

## Review your data

**Establishment ID: 36-046401240-2**

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	73	0	19
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1217	0
(K)	(L)

### Injury and Illness Types

Total number of...  
(M)

(1) Injuries	79	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	12	(6) All other illnesses	1

### Establishment Information

**Your establishment name:** NYC DEPT OF HEALTH & MENTAL HYGIENE

**Street:** 42-09 28TH ST

**City:** LONG ISLAND CITY  
**State:** NY **ZIP:** 11101

### Employment information

**Annual average number of employees:** 5223

**Total hours worked by all employees last year:** 8894758

### Establishment Comments - Section 1 & Section 2

**Establishment ID: 36-046401240-2**

- No comments to report.

**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**Employee Name: **Mary Lawson**Job Title: **Public Health Nurse**Date of Injury or onset of illness: **05/16/2012**Number of days away from work: **81**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Black or African American**
3. Employee's age:  
Date of birth: **01/21/1955**
4. Employee's date hired: **07/06/1981**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **3:20 PM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee reports retrieving a work bag in the trunk of her car.**
11. What happened?  
**An ambulance parked in front of employee's car backed up, bumped into employe's can and knocked employee to the ground.**
12. What was the injury or illness?  
**Fractured left wrist/arm**
13. What object or substance directly harmed the employee?  
**ground, roadway**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**Employee Name: **Chanette Perry**Job Title: **Public Health Sanitarian**Date of Injury or onset of illness: **05/23/2012**Number of days away from work: **1**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Other - Inspection**

2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **04/08/1987**
4. Employee's date hired: **03/30/2009**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **10:30 AM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was conducting an inspection of kitchen/restaurant**
11. What happened?  
**Employee bent under sink to examine the area and when she stood up banged her head on a fire extinguisher mounted on the wall.**
12. What was the injury or illness?  
**pain/swelling to left side of head**
13. What object or substance directly harmed the employee?  
**fire extinguisher**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**Employee Name: **Anita Pirangute**Job Title: **Computer Systems Manager**Date of Injury or onset of illness: **05/09/2012**Number of days away from work: **1**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Office, professional, business, or management staff**
2. Employee's race or ethnic background:
  - **Asian**
3. Employee's age:  
Date of birth: **11/23/1982**
4. Employee's date hired: **01/31/2011**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **9:10 AM**

9. Time of event: **9:15 AM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was in the pantry of 4th floor to make tea.**
11. What happened?  
**Employee accidentally knocked a mug of hot water down which was left on the counter by another employee. It fell on her thigh causing blister to her right thigh.**
12. What was the injury or illness?  
**heat burn, blister to right thigh**
13. What object or substance directly harmed the employee?  
**hot water**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**Employee Name: **Daysha Plaza**Job Title: **Public Health Sanitarian**Date of Injury or onset of illness: **05/29/2012**Number of days away from work: **2**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Other - Inspection**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **11/25/1977**
4. Employee's date hired: **08/27/2007**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **9:30 AM**
9. Time of event: **4:15 PM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was attempting to inspect a food truck as part of job duties**
11. What happened?  
**Food truck driver drove away to avoid inspection striking employee as he did so.**
12. What was the injury or illness?  
**pain to lower back**

13. What object or substance directly harmed the employee?  
**food truck/vehicle**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work**

**Establishment ID: 36-046401240-2**

Employee Name: **Adunola Sawyer**

Job Title: **Public Health Nurse**

Date of Injury or onset of illness: **05/23/2012**

Number of days away from work: **1**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **American Indian or Alaska Native**
3. Employee's age:  
Date of birth: **06/17/1960**
4. Employee's date hired: **04/02/2001**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **8:45 AM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was working in the school medical room**
11. What happened?  
**Employee strained her left shoulder while attempting to open the heavy window of the room to get some fresh air.**
12. What was the injury or illness?  
**left shoulder pain**
13. What object or substance directly harmed the employee?  
**heavy window.**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work**

**Establishment ID: 36-046401240-2**

Employee Name: **Emyntrude Sylvester**  
Job Title: **Public Health Nurse**  
Date of Injury or onset of illness: **05/31/2012**  
Number of days away from work: **17**  
Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **08/28/1940**
4. Employee's date hired: **10/07/1996**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **12:27 PM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was walking with a student back to the medical room**
11. What happened?  
**Employee slipped on applesauce that was spilled on the floor and fell unto her left hip and twisting her left ankle.**
12. What was the injury or illness?  
**pain to left hip, sprained left ankle**
13. What object or substance directly harmed the employee?  
**tiled floor**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work**

**Establishment ID: 36-046401240-2**

Employee Name: **Kimani Barley**  
Job Title: **Public health Sanitarian**  
Date of Injury or onset of illness: **11/20/2012**  
Number of days away from work: **7**  
Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Other - Inspection**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **07/30/1983**

4. Employee's date hired: **12/21/2009**  
Employee's length of service when incident occurred:
5. Employee's gender: **Male**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **9:00 AM**
9. Time of event: **10:30 AM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was conducting an inspection of a restaurant as part of his normal duties**
11. What happened?  
**Employee tripped and fell while descending the stairs to the basement resulting in his left knee striking steps.**
12. What was the injury or illness?  
**pain and swelling to the left knee**
13. What object or substance directly harmed the employee?  
**steps**

#### Case Comments:

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### Section 3 - Cases with Days Away from Work

**Establishment ID: 36-046401240-2**

Employee Name: **Dawn Shorter**

Job Title: **Public Health Adviser**

Date of Injury or onset of illness: **11/05/2012**

Number of days away from work: **6**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **04/16/1954**
4. Employee's date hired: **09/08/1998**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **12:00 PM**
10. What was the employee doing before the incident?  
**Employee was driving her vehicle from one home visit to another.**

11. What happened?  
**While in her car at a red light at an intersection of the Bronx River Parkway, another car struck employee from behind causing employee to sustain pain to her neck and head**
12. What was the injury or illness?  
**neck pain, headache**
13. What object or substance directly harmed the employee?  
**vehicle**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work**

**Establishment ID: 36-046401240-2**

Employee Name: **Mirielle Laventure Jean**

Job Title: **Public Health Nurse**

Date of Injury or onset of illness: **11/30/2012**

Number of days away from work: **2**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **05/29/1957**
4. Employee's date hired: **01/28/2005**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **8:45 AM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was changing the paper roll of the exam table in the school medical room**
11. What happened?  
**Employee right thumb got squeezed by the metal roller pin of the paper holder of the exam table.**
12. What was the injury or illness?  
**pain and swelling of the left thumb**
13. What object or substance directly harmed the employee?  
**exam paper roll holder of medical exam table**

**Case Comments:**



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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**Employee Name: **Sonia Osman**Job Title: **Public Health Nurse**Date of Injury or onset of illness: **11/27/2012**Number of days away from work: **36**Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **03/08/1968**
4. Employee's date hired: **09/08/1998**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **No**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **7:30 AM**
9. Time of event: **7:30 AM**  
Event Occurred: **Before** work shift
10. What was the employee doing before the incident?  
**Employee was entering the facility of her work assignment (public school)**
11. What happened?  
**A student opened the front door of the school outward which banged into the employees right knee resulting in pain and swelling to the knee**
12. What was the injury or illness?  
**pain and swelling of right knee**
13. What object or substance directly harmed the employee?  
**front door**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**Employee Name: **Latha Slather-Catlin**Job Title: **Public Health nurse**Date of Injury or onset of illness: **11/20/2012**

Number of days away from work: **5**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **04/02/1950**
4. Employee's date hired: **09/26/2011**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **Yes**
8. Time employee began work: **8:00 AM**
9. Time of event: **8:00 AM**  
Event Occurred: **Before** work shift
10. What was the employee doing before the incident?  
**Employee was entering the school permises at the begining of the work day**
11. What happened?  
**Employee tripped and fell on the uneven sidewalk in front of the school resulting in bruises and pain to her left and right hands, knees and lower back**
12. What was the injury or illness?  
**bruises and pain to her left and right hands, knees and lower back**
13. What object or substance directly harmed the employee?  
**concrete sidewalk**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work**

**Establishment ID: 36-046401240-2**

Employee Name: **Abualia Amal**

Job Title: **Public Health Nurse**

Date of Injury or onset of illness: **11/09/2012**

Number of days away from work: **3**

Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **09/14/1964**

4. Employee's date hired: **08/29/2011**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **10:30 AM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was performing a demonstration and training for teachers on emergency Epi-pen use**
11. What happened?  
**Employee accidentally picked up actual epi-pen rather than demo and gave herself a dose. This resulted in epinephrine reaction of racing heart**
12. What was the injury or illness?  
**racing heart, nervousness**
13. What object or substance directly harmed the employee?  
**epinephrine medication**

**Case Comments:**

Employee took time off to ensure that her pre-existing condition was not severely aggravated.

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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2**

Employee Name: **Gale Cartwright**  
Job Title: **Public Health Assistant**  
Date of Injury or onset of illness: **11/29/2012**  
Number of days away from work: **3**  
Number of days of job transfer or restriction: **0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Not available**
3. Employee's age:  
Date of birth: **04/04/1958**
4. Employee's date hired: **08/31/2009**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **8:00 AM**
9. Time of event: **11:30 AM**  
Event Occurred: **During** work shift

10. What was the employee doing before the incident?  
**Employee was sorting medical records in the school medical room.**
11. What happened?  
**Another employee opened the exam table drawer next to the employee. The drawer came completely out and fell onto the employees foot. Left foot toes became bruised swollen.**
12. What was the injury or illness?  
**pain and swelling to left foot toes**
13. What object or substance directly harmed the employee?  
**exam table drawer**

**Case Comments:**

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**Section 3 - Cases with Days Away from Work****Establishment ID: 36-046401240-2****Employee Name: Ranjeet Grover****Job Title: Medical Specialist (MD)****Date of Injury or onset of illness: 11/05/2012****Number of days away from work: 90****Number of days of job transfer or restriction: 0**

1. Type of Job or Work: **Healthcare**
2. Employee's race or ethnic background:
  - **Asian**
3. Employee's age:  
Date of birth: **09/01/1937**
4. Employee's date hired: **03/18/1997**  
Employee's length of service when incident occurred:
5. Employee's gender: **Female**
6. Treated in emergency room? **Yes**
7. Hospitalized overnight as in-patient **No**
8. Time employee began work: **9:30 AM**
9. Time of event: **4:10 PM**  
Event Occurred: **During** work shift
10. What was the employee doing before the incident?  
**Employee was retrieving her car from the parking lot in the building of her main office.**
11. What happened?  
**Employee did not see the ledge to step up from the driveway to the parking attendant booth when she tried to retrieve the parking ticket stub. Employee tripped and fell on the ledge resulting in a fracture to the right arm and pain to chest**
12. What was the injury or illness?  
**fractured right arm, pain to chest**

13. What object or substance directly harmed the employee?  
**concrete floor/ground**

**Case Comments:**

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If you have questions or comments please send e-mail to:

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