccupational Injuries and Illnesses (SH 90)	AVERAGE NUMBER OF EMPLOYEES  Of the second o
correspond to the columns on the Log).	,	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  SKIN DISORDERS  (Col. 1)  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)
	6. CERTIFICATION	
I certify that Thave examined  SIGNATURE F/3/C  PRINT NAME	this document and that to the best of my know Laya3	DATE 13/28/04

SH 900.1 (12-03)



2004

## 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.

TOWNS TIMEODMATION	2. EMPLOYENT INFORMATION
1. ESTABLISHMENT INFORMATION  ESTABLISHMENT NAME BURGUL Q Maternal, Infant EL Reproductive Headle- Newborn Project  STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 2238 5th Ave 2nd fl Cm 241	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	6
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NEW YORK, NO TOUR INDUSTRY DESCRIPTION (e.g., village fire department)  New York City Dept D Heatle Mental Hyd  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (NAICS) 00 2 10 3 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	10,500
423120 021110	200) for each category (column labels under each line

2721.20.00.00.00.00.00.00.00.00.00.00.00.00.	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
3. NUMBER OF CASES		INJURIES	(Col. 1)
DEATHS (Col. G.)	AWAY FROM WORK (Col. K.)	SKIN DISORDERS	(Col. 2)
DAYS AWAY FROM WORK  (Col. H.)	WORK	RESPIRATORY CONDITIONS	(Col. 3)
JOB TRANSFER OR RESTRICTION (Col. I.)	JOB TRANSFER OR RESTRICTION (Col. L.)	POISONINGS	(Col. 4)
OTHER RECORD- ABLE CASES (Col. J.)		HEARING LOSS	(Col. 5)
		ALL OTHER ILLNESSES	(Col. 6)

6	6. CERTIFICATION
I certify that I have examined this document and the IGNATURE Supposed By House Street I Stre	at to the best of my knowledge the entries are true, accurate, and complete.  TITLE Property of the property o

1. ESTABLISHMENT INFORMATION

STATE OF NEW YORK DEPARTMENT OF LABOR

**ESTABLISHMENT NAME** 



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

2. EMPLOYENT INFORMATION

Live (Ciff you don't have accurate figures, see the Instructions on the back of the sheet.

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

500 4

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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,		• • • • • • • • • • • • • • • • • • • •
CITY, STATE, ZIP CODE	0 St, 2 m 109	AVERAGE NUMBER OF EMPLOYEES
New York,	NY 10023	9
INDUSTRY DESCRIPTION (e.g., vi	llage fire department)	
Dept O Heall	Emental diggience	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM	
(NAICS) 611699	8	15,300
Enter the column totals from the Log	of Occupational Injuries and Illnesses (SH 90	00) for each category (column labels under cach line
orrespond 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
	1	INJURIES O
	AWAYERON	(Col. 1)
DAYS AWAY	AWAY FROM (Col. K.)	
DAYS AWAY FROM WORK (Col. H.)	WORK (Col. K.)	SKIN DISORDERS (Col. 1)
DAYS AWAY FROM WORK  OB TRANSFER OR RESTRICTION  (Col. H.)	JOB TRANSFER OR RESTRICTION	SKIN DISORDERS  (Col. 1)  (Col. 2)  (Col. 3)
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. H.)  (Col. I.)  (Col. I.)	WORK (Col. K.)  JOB TRANSFER OR	RESPIRATORY CONDITIONS  COL. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. H.)  (Col. I.)  (Col. I.)	JOB TRANSFER OR RESTRICTION	SKIN DISORDERS  (Col. 1)  (Col. 2)  (Col. 3)  POISONINGS  (Col. 4)
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)  (Col. I.)	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS  COL. 2)  COL. 2)  COL. 3)  POISONINGS  (Col. 4)  HEARING LOSS
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS  POISONINGS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 4)
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)  (Col. I.)	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS  POISONINGS  (Col. 1)  (Col. 2)  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS

PRINT NAME

**ESTABLISHMENT NAME** 



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

2004

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

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

1. ESTABLISHMENT INFORMATION

Burran & Human Resources - LOEP Program

STREET ADDRESS		ł	1
346 Broado CITY, STATE, ZIP CODE	my Rm 708	AVERAGE NUMBER OF EMPI	LOYEES
		<u> </u>	
NOW YORK NY		5	_
INDUSTRY DESCRIPTION (e.g., vill	1 115 0 11 1 11	TOTAL HOURS WORKED BY ALL EMPLOY	EES LAST YEAR
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM	£	
(NAICS)		8110	
	10		
Enter the column totals from the Log of correspond to the columns on the Log)	of Occupational Injuries and Illnesses (SH 9). If a category has no cases, enter "0".	000) for each category (column labels u	nder each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
		INJURIES	
DEATHS C	0		(Col. 1)
DAYS AWAY	WORK (Col. K.)	SKIN DISORDERS	(Col. 2)
FROM WORK (Col. H.)		RESPIRATORY CONDITIONS	
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION		(Col. 3)
OTHER RECORD-	(Col. L.)	POISONINGS	<u>(Cal.4)</u>
ABLE CASES (Col. J.)		WEARING LOOK	(Col. 4)
(Col. d.)		HEARING LOSS	(Col. 5)
		ALL OTHER ILLNESSES	(Col. 6)
	6. CERTIFICATION		
	5 T T T T T T T T T T T T T T T T T T T	yledge the entries are true accurate and	complete
	this document and that to the best of my know		
	mlakkan		



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Bureau of Operations, Bedford District HC	Instructions on the back of the sheet.
	*
CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
100 200 200 200 200 200 200 200 200 200	
INDUSTRY DESCRIPTION & g., village fire department)	
	TOTAL HOUSE WORKED BY ALL SHELOUSES A CONTROL
Nyc Dept. of Health & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM J	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120 561720	_1,740

INJURIES COL. 1)	
DEATHS (Col. G.)  DAYS AWAY FROM WORK (Col. H.)  JOB TRANSFER OR RESTRICTION (Col. I.)  OTHER RECORDABLE CASES (Col. J.)  AWAY FROM WORK (Col. K.)  AWAY FROM WORK (Col. K.)  AWAY FROM WORK (Col. K.)  SKIN DISORDERS (Col. 2)  RESPIRATORY CONDITIONS (Col. 3)  POISONINGS (Col. 4)  HEARING LOSS ALL OTHER ILLNESSES (Col. 6)	· )

6. CERTIF	FICATION	
I certify that I have examined this document and that to the bes  SIGNATURE  PRINT NAME  But Roberts	TITLE	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME Bureau of Veterinary Public Health Services	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	instructions on the back of the sheet.
40 Worth Street, Room 1522 and 1523	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10013	21
INDUSTRY DESCRIPTION (e.g., village fire department)	
NYC Dept. of Health and Mental Hygiene  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 9 2 3 1 2 0 and 5 4 1 9 4 0	34,860

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

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE Associate Staff Analyst	6. CERTIFIC	CATION	



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

2004

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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ESTABLISHMENT NAME (D) ED (C) HUQUE (C)	
MYC CARLY FITERVENTIN Program - Central Office	2. EMPLOYENT INFORMATION  If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE  MYC.  NDUSTRY DESCRIPTION (e.g., village fire department)	AVERAGE NUMBER OF EMPLOYEES
OBTH AMERICAN INDUSTRIA	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NAICS) 923/20 624// 0	56.473

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

	(Col. 6)
	6. CERTIFICATION
PRINT NAME GARY BLAG TILEN	that to the best of my knowledge the entries are true, accurate, and complete.  TITLE ETP-OFFICE SVC CONDINATE  DATE 2/14/05
SH 000 1 (12 02)	

# (20dg)

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 <u>must</u> 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	If you don't have accurate figures, see the
Bureau of Communicable Disease	Instructions on the back of the sheet.
STREET ADDRESS U	
125 Worth Street	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	1-7
New York, NY 10013	6/
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 621111 421399	122, 409

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TY	'PES'
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	(Col. 1) (Col. 2) (Col. 3) (Col. 4) (Col. 5) (Col. 6)

6. CERTIFICATION	
I certify that Lhave examined this document and that to the best of my knowled SIGNATURE  PRINT NAME  Vevo Benefit of the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that to the best of my knowled this document and that the best of my knowled this document and that the best of my knowled this document and the best of my knowled the b	TITLE AS Dive A DATE



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

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STREET ADDRESS  299 Resolution (1) 1500	ou don't have accurate figures, see the instructions on the back of the sheet.
299 Broadway, Suit (500)	VERAGE NUMBER OF EMPLOYEES
	28
Department of Health & Mental Lygiene TOTAL	HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923 120 621210 621399	48,458

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. II.)  (Col. J.)	AWAY FROM 27 (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE  PRINT NAME  JAMES WOLIN	TITLE Director, Operations Mangemed and  DATE 1/14/05 Budget



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME	If you don't have accurate figures, see the	
STREET ADDRESS Programs & Policy Region (1V)	Instructions on the back of the sheet.	
3525 Nostrand Duenue, St Floor CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES	
INDUSTRY DESCRIPTION (e.g., village fire department)	32	
INDUSTRY DESCRIPTION (e.g., village fire department)		
NYC Dept & Hen Ill & Montal Hugiane	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM		
(NAICS) 621210 923120	45,425	
E-to-th-		

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE Shellow dispersion of the best of my know PRINT NAME Shellow Line Colling	TITLE Regional Administration Dir.  DATE 2-1-05

STATE OF NEW YORK DEPARTMENT OF LABOR



Division of Safety and Health Public Employee Safety and Health Burcau 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
ORAL HEALTH PROGRAMS & POLICY RECIONS STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire department)	3
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 621210 923120	4,250

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATUS O		INJURIES	(Col.1)
DAYS AWAY FROM WORK	AWAY FROM 92 (Col. K.)	skin disorders	(Col.2)
JOB TRANSFER OR RESTRICTION O	JOB TRANSFER OR RESTRICTION O	RESPIRATORY CONDITIONS	(Cq1)
O'THER RECORD-	(Cu. L.)	POISONINGS	(C or 1)
(Col. J.)		HEARING LOSS	0
		ALL OTHER ILLNESSES	(Cal.5) (Cal.6)

6. CERT	PIFICATION
SIGNATURE Mark Luis	sest of my knowledge the entries are true, accurate, and complete.  TITLE Regions Divistor
PRINT NAME MARK LEWIS	DATE 1/5/05



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

All establishments covered by Part 801 <u>must</u> 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, 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	
CITY, STATE, ZIP CODE Brooklyn, New York 11229	4	
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)  _561720 923120	7535	

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled SIGNATURE  PRINT NAME  Burt Roberts	TITLE Health Service Manager  DATE DATE 123 03



# 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.

	T INFORMATION	2. EMPLOYENT INFORMATION
MITTCALL Conter		If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE		AVERAGE NUMBER OF EMPLOYEES  50
INDUSTRY DESCRIPTION (e.g., villa	& Mental Hagina	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CO	CLASSIFICATION SYSTEM	69,160
Enter the column totals from the Log of correspond to the columns on the Log).  3. NUMBER OF CASES	ir a category has no cases, enter "0".	00) for each category (column labels under each line
3. NOMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS (Col. G.)	AWAY FROM	INJURIES (Col. 1) SKIN DISORDERS
FROM WORK  (Col. H.)  JOB TRANSFER	WORK (Col. K.)  JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 2)
FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. I.)  OTHER RECORD- ABLE CASES	JOB TRANSFER OR RESTRICTION (Col. L.)	RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)
FROM WORK    Col. H.)  JOB TRANSFER OR RESTRICTION   Col. I.)  OTHER RECORD-	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS (Col. 3) POISONINGS
FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. I.)  OTHER RECORD- ABLE CASES	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS  (Col 3)  POISONINGS  (Col 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Bureau of Immunization-Corona Health Center	Instructions on the back of the sheet.
STREET ADDRESS	1
34-33 Junction Boulevard, 1st Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
Corona, NY 11372	
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) 923120 621399	12,250

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

6. CERTIFICATI	ON
I certify that I have examined this document and that to the best of my	knowledge the entries are true, accurate, and complete.
SIGNATURE Party 5	TITLE Staff Analyst
PRINT NAME Robert Young	DATE 1-31-05
51.17	1-31-05



### 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 Immunization-Kew Gardens Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	
120-34 Queens Boulevard, 3rd Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Kew Gardens, NY 10415	7
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) 923120 621399	12,250

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES
		ALL OTHER ILLNESSES  (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my known	wledge the entries are true, accurate, and complete.
SIGNATURE 7	TITLE Staff Analyst
PRINT NAME Robert Young	DATE



# 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 Immunization-Central Harlem Clinic	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 1727 Amsterdam Avenue, 3rd Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE New York, NY 10031	32
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) 923120 621399	56,000

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  O  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES
(Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5) (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of the	
SIGNATURE 7-6	TITLE Staff Analyst
PRINT NAME Robert Young	DATE



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME	If you don't have accurate figures, see the Instructions on the back of the sheet	
Bureau of Immunization-Chelsea Health Center	instructions on the back of the sheet.	
STREET ADDRESS	*	
303 9th Avenue, 1st Floor	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE		
New York, NY 10001	7	
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	12 250	
(NAICS) 923120 621399	12,250	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS    O   (Col. G.)	AWAY FROM 180 (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	1 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4) 0 (Col. 5)

6. CERTIFIC	CATION
I certify that I have examined this document and that to the best o	of my knowledge the entries are true, accurate, and complete.
SIGNATURE	TITLE Staff Analyst
PRINT NAME Robert Young	DATE 1-31-05



# 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	If you don't have accurate figures, see the
Bureau of Immunization-Public Health Lab / Vaccines for Children	Instructions on the back of the sheet.
STREET ADDRESS	
455 1st Avenue, Room 154	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	1 1-11
New York, NY 10016	
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	24745
(NAICS) 923120 621399	2,110

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  O (Col. I.)  (Col. J.)	AWAY FROM 57 WORK Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	2 (Col. 1) 0 (Col. 2) (Col. 3) (Col. 4) 0 (Col. 5)
		ALL OTHER ILLNESSES	(Col. 6)

6. CERTIFICATION		
I certify that I have examined this document and that to the best of	f my knowledge the entries are true, accurate, and complete.	
SIGNATURE	TITLE Staff Analyst	
PRINT NAME Robert Young	DATE 1-31-05	



### 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 Immunization-Tremont Health Center	If you don't have accurate figures, see the Instructions on the back of the sheet.	
STREET ADDRESS 1826 Arthur Avenue, 1st Floor	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE Bronx, NY 10457		
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) 923120 621399	12,250.	

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of	of my knowledge the entries are true, accurate, and complete.	
SIGNATURE 2	TITLE Staff Analyst	
PRINT NAME Robert Young	DATE 1-31-05	



# 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 Immunization-Central Office	If you don't have accurate figures, see the Instructions on the back of the sheet.	
STREET ADDRESS 2 Lafayette Street, 19th Floor CITY, STATE, ZIP CODE New York, NY 10007	AVERAGE NUMBER OF EMPLOYEES	
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) 923120 621399	124,250.	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES  O (Col. I.) (Col. J.)	AWAY FROM 112 (Col. K.)  JOB TRANSFER OR RESTRICTION 0 (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	(Col. 1)  (Col. 2)  (Col. 3)  (Col. 4)  (Col. 5)  (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 Staff Analyst	
PRINT NAME Robert Young	DATE 1-31-05	

STREET ADDRESS



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

2. EMPLOYENT INFORMATION

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

# 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.

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME Bureau of

W85 THROOP AV	2,151 Floor	AVERAGE NUMBER OF EMPLOYEES
BROOKLYN NY INDUSTRY DESCRIPTION (e.g., villa New York City Dept 8 NORTH AMERICAN INDUSTRIALO (NAICS) 923120 624	ge fire department)  Heattle Mental Hygie  CLASSIFICATION SYSTEM  190  COccupational Injuries and Illnesses (SH	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  10, 500  1900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. I.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  C (Col. 1)  SKIN DISORDERS  C (Col. 2)  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 4)  (Col. 5)  (Col. 6)
I certify that I have examined  SIGNATURE	Tiphus	nowledge the entries are true, accurate, and complete.  TITLE Proj. Director  DATE 1/19/05
SH 900.1 (12-03)		



# 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 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' CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
Brooklyn, New York 11229	4
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) _561720 923120	7535

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  O(Col. I.) O(Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled SIGNATURE  PRINT NAME  Burt Roberts	dge the entries are true, accurate, and complete.  TITLE Health Service Manager  DATE ひたけるしょ

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

# 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.

1. ESTABLISHMENT INFORMATION

Operations - Grap	phics	Instructions on the back of the sheet.
STREET ADDRESS  125 WORTH St. Pr  CITY, STATE, ZIP CODE  NOUSTRY DESCRIPTION (e.g., villa)  NYC Dect. OF Healt  NORTH AMERICAN INDUSTRIAL C  (NAICS)  323115	n, 1027 10013 ge fire department) h + Mental Hygiene LASSIFICATION SYSTEM	AVERAGE NUMBER OF EMPLOYEES  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  6930
Enter the column totals from the Log of correspond to the columns on the Log).	Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  COI. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J.)	AWAY FROM Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
	6. CERTIFICATION	
I certify than I have examined SIGNATURE PRINT NAME Christia SH 900.1 (12-03)	this document and that to the best of my know	vledge the entries are true, accurate, and complete.

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

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

# 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.

1. ESTABLISHMENT INFORMATION

125 Worth St., R	basement	AVERAGE NUMBER OF EMPLOYEES	
INDUSTRY DESCRIPTION (e.g., villa)  NORTH AMERICAN INDUSTRIAL C (NAICS) 323117 33  Enter the column totals from the Log of	LASSIFICATION SYSTEM  Occupational Injuries and Illnesses (SH	13  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST Y  23,850  900) for each category (column labels under each	
correspond to the columns on the Log).			
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J.)	AWAY FROM OCOL. K.)  JOB TRANSFER OR RESTRICTION  OCOL. L.)	INJURIES  (Col. SKIN DISORDERS  (Col. RESPIRATORY CONDITIONS  (Col. STOCK OF THE ARING LOSS  ALL OTHER ILLNESSES  (Col. STOCK OF THE ARING LOSS  (Col. STOC	3) (4) (5)
	6. CERTIFICATION		
I certify that have examined SIGNATURE PRINT NAME Christ	this document and that to the best of my know	owledge the entries are true, accurate, and complete.  TITLE PAA  DATE 2/1/05	



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
Bureau of Environmental Disease Prevention STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
253 Ricadusay, 11th floor, Boon 603	AVERAGE NUMBER OF EMPLOYEES
New York, NY 10007 INDUSTRY DESCRIPTION (e.g., village fire department)	138
NYC Department of Health and Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120 541620 541990	342,060

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my knowled SIGNATURE		ries are true, accurate, and complete.
PRINT NAME Jessica Jagvillon	DATE _	2/2/05



### 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 BURGU OF 1B Control.	If you don't have accurate figures, see the
BROWNSVILLE CHEST CENTER	Instructions on the back of the sheet.
STREET ADDRESS	
259 BRISTOL STREET 3rd Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
BROOKLYN NY 11212°	8
INDUSTRY DESCRIPTION (e.g., village fire department)	
SIJC Dept a Heath & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	11017
(NAICS) 923120 621399	11,160

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

6. CERTIFICATION	
I certify that have examined this document and that to the best of my knowle SIGNATURE  PRINT NAME  PRINT NAME	edge the entries are true, accurate, and complete.  TITLE CENTER Administrative MgR.  DATE 1-18.05

STATE OF NEW YORK DEPARTMENT OF LABOR

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

### 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.

1. ESTABLISHMENT INFORMATION

Bureau Q. Operation	ons. Williams burg Distr	Instructions on the back of the sheet.	
STREET ADDRESS	Hear	th Center.	
151 Maujer Stree	1	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE		Ÿ	
INDUSTRY DESCRIPTION (e.g., villa	go fire department)		
NUC Toot a log the	& Muital Hugian	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YE	AR
NYC Dept & Health NORTH AMERICAN INDUSTRIAL C	CLASSIFICATION SYSTEM		
(NAICS) 923120 561	120	9,160	
Enter the column totals from the Log of correspond to the columns on the Log).	Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	00) for each category (column labels under each l	ine
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
		INJURIES O	
DEATHS  (Col. G.)  DAYS AWAY	AWAY FROM (Col. K.)	SKIN DISORDERS  (Col. 2  (Col. 2	_
FROM WORK  (Col. H.)  JOB TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)	
OR RESTRICTION (Col. I.) OTHER RECORD-	RESTRICTION (Col. L.)	POISONINGS (Col. 4)	_
ABLE CASES  (Col. J.)		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 kno	wledge the entries are true, accurate, and complete.	
SIGNATURE June P	Just	TITLE CATE	
PRINT NAME Irene Bu	wK5	DATE	
SH 900.1 (12-03)			



# 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.

	MENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME  Onine for  STREET ADDRESS	ing Communica	If you don't have accurate figures, see the Instructions on the back of the sheet.
125 Worth	St, Rm 339	AVERAGE NUMBER OF EMPLOYEES
New York INDUSTRY DESCRIPTION (e.g.	village fire department)	6
NC Department of A	ealth & Mental Houseno	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NAICS) 516110	AL CLASSIFICATION SYSTEM	9,380
nter the column totals from the L	og of Occupational Injuries and Illnesses (S	5H 900) for each category (column labels under each line
or espond to the columns on the L	og of Occupational Injuries and Illnesses (S log). If a category has no cases, enter "0".	o o o o o o o o o o o o o o o o o o o
3. NUMBER OF CASES	4. NUMBER OF DAYS	5 INTIDIES AND WAR
	2.110	5. INJURIES AND ILLNESSES TYPES
EATHS		INJURIES (Cot. 1)
AYS AWAY ROM WORK	AWAY FROM (Col. K.)	INJURIES
AYS AWAY ROM WORK  (Col. H.)	AWAY FROM (Col. K)  JOB TRANSFER OR	INJURIES (Cot. 1)
AYS AWAY ROM WORK  OB TRANSFER R RESTRICTION (Col. H.)  (Col. H.)  (Col. I.)	AWAY FROM (Col. K)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS
AYS AWAY ROM WORK  OB TRANSFER R RESTRICTION (Col. H.)  (Col. I.)	AWAY FROM (Col. K)  JOB TRANSFER OR RESTRICTION	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)
AYS AWAY ROM WORK  OB TRANSFER R RESTRICTION (Col. H.)  (Col. H.)  (Col. I.)	AWAY FROM (Col. K)  JOB TRANSFER OR RESTRICTION	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)
ROM WORK  OB TRANSFER R RESTRICTION	AWAY FROM (Col. K)  JOB TRANSFER OR RESTRICTION	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
Col. G.)  (Col. G.)  (Col. H.)  (Col. H.)  (Col. H.)  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
Col. G.)  (Col. G.)  (Col. H.)  (Col. H.)  (Col. H.)  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)



# 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.

2. EMPLOYENT INFORMATION  If you don't have accurate figures, see the Instructions on the back of the sheet.  AVERAGE NUMBER OF EMPLOYEES  12  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
19 1070
- 1,010
) for each category (column labels under each line
5. INJURIES AND ILLNESSES TYPES
INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)
RESPIRATORY CONDITIONS (Col. 3)
POISONINGS  (Col. 4)  HEARING LOSS
ALL OTHER ILLNESSES (Col. 5)
(Cor. 0)



# 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.

ESTABLISHMENT NAME CUA OF O	2. EMPLOYENT INFORMATION
STREET ADDRESS Community Kelation	If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE  DEW VOK  INDUSTRY DESCRIPTION (e.g., Village fire, department)	AVERAGE NUMBER OF EMPLOYEES
MC Demrtwell at Health & Montal High	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)  541840	9170
Enter the column totals from the Log of Occupational Injuries and Illnes orrespond to the columns on the Log). If a category has no cases, enter	ses (SH 900) for each category (column labels under each line
1 NUR CONTROL	
3. NUMBER OF CASES 4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
AYS AWAY ROM WORK  AYS AWAY ROM WORK  (Col. K.	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)
OB TRANSFER (Col. H.)  R RESTRICTION  (Col. I.)  JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS (Cot 3)
THER RECORD- BLE CASES  (Col. 1)	POISONINGS (Col. 4)
	HEARING LOSS  ALL OTHER ILLNESSES  (Col.5)
	(Col.)6)
6. CERTIFICAT	



# 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.

	ENT INFORMATION	2. EMPLOYENT INFORMATION
STREET ADDRESS	ACC & Communication	If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE	<sup>2</sup> m 329	AVERAGE NUMBER OF EMPLOYEES
Muy York, Dy INDUSTRY DESCRIPTION (e.g., vi	10013  lage fire department), / , /	9
NYC DEMITMENT OF H NORTH AMERICAN INDUSTRIAL	ealth of Mental Higgson	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 541820		13,300
Enter the column totals from the Log correspond to the columns on the Log	of Occupational Injuries and Illnesses (SH ). If a category has no cases, enter "0".	I 900) for each category (column labels under each line
	The state of the s	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5 INHEDITE AND TO
		5. INJURIES AND ILLNESSES TYPES
OAYS AWAY	AWAY FROM (Col. K)	INJURIES (Col. 1) SKIN DISORDERS
OAYS AWAY ROM WORK  OB TRANSFER R RESTRICTION	AWAY FROM	INJURIES (Col. 1)
OAYS AWAY ROM WORK  OB TRANSFER R RESTRICTION  THER RECORD- BLE CASES  (Col. G.)  (Col. H.)  (Col. I.)	AWAY FROM WORK  (Col. K)  JOB TRANSFER OR	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)
OAYS AWAY ROM WORK OB TRANSFER OR RESTRICTION THER RECORD- (Col. I.)	AWAY FROM WORK  (Col. K)  JOB TRANSFER OR	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS
OAYS AWAY FROM WORK  OB TRANSFER OR RESTRICTION  THER RECORD- BLE CASES  OCIO 1.1	AWAY FROM WORK  (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS
OAYS AWAY TROM WORK  OB TRANSFER OR RESTRICTION  THER RECORD- BLE CASES  (Col. G.)  (Col. H.)  (Col. 1.)	AWAY FROM WORK  (Col. K)  JOB TRANSFER OR	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Eol. 5)
OAYS AWAY ROM WORK  OB TRANSFER R RESTRICTION THER RECORD- BLE CASES  (Col. H.)  (Col. I.)  (Col. J.)	AWAY FROM (Col. K)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Eol. 5)



# 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.

1 2	NT INFORMATION	2. EMPLOYENT INFORMATION
MMINICATIONS (ross when Appless		If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE	m 1047	AVERAGE NUMBER OF EMPLOYEES
New York, N. / 10013 INDUSTRY DESCRIPTION (e.g., village fire department)		7
NC DEPARTMENT OF NORTH AMERICAN INDUSTRIAL	Hoalth & Montal Mini	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120	CLASSIFICATION SYSTEM	10,920
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH If a category has no cases, enter "0".	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5 INTIDIES AND HANDS
6		5. INJURIES AND ILLNESSES TYPES INJURIES
DAYS AWAY FROM WORK	AWAY FROM (Col. K.)	SKIN DISORDERS (Col. 2)
OB TRANSFER (Col. H.) OR RESTRICTION	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS (Col. 3)
THER RECORD- BLE CASES (Col. 1.)	(Col. L.)	POISONINGS (Col.4)
(Col. J.)		HEARING LOSS (Col.5)
		ALL OTHER ILLNESSES (Col. 6)
	6. CERTIFICATION	
IGNATURE		ledge the entries are true, accurate, and complete.  TITLE PM 6
RINT NAME OLIVIA ME	es.	DATE 2/26/05
	-	



2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

### 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.

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME BUREAU Q TB Control

AVERAGE NUMBER OF EMPLOYEES  CITY, STATE, ZIP CODE  New York Not 10007  INDUSTRY DESCRIPTION (e.g., village fire department)  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  ON ORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  PRINT INDUSTRY DESCRIPTION (e.g., village fire department)  AVERAGE NUMBER OF EMPLOYEES  OTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  OTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  OTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  OTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  OTA	STREET ADDRESS	uning linit	instructions on the back of the sheet.
INDUSTRY DESCRIPTION (e.g., village fire department)  NYC Dight & Health of Month of	,	7th Floor	AVERAGE NUMBER OF EMPLOYEES
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  9,010  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 OCCUPATION  DAYS AWAY  FROM WORK  (Col. G)  (Col. H)  JOB TRANSFER OR  OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J)  (Col. G)	New York N.		6
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  INJURIES  (Col. 1)  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  OR RESTRICTION  OTHER RECORDABLE CASES  (Col. 1)  OTHER RECORDABLE CASES  OCCUPATION  1 Certify that Live examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE  TITLE AS A	NYC Dept & Heo	Alle Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
3. NUMBER OF CASES  4. NUMBER OF DAYS  5. INJURIES AND ILLNESSES TYPES  INJURIES  OC (Col. 1)  DEATHS  OC (Col. G.)  DAYS AWAY FROM WORK  OC (Col. H.)  JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  OC (Col. J.)  OCOL. J.)  OC	(NAICS) 92312D 6	21399	9,010
DEATHS    DEATHS   Col. G.)	Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9). If a category has no cases, enter "0".	00) for each category (column labels under each line
DEATHS    Col. G)	3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS    DAYS AWAY   FROM WORK   O   (Col. H.)     JOB TRANSFER OR RESTRICTION   O   (Col. L.)     OTHER RECORDABLE CASES   O   (Col. J.)     AWAY FROM   O   (Col. L.)     OTHER RECORDABLE CASES   O   (Col. J.)     OTHER RECORDABLE CASES		4	
JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  O(Col. J.)  OCOL. J.)  OCOL. J.)  OCOL. J.)  OCOL. J.)  FOISONINGS  OCOL. J.)  O	DAYS AWAY		SKIN DISORDERSO
OTHER RECORD- ABLE CASES  (Col. I.)  (Col. L.)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)  6. CERTIFICATION  I certify that Lhave examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE  TITLE ASA	JOB TRANSFER (Col. H.)		
6. CERTIFICATION  I certify that Lhave examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE Yalanda, And TITLE ASA	OTHER RECORD-		
6. CERTIFICATION  I certify that Lhave examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE Yelen J. TITLE ASA			
I certify that Lhave examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE Yelen J. TITLE ASA			ALL OTHER ILLNESSES
SIGNATURE Valent, Sm. TITLE ASA		6. CERTIFICATION	
101	I certify that Lhave examined	this document and that to the best of my kno	wledge the entries are true, accurate, and complete.
PRINT NAME VALEVIE GUNN DATE 12/31/04	SIGNATURE Valent.	An-	TITLE ASA
	PRINT NAME VALEVIE	GUNN	DATE 12/31/04



# 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 VETERINARY AND PEST	If you don't have accurate figures, see the
STREET ADDRESS	OFFICE Instructions on the back of the sheet.
125 WORTH STREET, ROOM 619	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE NEW YORK, NY 10013	G
INDUSTRY DESCRIPTION (e.g., village fire department).  NEW YORK CITY DEPARTMENT OF HEALTH  AND MEN TAL HYGIENE	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	11,885

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my knowled SIGNATURE Delia Carpus  PRINT NAME Delia Parse	TITLE	Res earch Assistant 1/11/2005



# 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.

1. ESTABLISHMEN	T INFORMATION	2. EMPLOYENT INFORMATION
Administrative Tribunal,	Bureau of Finance	If you don't have accurate figures, see the Instructions on the back of the sheet.
(NAICS) 541219 518210	CLASSIFICATION SYSTEM	AVERAGE NUMBER OF EMPLOYEES  4  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  7  7  7  7  7  7  7  7  7  7  7  7  7
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  Col. G.)  DAYS AWAY FROM WORK	AWAY FROM (Col. K.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS (Col 3)
OTHER RECORD- ABLE CASES (Col. I.)	(Col. L.)	POISONINGS (Col. 4)
(Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5) (Col. 6)
	6. CERTIFICATION	
I certify that I have examined the SIGNATURE CHARLES P	nis document and that to the best of my knowledge AUL MILLER	edge the entries are true, accurate, and complete.  TITLE 135 DIF OF DIS  DATE 2 - 1 - 05



# 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.

1. ESTABLISHME		
	NT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME OF  Medica  STREET ADDRESS LIGITA	fice of Chief LEXAMINER LARKSON AVENUE	If you don't have accurate figures, see the Instructions on the back of the sheet.
CITY, STATE, ZIP CODE	, ROOM 302	AVERAGE NUMBER OF EMPLOYEES
BROOKLYN INDUSTRY DESCRIPTION (e.g., vi	N9,11203	44
Department of Heal North American Industrial	th and Hertal Hygient. CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 623990		67600
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
~		INJURIES
DAYS AWAY FROM WORK	AWAY FROM O (Col. K.)	SKIN DISORDERS  (Col. 1)  (Col. 2)
OAYS AWAY ROM WORK OB TRANSFER OR RESTRICTION		(Col 1) SKIN bisorders
OAYS AWAY ROM WORK  OB TRANSFER OR RESTRICTION  (Col. I.)  (Col. I.)	WORK (Col. K.)  JOB TRANSFER OR	SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS
DAYS AWAY FROM WORK  (Col. H.)  (Col. I.)  OTHER RECORD-	WORK (Col. K.)  JOB TRANSFER OR	SKIN DISORDERS  (Col. 1)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. C.)  (Col. I.)	WORK (Col. K.)  JOB TRANSFER OR	SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. C.)  (Col. I.)	WORK (Col. K.)  JOB TRANSFER OR	SKIN DISORDERS  (Col. 1)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  (Col. 5)
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD ABLE CASES  (Col. I.)  (Col. J.)	WORK (Col. K.)  JOB TRANSFER OR COL. L.)  (Col. L.)	SKIN DISORDERS  (Col. 1)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)
DAYS AWAY FROM WORK  OCOL H.)  OTHER RECORD- BLE CASES  (Col. G.)  (Col. H.)  (Col. I.)  (Col. J.)	WORK (Col. K.)  JOB TRANSFER OR COL. L.)  (Col. L.)	SKIN DISORDERS  (Col. 1)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)

STREET ADDRESS

SH 900.1 (12-03)



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

2. EMPLOYENT INFORMATION

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

AVED ACE NUMBER OF EMPLOYEES

### 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.

1. ESTABLISHMENT INFORMATION

10.100 Dec 30 Citiz	30-7- 20-1-1	A VERNOE HUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	-11	
BRONX, A	14,10461	34
INDUSTRY DESCRIPTION (e.g., vil		FAT . VOVIDA WAS ASSESSED AS .
percurrent of t	lealth and Mental Hyg	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM	
(NAICS) 623990		49660
Enter the column totals from the Log correspond to the columns on the Log	of Occupational Injuries and Illnesses (SE ). If a category has no cases, enter "0".	H 960) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
		INJURIES 4
DEATHS O	all	. (Col. 1)
DAYS AWAY	AWAY FROM 97 WORK (Col. K.)	SKIN DISORDERS
FROM WORK	WORK (CBL K.)	(Col. 2)
JOS TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)
OR RESTRICTION (Col. I.)	RESTRICTION (Cal L)	POISONINGS O
OTHER RECORD-	(Car L)	(Cot 4)
ABLE CASES (Col. J.)	İ	HEARING LOSS
•	1	(Col, 5)
		ALL OTHER ILLNESSES (Col. 6)
	6. CERTIFICATIO	N
I comify that I have examine	d this document and that to the best of my kn	nowledge the entries are true, accurate, and complete.
1/00		
SIGNATURE		TITLE VIE. DI MEACUM and Safe
PRINT NAME ROSIA	orod	TITLE DIR. of Health and Safe DATE

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

### 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.

1. ESTABLISHMENT INFORMATION

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redical	EXAMINER.	Instructions on the back of the sheet.
STREET ADDRESS 81-68	Examiner, 164 street Building	AVERACE NUMBER OF FLOT OVERS
CITY, STATE, ZIP ÇODE	DUILGING	AVERAGE NUMBER OF EMPLOYEES
Queens,	NY , 11435	37
INDUSTRY DESCRIPTION (e.g., vi		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
DEPORTMENT OF HE	celth and Mental Hygica CLASSIFICATION SYSTEM	AC TOTAL RODRS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL	CLASSIFICATION SYSTEM	7 / 0 - 0 0
(NAICS) 623990		65000
correspond to the columns on the Lo	g). If a category has no cases, enter "0".  4. NUMBER OF DAYS	900) for each category (column labels under each line  5. INJURIES AND ILLNESSES TYPES
		The state of the s
^		INJURIES (Col. 1)
DAYS AWAY	AWAY FROM 180	SKIN DISORDERS  (Col. 2)
FROM WORK (Col. H.) JOB TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)
OR RESTRICTION (Cal. I.) OTHER RECORD-	RESTRICTION (Col L.)	POISONINGS (Col. 4)
ABLE CASES (Col. J.)		HEARING LOSS (Col. 5)
		ALL OTHER ILLNESSES (Col. 6)
	6. CERTIFICATION	•
I certify that I have examine	ed this document and that to the best of my kno	owledge the entries are true, accurate, and complete.
1/20-	ed this document and that to the best of my know	
SIGNATURE ROL		TITLE DIE. of Health and Say
1/20-		owledge the entries are true, accurate, and complete.  TITLE Die. of Health and Say  DATE 01. 25. 05

SH 900.1 (12-03)



2. EMPLOYENT INFORMATION

# 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.

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME DATICE Of Chief

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.

ESTABLISHMENT NAME 044	ice of chief	If you don't have accurate figures, see the
Medical Examiner		Instructions on the back of the sheet.
STREET ADDRESS 460 -6	Rielle Avenue	-
ESTABLISHMENT NAME DAGICE OF Chief  Medical Examiner  STREET ADDRESS 460-BRIELLE AVENUE  SERVIEW MORTUREY		AVERAGE NUMBER OF EMPLOYEES
CTTY, STATE, ZIP CODE		
Stater Isla	Nd, NY, 10314	//
INDUSTRY DESCRIPTION (e.g., v	illage fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
epartment of H	ealth and Merfal Hygie	AC
NORTH AMERICAN INDUSTRIA	L CLASSIFICATION SYSTEM	10920
(NAICS) 623990		10420
	g of Occupational Injuries and Hinesses (311 : g). If a category has no cases, enter "0".	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
		INJURIES O
DEATHS O	1 5	(Col. i)
(CoL G.)	AWAY FROM	SKIN DISORDERS
DAYS AWAY FROM WORK	WORK (Col. K.)	(Col. 2)
(Col. H.) JOB TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)
OR RESTRICTION	RESTRICTION	1
OTHER RECORD	(Col L.)	POISONINGS (Col. 4)
ABLE CASES (Col. J.)		HEARING LOSS
(Cor 4.)	ł	(Cal, 5)
		ALL OTHER ILLNESSES (Col. 6)
		No. of the contract of the con
	6. CERTIFICATION	
		1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
certify that I have examin	ed this document and that to the best of my kno	wledge the entries are true, accurate, and complete.
SIGNATURE		DATE DIR. Of Health and Say
PRINT NAME LOSIK	popod	DATE 01. 25.05

SH 900.1 (12-03)



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME N.Y. C. DEPT OF HEALTH  BUREAU OF LABORATORIES  STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS  455 15 AVENUE Floors B through 12  CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire department)	203
INDUSTRY DESCRIPTION (e.g., village fire department) NYC Dopt of Hookle & Montal Alegiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923/20,621511, 621399,541380,541710	360,070

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

6. CERTIFICATI	ION	
I certify that I have examined this document and that to the best of my	knowledge the entries are true, accurate, and complete.  TITLE Comm. Coordinate	ton
PRINT NAME DIANA WYSOCK!	DATE	

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME BUREAU OF SCHOOL HEALTH



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

# 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.

STREET ADDRESS		Instructions on the back of the sheet.
CITY, STATE, ZIP CODE		AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., vills	NY 1/4/5 age fire department)	310
NYC DEPT OF HEALTH & MENTAL HYGIENE NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 624110, 621111, 621399, 923120		432, 700
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 90 If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM 77 (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES
	6. CERTIFICATION	
I certify that I have examined the SIGNATURE RULAND		TITLE REGIONS MANAGER  DATE 1/19/05



### 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 Operations-Ft 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., Basement CITY, STATE, ZIP CODE Brooklyn, NY 11201	AVERAGE NUMBER OF EMPLOYEES  6
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) 923120 561720	10,584

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  O (Col. I.)  (Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4) 0
		ALL OTHER ILLNESSES	(Col. 6)

6. CERTIFICA	CATION
I certify that I have examined this document and that to the best of	f my knowledge the entries are true, accurate, and complete.
SIGNATURE Deceka Alana	TITLE Health Services Manager

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  Early InterventionProgram - Queens	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 59 - 17 Junction Blvd. 2nd floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Corona, NY 11368	41
INDUSTRY DESCRIPTION (e.g., village fire department) New York City Dept. of Health & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	71,750
(NAICS) 923120, 624190	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
		INJURIES O (Col. 1)
DEATHS 0 (Col. G.)	AWAY FROM 0 (Cel. K.)	SKIN DISORDERS 0 (Cal. 2)
FROM WORK (Col. H.)	JOB TRANSFER OR	RESPIRATORY CONDITIONS (Col. 3)
JOB TRANSFER OR RESTRICTION (Cal. I.) OTHER RECORD-	RESTRICTION (Cal. L.)	POISONINGS O (Col. 4)
ABLE CASES  (Col. J.)		HEARING LOSS 0 (Col. 5)
(2-11-11)		ALL OTHER ILLNESSES (Col. 6)

6. CERTIFICATION	
I certify the Unave examined this document and that to the best of my kno	owledge the entries are true, accurate, and complete.
PRINT NAME John Parra	DATE 03/29/05

STATE OF NEW YORK DEPARTMENT OF LABOR



Division of Safety and Health Public Employee Safety and Health Burcau 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
710000	If you don't have accurate figures, see the men Instructions on the back of the sheet.
93 WOYTH ST. Rm! 812 125 WOTTH ST.	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM  (NAICS) 56//0	91000

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

	6. CERTIFICATION	
710.	I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  THE PMO  arbara J. Madison DATE 01/03/05	



### 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-Richmond HC	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	instructions on the back of the sheet.
51 Stuyvesant Place, 1st Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	9
Staten Island, NY 10301 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) 923120, 621399	910

3. NUMBER O	F CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSE	ES TYPES
DEATHS DAYS AWAY FROM WORK JOB TRANSFER OR RESTRICTION OTHER RECORD-	0 (Col. G.) 0 (Col. H.) 0 (Col. I.)	AWAY FROM O (Col.  JOB TRANSFER OR RESTRICTION 0	INJURIES  SKIN DISORDERS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4)
ABLE CASES	(Col. J.)		HEARING LOSS ALL OTHER ILLNESSES	(Col. 5) (Col. 6)

6. CERTIFICATION	ON
I certify that I have examined this document and that to the best of my k	nowledge the entries are true, accurate, and complete.
SIGNATURE france // William	TITLE Clinic Manager
PRINT NAME LUCZUBY. WZCZAMI	DATE4/29/05



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME	If you don't have accurate figures, see the	
Bureau of Day Care-Family Day Care Bronx	Instructions on the back of the sheet.	
STREET ADDRESS		
1309 Fulton Avenue, 3rd Floor	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE		
Bronx, NY 10456	43	
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) 923120, 624110	76,368_	

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS    O	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4)
		ALL OTHER ILLNESSES	(Col. 5) (Col. 6)

6. CERTIFICATION			
	the best of my knowledge the entries are true, accurate, and complete.  D. Goulicago TITLE Health & Safety Officer		
PRINT NAME Ingrid Ramlakhan/Debbie Santiago	DATE 5/9/05		



# 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-Bedford HC	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS 485 Throop Avenue, 1st Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE Brooklyn, NY 11221	1.5
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) 923120, 621399	25,200

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

6. CERTIFICATION				
I certify than I have examined this SIGNATURE WINCENT PRINT NAME Vincent Dufour	document and that to the best of my k		tries are true, accurate, and complete. Clinic Manager 4/29/05	_



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

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2. EMPLOYENT INFORMATION
If you don't have accurate figures, see the
Instructions on the back of the sheet.
AVERAGE NUMBER OF EMPLOYEES
TO DIGITAL TO THE PROPERTY OF EACH EACH EACH
6
TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
12 5 8 7
10,580

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

6. CERTIFICATION					
I certify that I have examined this document and that to the best of my kr	owledge the entries				
SIGNATURE Skanlakhan for R Bryant	TITLE	HSCO			
PRINT NAME Rena Bryant	DATE	5/10/05			



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
General Counsel for Health	Instructions on the back of the sheet.
STREET ADDRESS	
125 Worth Street, Rooms 601-609	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	CO Section Street Street Park Section (Street Street Stree
New York, NY 10013	18
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) 541110, 561110	32,240

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS    O   (Col. G.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	O (Col. 1) O (Col. 2) O (Col. 3) O (Col. 4) O (Col. 5) (Col. 6)

6. CERTIFICATION	I	25
I certify that I have examined this document and that to the best of my known SIGNATURE  SIGNATURE  Representation of the Broad Representation	owledge the entries are true, accurate,	, and complete.
PRINT NAME Rena Bryant	DATE 5 W	005



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME	If you don't have accurate figures, see the	
Food Safety and Community Sanitation	Instructions on the back of the sheet.	
STREET ADDRESS		
253 Broadway, 6th, 12th and 13th Floors	AVERAGE NUMBER OF EMPLOYEES	
CITY, STATE, ZIP CODE	AVERAGE NOMBER OF EMPLOYEES	
New York, NY 10007	181	
INDUSTRY DESCRIPTION (e.g., village fire department)		
New York City Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM		
(NAICS) 923120 541990 541350	358,005	

3. NUMBER O	F CASES	4. NUMBER OF DAY	5. INJURIES AND ILLNESS	SES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD-	0 (Col. G.) 11 (Col. H.) 0 (Col. I.)	JOB TRANSFER OR RESTRICTION 0	INJURIES	10 (Col. 1) 0 (Col. 2)
ABLE CASES	(Col. J.)		HEARING LOSS	0
			ALL OTHER ILLNESSES	0 <sup>(Col. 5)</sup> (Col. 6)

6. CERTIFICA	ATION	
I certify that I have examined this document and that to the best of n  SIGNATURE  Michele Lignore-Draz	my knowledge the entries are true, accurate, and complete.  TITLE Associate Staff Analyst  DATE 1/24/05	



# 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
DOHMH Immunication Program STREET ADDRESS	If you don't have accurate figures, see the instructions on the back of this sheet.
2 hafeyette ST. CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
N.4. NY. 10007	
INDUSTRY DESCRIPTION (e.g., village fire department)  Houth Department	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	292,320

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  O(Col. I)  (Col. J.)	JOB TRANSFER OR RESTRICTION  (Col. K)  AWAY FROM WORK  (Col. L)	INJURIES  SKIN DISORDERS  C(Col. 1)  (Col. 2)  RESPIRATORY CONDITIONS  POISONINGS  (Col. 3)  (Col. 4)  ALL OTHER ILLNESSES  (Col. 5)

6. CERTIFICA	ATION	» ·
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	HSCO
PRINT NAME Robert young	DATE	JAN 7, 2004



# 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.

	NT INFORMATION	2 EMPLOYMENT INFORMAT
ESTABLISHMENT NAME	1000	2. EMPLOYMENT INFORMATION
STREET ADDRESS	office	If you don't have accurate figures, see the instructions on the back of this sheet.
93 Warth Street	! Pn : 81/	
CITY, STATE, ZIP, CODE	5 1113.000	AVERAGE NUMBER OF EMPLOYEES
New York, NY	10013	50
INDUSTRY DESCRIPTION (e.g. village fire depa	rtment)	
VEW YOY K. CITY DEPT. H	Health & Mental Hygien	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
STANDARD INDUSTRIAL CLASSIFICATION (S	IC), IF KNOWN.	91000
		7,000
Enter the column totals from the Log of Occurred		
Enter the column totals from the Log of Occupate correspond to the columns on the Log). If a cate	gory has no cases, enter "0."	category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	
	NOMBER OF BAYS	5. INJURIES AND ILLNESS TYPES
DEATHS		INJURIES
DAYS AWAY	JOB TRANSFER OR RESTRICTION	SKIN DISORDERS (Col.1)
FROM WORK (Col. H)  JOB TRANSFER	(Col. K)	RESPIRATORY CONDITIONS (Col. 3)
OR RESTRICTION	AWAY FROM	POISONINGS (Col. 4)
OTHER RECORD- ABLE CASES	WORK (Col. L)	(Col. 5)
(Col. J:)	( <b>-</b>	HEARING LOSS (Con.6)
V		ALL OTHER ILLNESSES (Col. 7)
		(601.7)
	6. CERTIFICATION	
I certify that I have examined this flee		
	Mark and that to the best of my acknowle	edge the entries are true, accurate, and complete.
SIGNATURE MANA	TITLE	TMO .,
PRINT NAME TO Chara . 1.	Madican	
- Intona J.	DATE DATE	06/02/04
211 000 4 444 044		



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

2004

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
Burga of HIV/AIDS STREET ADDRESS	If you don't have accurate figures, see the instructions on the back of this sheet.
40 Worth St. 15 # Floor Rm 15/3 CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York, N. Y. 10013 INDUSTRY DESCRIPTION (e.g., village fire department)	76
New York City Dept of Health & Mental Hyg NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
923120, 561110, 541720 .	130,000

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. J)  (Col. J)	JOB TRANSFER OR RESTRICTION  AWAY FROM WORK  Col. K	INJURIES  SKIN DISORDERS  (Col. 1)  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  ALL OTHER ILLNESSES  (Col. 4)  Hearing Loss  (Col. 6)  Col. 6

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my ki	nowledge the entries are true, accurate, and complete.
SIGNATURE Saundra P. Gelkes	TITLE Health Safety OfficeR, AS
PRINT NAME SAUNDRA P. GILKES	DATE



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME  Veterinary Services And Pest Control Bureau of Vector Control	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	
2 Lafayette st. / 520 Kingsland Ave	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	10
Ny, Bklyn, NY 10007, 11222	
INDUSTRY DESCRIPTION (e.g., village fire department)  New York City Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120,561710	32,590

DEATHS  O (Col. G.)  DAYS AWAY FROM WORK  OR RESTRICTION  OTHER RECORD- APILE CASES  O (Col. G.)  AWAY FROM WORK  AWAY FROM WORK  OCI. L.)  OCI. L.)  AWAY FROM WORK  OCI. L.)  OCI. L.)  INJURIES  OCI. L.)  SKIN DISORDERS  OCI. L.)  RESPIRATORY CONDITIONS  OCI. L.)  POISONINGS  OCI. L.)  OCI. L.)  OCI. L.)  OCI. L.)	3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
$ \begin{array}{c c} \hline \text{(Col. J.)} & \text{HEARING LOSS} & 0 \\ \hline \text{ALL OTHER ILLNESSES} & 0 \end{array} $	DEATHS    DAYS AWAY   FROM WORK   2   (Col. H.)   JOB TRANSFER   0   (Col. I.)   OTHER RECORDABLE CASES   0	WORK (Col. K.)  JOB TRANSFER OR RESTRICTION 0	SKIN DISORDERS $ \begin{array}{c} \hline 0\\ \hline (Col. 1) \end{array} $ RESPIRATORY CONDITIONS $ \begin{array}{c} 0\\ \hline (Col. 3) \end{array} $ POISONINGS $ \begin{array}{c} 0\\ \hline (Col. 4) \end{array} $ HEARING LOSS $ \begin{array}{c} 0\\ \hline 0\\ \hline (Col. 5) \end{array} $

/	6. CERTIFICATION
I certify that have examined the co	ocument and that to the best of my knowledge the entries are true, accurate, and complete.
SIGNATURE TO TO	TITLE APHS II
PRINT NAME Kobert L Ch	ampion DATE 34/2005

Includes Community

CITY, STATE, ZIP CODE

ESTABLISHMENT NAME

ORAL HEALTH PROGRAMS & POLICY - REGIONTI

MANHATTAN REGIONAL OFFICE . G. Harlem DHC

STREET ADDRESS

E. 115 Street Rm 222



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

.25

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

2004

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

(NAICS) 62/2/0	CLASSIFICATION SYSTEM J  723/20  OCCUPATIONAL INJURIES and Illnesses (SH 6	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  29,385  200) for each category (column labels under each line
JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  JOB TRANSFER OR (Col. I.)  (Col. J.)	4. NUMBER OF DAYS  AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	5. INJURIES AND ILLNESSES TYPES  INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES
I certify that I have examined t	6. CERTIFICATION  his document and that to the best of my know.  Su(H)	ledge the entries are true, accurate, and complete,  TITLE Regional Adm. Director
PRINT NAME TON: )	SMITH	DATE 1/12/05

**ESTABLISHMENT NAME** 

1. ESTABLISHMENT INFORMATION

Bureau of



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

2004

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

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

Tuberculosis Contra	1 - Central Office	Instructions on the back of the sheet.
225 BROAJWAY, 2 CITY, STATE, ZIP CODE	2Nd FLOCK	AVERAGE NUMBER OF EMPLOYEES
NEW YURK, NY 100 INDUSTRY DESCRIPTION (e.g., villa		90
	ealth & Mental Hygier	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120 621	90	158, 400
Enter the column totals from the Log o correspond to the columns on the Log).		900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  COL G.)  DAYS AWAY FROM WORK  (Col. H.)	AWAY FROM (Col. K.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)
JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. I.)	JOB TRANSFER OR RESTRICTION (Col. L.)	POISONINGS  (Col. 3)  (Col. 4)
(Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5) (Col. 6)
	6. CERTIFICATION	
		wledge the entries are true, accurate, and complete.  TITLE & FFICE MANJER
PRINT NAME TUANITA	CHINN	DATE 1- 27- 2005
SH 900.1 (12-03)		



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

2004

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
RESOurces - Central Office	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	
125 WORTH ST RM 930, 900-914	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York NY 10013	89
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NYC Dept of Health & Mental Hygiene	
(NAICS) 541612 561110	147,250

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  O (Col. G.)  DAYS AWAY FROM WORK	AWAY FROM 20 (Col. K.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)
JOB TRANSFER OR RESTRICTION OTHER RECORD-	JOB TRANSFER OR RESTRICTION (Col. L.)	POISONINGS  RESPIRATORY CONDITIONS  (Col. 3)  (Col. 4)
ABLE CASES (Col. J.)		HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5) (Col. 6)

		6. CERTIFICAT	ION
I certify t	A A	this document and that to the best of my	knowledge the entries are true, accurate, and complete.  TITLE Health & Safety Compliance Inspector
PRINT NAME	INGRID	RAMLAKHAH	DATE 13105



2. EMPLOYENT INFORMATION

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

2004

(Col. 4)

0

(Col. 5)

(Col. 6)

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

1. ESTABLISHMENT INFORMATION

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ESTABLISHMENT NAME	surrain of Open	If you don't have accurate	
Tremont Health	Center	Instructions on the back	of the sheet.
STREET ADDRESS  1826 Arthur F CITY, STATE, ZIP CODE	Venus - Executive Of	AVERAGE NUMBER OF	EMPLOYEES
INDUSTRY DESCRIPTION (e.g., vill	10457		
NYC Dept & Hec NORTH AMERICAN INDUSTRIAL	ith & Mental H	GIGHT TOTAL HOURS WORKED BY ALLEM	PLOYEES LAST YEAR
(NAICS) 923120 561	720	2,372	
Enter the column totals from the Log of correspond to the columns on the Log)	of Occupational Injuries and Illno. If a category has no cases, ente	esses (SH 900) for each category (column labre"0".	els under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNES	SSES TYPES
DEATHS 0		INJURIES	(Col. 1)
DAYS AWAY FROM WORK	AWAY FROM (Col.	SKIN DISORDERS K.)	(Col. 2)
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR	RESPIRATORY CONDITION	(Col. 3)
(Col. I.)	RESTRICTION (Co	POISONINGS	0

### 6. CERTIFICATION

HEARING LOSS

ALL OTHER ILLNESSES

0. CERTIFICA	110.3
I certify that have examined this document and that to the best of m	y knowledge the entries are true, accurate, and complete.
SIGNATURE Salene Saily	TITLE Health Services Manay
1/1. 6	
PRINT NAME Valerie Daily	DATE 1/20/05
/	/ /

OTHER RECORD-

ABLE CASES

0

(Col. J.)

ESTABLISHMENT NAME



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

**AVERAGE NUMBER OF EMPLOYEES** 

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

2004

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

1. ESTABLISHMENT INFORMATION

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CITY, STATE, ZIP CODE	44.5	
Manhatta	N, NY, 10016	462
INDUSTRY DESCRIPTION (e.g., vi		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
epartment of He	ealth and Heata L Kygie	AC
NORTH AMERICAN INDUSTRIAI	L CLASSIFICATION SYSTEM	
(NAICS) 492210, 621571, 6	23990, 923120	762424
nter the column totals from the Log	of Occupational Injuries and Illnesses (SH	900) for each category (column labels under each line
orrespond to the columns on the Lo	g). If a category has no cases, enter "0".	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
		INJURIES /5
DEATHS O		(Cel. 1)
(Col G.)	AWAY FROM 482	SKIN DISORDERS 0
DAYS AWAY FROM WORK  13	WORK (Col. K.)	(Col. 2)
(Col. H.)	TAR OR LUCZWA AN	RESPIRATORY CONDITIONS
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION	(Col. 3)
(Cel. 1.)	(Col. L.)	POISONINGS (Cal. 4)
ABLE CASES	i	
(CoL J.)	1	HEARING LOSS (Col. 5)
	1	ALL OTHER ILLNESSES (Col. 6)
		(54: 3)
	6. CERTIFICATION	N
I certify that I have examin	ed this document and that to the best of my kno	owiedge the entries are true, accurate, and complete.
SIGNATURE Ko-6	2	DATE 01.25.05
1)	- Dod	0/2505
DOINT NAME K-E/SIA	DEUV	DAIR U/ LO 1 CO

SH 900.1 (12-03)



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

2004

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 TE CONTROL - ADMINISTRATI  STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
125 WORTH ST, RM, 216, 214.  CITY, STATE, ZIP CODE  NY NY 10013	AVERAGE NUMBER OF EMPLOYEES  444
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)  56110 923120 541720	78,000

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE   SIGNATURE   FLOY LAW LENCE	wledge the entries are true, accurate, and complete.  TITLE ASSOCIATE STAFF ANALYST  DATE 12/31/64



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

2004

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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
BULLAU OF TO CONTROL - SRO OUT reach main of	If you don't have accurate figures, see the Instructions on the back of the sheet.
225 Brogoway 22" flock. CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York, MY 10007	22
INDUSTRY DESCRIPTION (e.g., village fire department) New York City Dept of Health & Mental Hu	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 621399	37,856

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  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM 3 WORK (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES

	6. CERTIFICATION	(C	ol. 6)
I certify that I have examined this document an SIGNATURE SHAMEN POUNDS		Itometers Survices  1/12/05	.2

SH 900.1 (12-03)

**ESTABLISHMENT NAME** 

STREET ADDRESS

1. ESTABLISHMENT INFORMATION



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

2004

2. EMPLOYENT INFORMATION

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

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

25 Chapel	St Swite 1006	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE		
Brooklyn, 1	10511 71	9
INDUSTRY DESCRIPTION (e.g., villa	ge fire department)	
NYC Dept 81	tookly & Nortal dugiel	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
	CLASSIFICATION SYSTEM	
(NAICS) 923120 6	24190	15,600
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 90 If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
		INJURIES O
DEATHS		(Col. 1)
(Col. G.)	AWAY FROM	SKIN DISORDERS O
DAYS AWAY FROM WORK	WORK (Col. K.)	(Col. 2)
(Col. H.)		RESPIRATORY CONDITIONS
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION	(Col. 3)
(Col. I.)	(Col. L.)	POISONINGS
OTHER RECORD- ABLE CASES	*	(Col. 4)
(Col. J.)		HEARING LOSS
e e		ALL OTHER ILLNESSES (Col. 5)
		(0.00)
	6. CERTIFICATION	
I certify that I have examined	this document and that to the best of my know	rledge the entries are true, accurate, and complete.
SIGNATURE WONNE	Senclan	TITLE Ductor CES
PRINT NAME	ne Sinclair	DATE 1/19/05



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

2004

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2. EMPLOYENT INFORMATION  If you don't have accurate figures, see the Instructions on the back of the sheet.  AVERAGE NUMBER OF EMPLOYEES
Instructions on the back of the sheet.
AVERAGE NUMBER OF EMPLOYEES
AVERAGE NUMBER OF EMPLOYEES
D. III DO I DES
4
OTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
6,700
0

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. H.)  (Col. L.)  (Col. J.)	AWAY FROM Col K.)  JOB TRANSFER OR RESTRICTION  (Col L.)	INJURIES

	6. (	CERTIFICATION	
I certify	that I have examined this document and that to	the best of my knowledge the ent	ries are true, accurate, and complete.  HEALTH SERVICES MANAGER
	KEVIN MCGRATH	DATE _	1/28/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
CORONA HEALTH CENTER	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	mistractions on the back of the sheet.
34-33 JUNITION BOULEVARD, Basement	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	E
JAZKSON HEIGHTS, NY. 11372	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NYC Dept of Heath & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	DI ALL EMPLOTEES LAST TEAK
(NAICS) 923120, 561720	9,231
125120, 001120	
Enter the column totals from the Log of Occupational Injuries and Illnesses (SH 00	200 6

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowled SIGNATURE HERVIN ME FACTOR  PRINT NAME KEVIN ME GRATH	edge the entries are true, accurate, and complete.  TITLE HEALTH SERVICES MANAGER  DATE 1/28/05



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

2004

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

1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF Operations. LOWER MANHATTAN HEALTH CENTER (Chelsen). STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
303 NINTH AVENUE CITY, STATE, ZIP CODE NEW YORK, NY. 10001	AVERAGE NUMBER OF EMPLOYEES
NYC Dept of Health & Mental Augiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 423120, 561720	8,839

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowle SIGNATURE MENTINAME MENTINAME MENTINAME MENTINAME	dge the entries are true, accurate, and complete.  TITLE HEALTH SERVICES MANAGER  DATE //28/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BUREAU OF Operations	If you don't have accurate figures, see the
JAMAICH HEALTH CENTER	Instructions on the back of the sheet.
STREET ADDRESS	
90-37 PARSONS BOULEVARD 2ndFl&B	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	2.11.201.25
JAMAICA, N.Y. 11432	5
INDUSTRY DESCRIPTION (e.g., village fire department)	
NYC Dept of Health & Mental Hugiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	
(NAICS)923120, 561720	8,120

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE MEVIN MC GRATH  PRINT NAME KEVIN MC GRATH	nledge the entries are true, accurate, and complete.  TITLE HEALTH SERVICES MANAGER  DATE 1/28/05

**ESTABLISHMENT NAME** 



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

2004

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

AVERAGE NUMBER OF EMPLOYEES

00

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

1. ESTABLISHMENT INFORMATION

N.V. a.V. 100	1/3	32	_
INDUSTRY DESCRIPTION (e.g., villa	ge fire department) /// g ence	TOTAL HOURS WORKED BY ALL EMPLOYE	EES LAST YEAR
	CLASSIFICATION SYSTEM	52,539	
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 96). If a category has no cases, enter "0".	00) for each category (column labels u	nder each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
		INJURIES	(Col. 1)
DEATHS (Col. G.) DAYS AWAY	AWAY FROM (Col. K.)	SKIN DISORDERS	(Col. 2)
JOB TRANSFER	JOB TRANSFER OR	RESPIRATORY CONDITIONS	(Col. 3)
OR RESTRICTION (Col. I.) OTHER RECORD-	RESTRICTION (Col. L.)	POISONINGS	(Col. 4)
ABLE CASES (Col. J.)	e , e	HEARING LOSS	(Co), 5)
		ALL OTHER ILLNESSES	(Col. 6)
6. CERTIFICATION			
I certify that I have examined	this document and that to the best of my know	wledge the entries are true, accurate, and	
SIGNATURE For De	on lacked	TITLE associate	Occarinles
PRINT NAME LA DA	was RASheed	_ DATE3/9/05	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
BUCCAU OF STD CONTROL HEIGHT	If you don't have accurate figures, see the Instructions on the back of the sheet,
1218 PROSPECT PLACE 2FL	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire depaytment)	_22_
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 92 3 12 CHASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
Enter the column totals from the Log of Occumational Injuries and The	3/, /30

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  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM GCOL K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	(Col. 1) (Col. 2) (Col. 3) (Col. 4) (Col. 5) (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 WARRE TYPE Clinic Manager  PRINT NAME VINCENT DIFFOUR DATE 1-31-05

SH 900.1 (12-03)



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME  Bureau of Immunization - Homecrest H.C.	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	1
1601 AVENUE S 1ST FLOOR	AVERAGE NUMBER OF EMPLOYEES
BROOKLSH NY 11229	6
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) 923120 621399	10,290

DEATHS  O (Col. G.)  AWAY FROM O SKIN DISORDERS O (Col. 1)  O (Col. 1)	3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DAYS AWAY   FROM WORK   Col. R.)   WORK   (Col. R.)   RESPIRATORY CONDITIONS   O   (Col. 3)	DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)  (Col. H.)	WORK (Col. K.)  JOB TRANSFER OR RESTRICTION 0	Col. 1)   Col. 1)   SKIN DISORDERS

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 Staff Analyst	
PRINT NAME Robert Young	DATE1-31-05	

ESTABLISHMENT NAME

CITY, STATE, ZIP CODE

STREET ADDRESS

1. ESTABLISHMENT INFORMATION

COWER MANHATTAN HEALTHCE



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

2004

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

AVERAGE NUMBER OF EMPLOYEES

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

INDUSTRY DESCRIPTION (e.g., vi  NOT DESCRIPTION (e.g., vi  NORTH AMERICAN INDUSTRIAL (NAICS) 62/2/0  Enter the column totals from the Log	ilage five department)  HUE Non tal Hygiene CLASSIFICATION SYSTEM  923120	
3. NUMBER OF CASES	). If a category has no cases, enter "0".  4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD. ABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  (Col. 2)  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
	6. CERTIFICATION	
I certify that I have examined  SIGNATURE ONE  PRINT NAME TON:	this document and that to the best of my know  D. S. M. T. H.	ledge the entries are true, accurate, and complete.  TITLE Regional Adm. Director  DATE 1/20/05

**ESTABLISHMENT NAME** 



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

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

2004

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

1. ESTABLISHMENT INFORMATION

BRONE, NG.C. NJ	. (045)	10
INDUSTRY DESCRIPTION (e.g., village fire department)  NYC HEACTH DEPARTMENT		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 621111		36,540
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	000) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (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 ADMINISTRATOR  PRINT NAME CAROS R. FORTURO DATE JONUARY 6, 200 \$\mathcal{G}\$.		
SH 900.1 (12-03)		



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

2004

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

1. ESTABLISHMENT INFORMATION		2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BU BICH mond Chest STREET ADDRESS	Clinic TB Control	If you don't have accurate figures, see the Instructions on the back of the sheet.
51 Stuyvesant Place 4thf1		AVERAGE NUMBER OF EMPLOYEES
Staten Island	NY 10301	18
INDUSTRY DESCRIPTION (e.g., villa  OUT DO TO HO  NORTH AMERICAN INDUSTRIAL C	ge lire department)  CALL GAMENTOL LLIGIONO LASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NATCE)	321399	15,000
Enter the column totals from the Log of correspond to the columns on the Log).	Occupational Injuries and Illnesses (SH 90 If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. H.) (Col. H.) (Col. I.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  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 Warda Osborrl TITLE PAT  PRINT NAME Warda Osborrl DATE 12/2901		



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

2004

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I. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
Central Harlem H.C.	If you don't have accurate figures, see the Instructions on the back of the sheet.
2238 FIFTH AVENUE CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York N.Y. 12035 INDUSTRY DESCRIPTION (e.g., Fillage fire department)	3
N.Y.C. Dept. of Health Mental Hy NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120 561720	91eme 5,500

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	STYPES
Đ.	•	INJURIES	(Col. 1)
DAYS AWAY	AWAY FROM (Col. K.)	SKIN DISORDERS	(Col. 2)
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS	(Col. 3)
OTHER RECORDABLE CASES	(Col. L.)	POISONINGS	(Col. 4)
(Col. J.)		HEARING LOSS	(Col. 5)
		ALL OTHER ILLNESSES	(Col. 6)

# 6. CERTIFICATION I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete. SIGNATURE TITLE HEALTH SEWIUS MGRI PRINT NAME NAMBERG AS ARNOE DATE 1/28/05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
East Harlem Health Center street Address	If you don't have accurate figures, see the Instructions on the back of the sheet.
158 East 115 Street	AVERAGE NUMBER OF EMPLOYEES
New York N. 4. 10029 INDUSTRY DESCRIPTION (eg., village fire department)	7
N.Y.C. Dept. 4 Health & Mental Hygie, NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120 561720	12,900
	,

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

call to Sewius Mgn

**ESTABLISHMENT NAME** 

STREET ADDRESS



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

AVERAGE NUMBER OF EMPLOYEES

Ad Instructions on the back of the sheet.

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

2004

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

1. ESTABLISHMENT INFORMATION

(NAICS) 923120 54	Health & Mental Hyderassification system 1219  Occupational Injuries and Illnesses (SH 9)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  1 (1) 200
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. H.)  (Col. H.)  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (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  PRINT NAME  DATE  124/05  SH 900.1 (12-03)		



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME DIVISION OF Epidemiology Bureau of Informatic Data Services	If you don't have accurate figures, see the Instructions on the back of the sheet.
346 Broadway, Rooms 707A+B, 832	AVERAGE NUMBER OF EMPLOYEES
New York MY 10013	_29
INDUSTRY DESCRIPTION (e.g., village fire department) NYC Dept of Heath & Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
(NAICS) 923120 621399 518210	43,995

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
		INJURIES	(Col. 1)
DEATHS (Col. G.)	AWAY FROM 215 (Col. K.)	SKIN DISORDERS	(Col. 2)
FROM WORK (Col. H.)	JOB TRANSFER OR	RESPIRATORY CONDITIONS	(Col. 3)
JOB TRANSFER OR RESTRICTION (Col. I.) OTHER RECORD-	RESTRICTION (Col. L.)	POISONINGS	(Col. 4)
ABLE CASES (Col. J.)		HEARING LOSS	(Col. 5)
		ALL OTHER ILLNESSES	(Col. 6)

6. CERTIFICA	ATION
I certify that I have examined this document and that to the best of r  SIGNATURE Laura Pelzer  PRINT NAME	my knowledge the entries are true, accurate, and complete.  TITLE PAA 1  DATE (1805)



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
FORT GREENE HEALTH Center. STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
295 Flatbush Ave, Ext 15t Floor CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., village fire department)	4
NOC Blot of Heath & Moutal Municus	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)  (21210 923120	6175
Enter the column totals from the Log of Occupational Injuries and Illnesses (SU)	200.6

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my knowledge Signature Sheldon Lisa (SRIKM)	edge the entries are true, accurate, and complete.  TITLE Regional Administrative Dir	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME EARLY INTERVENTION PROGRAM, Manhattan Regional Office STREET ADDRESS	If you don't have accurate figures, see the Instructions on the back of the sheet.
42 BROADWAY, SUITE 1027  CITY, STATE, ZIP CODE  NEW YORK, NEW YORK 10004  INDUSTRY DESCRIPTION (e.g., village fire department)  NYC DOHMH	AVERAGE NUMBER OF EMPLOYEES  31
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 624190 , 923120	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  54,250

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 ILLNESSE	S TYPEŞ
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION OTHER RECORDABLE CASES  O (Col. I.)  (Col. J.)	AWAY FROM O (Col. K.)  JOB TRANSFER OR RESTRICTION O (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	0 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4)

6. CERT	TFICATION
SIGNATURE CITTUON & KOMain	est of my knowledge the entries are true, accurate, and complete.  TITLE Coordinating Manager
PRINT NAME ANTHONY ROMAIN	DATE 03/10/2005

SH 900.1 (12-03)



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

2004

# SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES FORM SH 980.1

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

	2. EMPLOYENT INFORMATION
I. ESTABLISHMENT INFORMATION	If you don't have accurate figures, see the
BROOK PEST CONTROL Office	Instructions on the back of the sheet.
STREET ADDRESS 1826 ARTHUR AVE 15t F1 & B.	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	56 (480 THES)
INDUSTRY DESCRIPTION (c.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NYC DEPT OF MEALTH FIREWAR INTO SYSTEM	97.755
(NAICS) 56 1710 -56/110- 488 490	/ Jacob line
Enter the column totals from the Log of Occupational Injuries and Illnesses (Stl correspond to the columns on the Log). If a category has no cases, enter "0".	900) for each category (column labels under each line
	AND ILL NESSES TYPES

	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
3. NUMBER OF CASES	d. Horizon	INJURIES	(Col. 1)
DEATHS (COL.G.)	AWAY FROM (Col. K.)	SKIN DISORDERS	(Col. 2)
FROM WORK		RESPIRATORY CONDITIONS	(Col. 3)
JOB TRANSFER OR RESTRICTION (Col.   I.)	JOB TRANSFER OR (Col. L.)	POISONINGS	(Col. 4)
OTHER RECORDABLE CASES (Col. J.)	,	HEARING LOSS	(Çe].5)
X-25		ALL OTHER ILLNESSES	(Col. 6)

	6. CERTIFICATION
I certify that I have examined this document of the second	and that to the best of my knowledge the entries are true, accurate, and complete,  TITLE REGIONAL DIRECTOR  DATE 3/1/0.5



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME EARLY INTERVENTION PROGRAM/QUALITY ASSURA	If you don't have accurate figures, see the NCE Instructions on the back of the sheet.	
STREET ADDRESS 49-51 CHAMBERS STREET - ROOM 1033 CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES	
NEW YORK, NEW YORK 10007	20	
INDUSTRY DESCRIPTION (e.g., village fire department)  NUC DEPT OF HEALTH & MENTAL HYCLENE  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	total hours worked by all employees last year	
(NAICS) 923120 624190	34,300	

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  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD ABLE CASES  O  (Col. I.)  (Col. I.)	AWAY FROM Q (Col K)  JOB TRANSFER OR RESTRICTION (Col L.)	INJURIES  SKIN DISORDERS  (Col. 1)  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES

	6. CERTIFICATION		
I certify fat I have examined this door	Ment and that to the best of my know  The GKLA	TITLE PHICE  DATE  DATE	tc, and complete.  Munuger  25
TT 000 1 (12 02)	0		

SH 900.1 (12-03)

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ESTABLISHMENT NAME



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

~ 2004"

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

AVERAGE NUMBER OF EMPLOYEES

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

1. ESTABLISHMENT INFORMATION

STATE, ZIP CODE

STREET ADDRESS CORONA HEALTH CENTER- DENTAL CAME

NORTH AMERICAN INDUSTRIAL (NAICS)  923120 62	DOHMH CLASSIFICATION SYSTEM  1210  f Occupational Injuries and Illnesses (SH 9)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  25.686  200) for each category (column labels under each line	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (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  STEPHENS R- KUMAR  DATE  1/21/2005  SH 900.1 (12-03)			



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

2. EMPLOYENT INFORMATION

# 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.

1. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME BURRO & Operations		s, see the sheet.	
Washington Heights Health Conta STREET ADDRESS RM 401 & B 600 W 168 H St Executive of fixe CITY, STATE, ZIP CODE		OYEES	
CITY, STATE, ZIP CODE  New York  INDUSTRY DESCRIPTION (e.g., village fire department)			
NYC Dept of Health & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM		ES LAST YEAR	
(NAICS) 923120 561720 -			
Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	000) for each category (column labels ur	ider each line	
4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES	
AWAY FROM OCOL K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES  SKIN DISORDERS  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES	(Col. 1)  (Col. 2)  (Col. 3)  (Col. 4)  (Col. 5)  (Col. 6)	
6. CERTIFICATION			
	AWAY FROM WORK (Col. K.)  JOB TRANSFER OR RESTRICTION  CARTIFICATION  COL. L.)  CERTIFICATION  COL. L.)	AVERAGE NUMBER OF EMPL  AVERACE NUMBER OF EMPL  AVERAGE NUMBER OF EMPL  AVERAGE NUMBER OF EMPL  AVERAGE NUMBER OF EMPL  AVERACE NUMBER OF EMPL  AVERAC	

1. ESTABLISHMENT INFORMATION

TUBERCULUSIS CONTROL, CENTRAL DEFICE

ESTABLISHMENT NAME BUREAU OF



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

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

2004

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STREET ADDRESS				- 1
225 BROADWAY, 22ND FLOOR CITY, STATE, ZIP CODE			AVERAGE NUMBER OF EMPLOYEES	
NEW YORK, NY 10007 INDUSTRY DESCRIPTION (e.g., village fire department)			90	_
NYC DEAT OF Health & Mental Hygiene NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM			TOTAL HOURS WORKED BY ALL EMPLOYE	ES LAST YEAR
(NAICS) 923120 561110 621399			158, 400	
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries a If a category has no case	nd Illnesses (SH 90es, enter "0".	00) for each category (column labels un	der each line
3. NUMBER OF CASES	4. NUMBER OF	DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS O			INJURIES	(Col. 1)
DEATHS  COL G.)  DAYS AWAY FROM WORK  (Col. H.)	AWAY FROM WORK	(Col. K.)	SKIN DISORDERS	(Col. 2)
JOB TRANSFER OR RESTRICTION (Col. I.)	JOB TRANSFER OR RESTRICTION	0	RESPIRATORY CONDITIONS	(Col. 3)
OTHER RECORD- ABLE CASES  (Col. I.)  (Col. J.)		(Col. L.)	POISONINGS	(Col. 4)
(Col. J.)			HEARING LOSS	(Col. 5)
			ALL OTHER ILLNESSES	(Col. 6)
	6. CE	RTIFICATION		
I certify that I have examined t	this document and that to the	ne best of my know	ledge the entries are true, accurate, and co	mplete.
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  SIGNATURE GLANITA CHINN  DATE 1-27-2005				ISER
PRINT NAME TUANITA CHINN			DATE 1- 27- 200	:5
SH 900.1 (12-03)				



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

2004

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

1. ESTABLISHMENT INFORMATION		2. EMPLOYENT INFORMATION		
ESTABLISHMENT NAME HIV/AINS Services (JJAPP)		2. EMPLOYENT INFORMATION  If you don't have accurate figures, see the Instructions on the back of the sheet.  RECENTION PROGRAM,  AVERAGE NUMBER OF EMPLOYEES  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR		
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  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  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 ARCUMENT FRANKLIS DATE 1/24/05				



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME  NYC - DOHMH, Bureau of Maternal, Infant & Reproductive Health	If you don't have accurate figures, see the Instructions on the back of the sheet
STREET ADDRESS	- managements on the sack of the sheet.
164-19 Hillside Avenue , 154 F160 C	AVERAGE NUMBER OF EMPLOYEES
Jamaica, NY 11432	11
INDUSTRY DESCRIPTION (e.g., village fire department) Health Dept	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN'INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)  923120 624190	18,585

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

6. CERTIFICATION		
SIGNATURE TO Palmer  PRINT NAME  TO POLITIES  PRINT NAME  PRINT NAME  PRINT NAME  PRINT NAME	owledge the entries are true, accurate, and complete.	



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

2004

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

1. ESTABLISHMEN		2. EMPLOYENT INFORMATION	
Control Admin Bo. of C STREET ADDRESS	pridemiology Sevices	If you don't have accurate figures, see the Instructions on the back of the sheet.	
CITY, STATE, ZIP CODE	201,202, 315	AVERAGE NUMBER OF EMPLOYEES	
INDUSTRY DESCRIPTION (e.g., vill	OO 13 (N 6	50	
MC PERT OF HERE	the Mental Ity oxene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
(NAICS) 561110 923120	CLASSIFICATION SYSTEM	87500	
	(Occupational V. C. C. C.	00) for each category (column labels under each line	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. I.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES	
	6. CERTIFICATION		
SIGNATURE TO THE SIGNATURE	is document and that to the best of my knowle	dge the entries are true, accurate, and complete.  TITLE Principal Admin Assoc.  DATE 124 05.	



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

2004

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
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  CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York, NY 10013	8
INDUSTRY DESCRIPTION (e.g., village fire department)  Municipal Health Department	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)  56110 923120	14, 000

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

6. CERTIFIC	CATION
I certify that I have examined this document and that to the best o	Assistant Commissioner
PRINT NAME Dan Lehman	DATE Jan. 6, 05



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYCDOHMH	If you don't have accurate figures, see the
PPOD Policy + PLANNING	Instructions on the back of the sheet.
STREET ADDRESS	
125 Worth Street, RM 624	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
New York, NY 10013	
INDUSTRY DESCRIPTION (e.g., village fire department)	
Health Department NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	_
(NAICS) 561110 923120	29,800
	I

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

	6. CERTIFIC	CATION
I certify that I have examined this	s document and that to the best o	f my knowledge the entries are true, accurate, and complete.
SIGNATURE Doctsey	Cynus	TITLE PAA
PRINT NAME DODSEY	C'YRUS	DATE _//5/0 <b>5</b>



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION	
ESTABLISHMENT NAME NYC DOHMH/FSM/Management Information Services	If you don't have accurate figures, see the Instructions on the back of the sheet.	
STREET ADDRESS 125 Worth Street Room 1051, 10th Floor CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES	
New York, NY 10013		
INDUSTRY DESCRIPTION (e.g., village fire department) Application Development/Project Management	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 56110 541513	98,500	

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my knowled SIGNATURE  PRINT NAME  ON TO SERVICE STATEMENT OF THE SERVICE STAT	TITLE CON ACS. TO DATE 1/24/05	

# 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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME NYC DOHMH/FSM/Management Information Services	If you don't have accurate figures, see the Instructions on the back of the sheet
STREET ADDRESS	monactions on the case of the sacet.
40 Worth Street Room 1539, 15th Floor	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	27
New York, NY 10013  INDUSTRY DESCRIPTION (e.g., village fire department)	
Application Development/Project Management	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 56110 541513	46,500

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

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my know SIGNATURE TO THE PRINT NAME TO THE PRINT NAME	viedge the entries are true, accurate, and complete.  TITLE VIII (1885) TI  DATE 1/24/05



2. EMPLOYENT INFORMATION

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

2004

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

1. ESTABLISHMENT INFORMATION

establishment name  Operations - Custo	nerSuc. Telecommuni	If you don't have accurate figures, see the Instructions on the back of the sheet.	
STIGLET ADDRESS  STIGLET ADDRESS  CITY, STATE, ZIP CODE	. 1003 - 1020	AVERAGE NUMBER OF EMPLOYEES	
New York, N	10013	19	
INDUSTRY DESCRIPTION (e.g., villa)	ge fire department)  A HA S Mental Hygiene  LASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
(NAICS) 923120 56199		33,850_	
Enter the column totals from the Log of correspond to the columns on the Log).	Occupational Injuries and Illnesses (SH 9 If a category has no cases, enter "0".	00) for each category (column labels under each line	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  Col. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM OCOL. K.)  JOB TRANSFER OR RESTRICTION  OCOL. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)	
	6. CERTIFICATION		
I certify that I have examined SIGNATURE PRINT NAME	this document and that to the best of my know	viedge the entries are true, accurate, and complete.	

**ESTABLISHMENT NAME** 



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

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

2004

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

1. ESTABLISHMENT INFORMATION

NC Dept. of Health.  NORTH AMERICAN INDUSTRIAL C (NAICS)  923120 51	Mental Hygiene LASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  26,680
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 9) If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM OCOL. K.)  JOB TRANSFER OR RESTRICTION  OCOL. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 6)
	6. CERTIFICATION	
PRINT NAME Christine	this document and that to the best of my know	TITLE PAA  DATE 2/1/05
SH 900.1 (12-03)		



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
. EARLY INTERVENTION, BROOKLYN OFFICE	Instructions on the back of the sheet.
STREET ADDRESS	
16 COURT STREET, 2ND AND 6TH FLOOR	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	
BROOKLYN, NY 11241	66
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	110646
(NAICS) 923120 624190	110040

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my  SIGNATURE	COORDINATING MANAGER	
PRINT NAME  SIM PETERS	DATE 1/27/05	



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

2004

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1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME HEA/TH Promotion & DISFASE Prevention -	If you don't have accurate figures, see the Instructions on the back of the sheet.
125 Worth Street, Rm 348	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE $NY$ , $NY$ /00/3	18
INDUSTRY DESCRIPTION (e.g., village fire department) NYC DEPARIMENT OF Health Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120	55,000

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. G.)  (Col. H.)  (Col. I.)  (Col. I.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  C(Col. O)  RESPIRATORY CONDITIONS  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 4)  (Col. 4)  (Col. 4)  (Col. 4)  (Col. 4)  (Col. 4)	3)

6. CERTIFICATION	N
I certify that I have examined this document and that to the best of my kn	nowledge the entries are true, accurate, and complete.  TITLE INFORMATION FCHNOLOGY INTERM
PRINT NAME TAMES AlleN	DATE 1/5/05



# 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	
in faut Reproductive Health Healthy Sta	If you don't have accurate figures, see the Instructions on the back of the sheet.	
CITY, STATE, ZIP CODE  BRODK LYN, MY 11221	AVERAGE NUMBER OF EMPLOYEES	
INDUSTRY DESCRIPTION (e.g., village fire department)  C Dept. A Health & Montal dygiena	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
(NAICS) 923120 624190	12,740	

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	Ĺ
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. J.)  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. I)	INJURIES  CO  SKIN DISORDERS  CCO  RESPIRATORY CONDITIONS  CCOI  POISONINGS  HEARING LOSS  ALL OTHER ILLNESSES  CCO  (Col	.3)

6.	CERTIFICATION		
I certify that I have examined this document and that to SIGNATURE TWO M. J. FAIR W. PRINT NAME LORNA M. J. FAIR W.	14	LE Moje at Dir	e Tov

SH 900.1 (12-03)



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

2004

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	
STREET ADDRESS BUTEAU & CENTRAL PERSONNELLE NEW DE	If you don't have accurate figures, see the instructions on the back of this sheet.	
2 LAFAYETE Sheet 18th Floo	AVERAGE NUMBER OF EMPLOYEES	
New YORK NY 10007	21	
INDUSTRY DESCRIPTION (e.g., village fire department)		
NGC Dept of Health & Mental Hygien	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	26220	
923120 624190	38,310	

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

6. CERTIFICATION		
SIGNATURE SOAMA QUINO  PRINT NAME TOANA QUINO	TITLE Glee Monages  DATE 1-24-05	

1. ESTABLISHMENT INFORMATION



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

2. EMPLOYENT INFORMATION

If you don't have accumate figures, see the Instructions on the back of the sheet.

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

2004

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

	Health & Mental Hygien AL CLASSIFICATION SYSTEM 23120	\$2,500
Enter the column totals from the Lo correspond to the columns on the L	og of Occupational Injuries and Illnesses (SH) og). If a category has no cases, enter "0".	900) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5 INTIMES AND
		5. INJURIES AND ILLNESSES TYPES INJURIES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  (Col. H.)	AWAY FROM WORK  (Col. K.)  JOB TRANSFER OR	SKIN DISORDERS  COL. 1)  (Col. 1)  (Col. 2)  (Col. 2)
OTHER RECORD- ABLE CASES  (Col. I.)	RESTRICTION (Col. L.)	POISONINGS (Col. 3)
(Col. J.)		HEARING LOSS (Col. 4)
		ALL OTHER ILLNESSES (Col.5)
	6. CERTIFICATION	(Col. 6)
I certify that I have average		
SIGNATURE CLASSIC	inis document and that to the best of my knowle	edge the entries are true, accurate, and complete.
PRINT NAME CAYSTS	S. M.M., 1	DATE 1/25/01
I 900.1 (12-03)		
,		

1/28/05 daplembe

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

2004

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2004 " 1. ESTABLISHMENT INFORMATION	2. EMPLOYENT INFORMATION
ESTABLISHMENT NAME BURROW of TB CONTROL FOR ROCKAWAY CHEST CENTER	If you don't have accurate figures, see the Instructions on the back of the sheet.
STREET ADDRESS	instructions on the back of the sneet.
CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
Far Rockaway NY 11692 INDUSTRY DESCRIPTION (e.g., village fire department)	8
NYC DEPT. HEALTH & MEUTAL HYGIENE.  NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) (21399 923120	2800

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

6. CERTIFICAT	TION
I certify that The examined this document and that to the best of my  SIGNATURE  PRINT NAME  ANTANA  PRINT NAME  P	knowledge the entries are true, accurate, and complete.  TITLE State of the property of the pr

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
STREET ADDRESS Office of Grants Administra	If you don't have accurate figures, see the Instructions on the back of the sheet.  Management  Lion
125 Worth Street Room 623 CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES
New York NY 10013	6
INDUSTRY DESCRIPTION (e.g., village fire department) いりこ Department of Health and Mental Hygiene	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 923120	10920

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

6. CERTIFICATION			
I certify that I have examined this document and that to the best of my knowled SIGNATURE PRINT NAME (17)	TITLE Pun Admin 1500		



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

2004

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1. ESTABLISHMENT INFORMATION		2. EMPLOYENT INFORMATION	
NYC DOHMH DISTRIBUTION CENTER		If you don't have accurate figures, see the Instructions on the back of the sheet.	
1	FUZARE	AVERAGE NUMBER OF EMPLOYEES	
Brooklyn, N. Y.	1/222	13	
INDUSTRY DESCRIPTION (e.g., village fire department)  Department of Health AND Wantak Hygiene		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) ADM OF PH Services Wave Horse 493110		21735	
	f Occupational Injuries and Illnesses (SH 9) If a category has no cases, enter "0".	00) for each category (column labels under each line	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  Col. I.)  (Col. I.)  (Col. I.)	AWAY FROM OCOL. K.)  JOB TRANSFER OR RESTRICTION  OCOL. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)  (Col. 6)	
	6. CERTIFICATION		
SIGNATURE 7	nis decument and that to the best of my knowledge of the second of the s	TITLE DIRECTOR  DATE 1/27/05	

1. ESTABLISHMENT INFORMATION



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

2. EMPLOYENT INFORMATION

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

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

2004

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

CITY, STATE, ZIP CODE	1, Kron 326	AVERAGE NUMBER OF EMPLOYEES	
INDUSTRY DESCRIPTION (e.g., willage fire department)		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)  923120		33,330	
Enter the column totals from the Log o correspond to the columns on the Log).	f Occupational Injuries and Illnesses (S. If a category has no cases, enter "0".	H 900) for each category (column labels under each line	
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES	
DEATHS  (Col. G.)  DAYS AWAY FROM WORK  (Col. H.)  JOB TRANSFER OR RESTRICTION  (Col. I.)  OTHER RECORDABLE CASES  (Col. J.)	AWAY FROM (Col. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)	
6. CERTIFICATION			
I certify that I have examined to SIGNATURE PRINT NAME() SH 900.1 (12-03)		nowledge the entries are true, accurate, and complete.	

ESTABLISHMENT NAME

1. ESTABLISHMENT INFORMATION

DESCRIPTION (e.g., village fire department)



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

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

2004

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

N C Deof of American industrial (NAICS) 239220 23	CLASSIFICATION SYSTEM GIGGE 8 210 488999 561720	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
Enter the column totals from the Log of correspond to the columns on the Log).	f Occupational Injuries and Illnesses (SH 90. If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORD- ABLE CASES  (Col. H.)  (Col. I.)  (Col. J.)	AWAY FROM GCol. K.)  JOB TRANSFER OR RESTRICTION (Col. L.)	INJURIES  (Col. 1)  SKIN DISORDERS  (Col. 2)  RESPIRATORY CONDITIONS  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)
	6. CERTIFICATION	
I certify that I have examined to SIGNATURE PRINT NAME  SH 900.1 (12-03)	his document and that to the best of my knowle	TITLE Socretary  DATE 1-19-05

1. ESTABLISHMENT INFORMATION

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



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

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

2004

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

	CLASSIFICATION SYSTEM  1 399	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  47060
3. NUMBER OF CASES  DEATHS	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES INJURIES
DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  OTHER RECORDABLE CASES  (Col. G.)  (Col. H.)  (Col. I.)	AWAY FROM WORK  Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	SKIN DISORDERS  (Col. 1)  (Col. 2)  (Col. 3)  POISONINGS  (Col. 4)  HEARING LOSS  ALL OTHER ILLNESSES  (Col. 5)
	6. CERTIFICATION	(Col. 6)
SIGNATURE FUSIONE		TITLE Swellance Director  DATE 1805
SH 900.1 (12-03)		

"2004

1. ESTABLISHMENT INFORMATION

CURONA CHEST CENTER STREET ADDRESS

ESTABLISHMENT NAME BUREOU OF TB Control



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

2. EMPLOYENT INFORMATION

If you don't have accurate figures, see the

Instructions on the back of the sheet.

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

2004

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

Blid 1st and Flag

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.

34.33 Junctio	NY 11372	AVERAGE NUMBER OF EMPLOYEES
INDUSTRY DESCRIPTION (e.g., vi	Magdire department) Health & Mondal Graigne	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NAICS)	1399	60,700
Enter the column totals from the Log correspond to the columns on the Lo	of Occupational Injuries and Illnesses (SH 90g). If a category has no cases, enter "0".	00) for each category (column labels under each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES TYPES
DEATHS  C (Col. G.)  DAYS AWAY FROM WORK  JOB TRANSFER OR RESTRICTION  C (Col. 1.)  OTHER RECORD- ABLE CASES  (Col. J.)	AWAY FROM Col. K.)  JOB TRANSFER OR RESTRICTION  (Col. L.)	INJURIES
	6. CERTIFICATION	
I certify that have examin	d this document and that to the best of my know	vledge the entries are true, accurate, and complete.

PRINT NAME



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

2004

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 Bronx Regional Office / Early Intervention Program	If you don't have accurate figures, see the Instructions on the back of the sheet.	
STREET ADDRESS  1932 Arthur Ave. Suite 203B  CITY, STATE, ZIP CODE	AVERAGE NUMBER OF EMPLOYEES	
Bronx, New York 10457  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)  923120 624190	64,229	

5. INJURIES AND ILLNESSES TYPES	
INJURIES SKIN DISORDERS RESPIRATORY CONDITIONS POISONINGS HEARING LOSS	1 (Col. 1) 0 (Col. 2)
HE.	

6. CERTIFICATION		
I certify that have examined this document and that to the best of my known SIGNATURE  PRINT NAME  Janice Chisholm	nowledge the entries are true, accurate, and complete.  TITLE Regional Director  DATE 1/21/04	26

1. ESTABLISHMENT INFORMATION



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

2. EMPLOYENT INFORMATION

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

AVERAGE NUMBER OF EMPLOYEES

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

2004

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

KEW GARDENS, NE INDUSTRY DESCRIPTION (e.g., vill	W YORK N.Y11415	17	
New York City De NORTH AMERICAN INDUSTRIAL	of of Health & Mantal day	TOTAL HOURS WORKED BY ALL EMPLO	EES LAST YEAR
(NAICS) 923120	621210.	20,540	
Enter the column totals from the Log of correspond to the columns on the Log)	of Occupational Injuries and Illnesses (SH 90).  If a category has no cases, enter "0".	00) for each category (column labels u	inder each line
3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESSES	TYPES
DEATHS O		INJURIES	(Col. 1)
DAYS AWAY FROM WORK	AWAY FROM (Col. K.)	SKIN DISORDERS	(Col. 2)
JOB TRANSFER OR RESTRICTION	JOB TRANSFER OR RESTRICTION	RESPIRATORY CONDITIONS	(Col. 3)
OTHER RECORD- ABLE CASES (Col. I.)	(Col. L.)	POISONINGS	(Col. 4)
(Col. J.)	* *	HEARING LOSS	0
		ALL OTHER ILLNESSES	(Col. 5) (Col. 6)
`	6. CERTIFICATION	,	
I certify that I have examined t	his document and that to the best of my knowled	edge the entries are true, accurate, and co	omplete.
SIGNATURE Steffly A	J. Chumar	TITLEREGIONAL ADMINIST	
PRINT NAME STEGHENS R. KUMAR DATE 1/21/2005			The sould be seen to b
SH 900.1 (12-03)	0		