



New York State
Department of Labor
Log of Work Related Injuries and Illnesses Form
SH-900

Political Subdivision (Employer) OMH
Establishment Name Brick House
Street Address 123 Fake Street
City Upstate State NY Zip Code 12010

Print Form

Calendar Year 2023

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- This form is required by the Commissioner of Labor's Rules and Regulations Part 801 (12 NYCRR Part 801) and must be kept in the establishment for five years. Failure to maintain this form can result in the issuance of a Notice of Violation and Order to Comply.
- You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria found in 12 NYCRR 801.7 - 801.12 and instructions.
- Use more than one line for a single case if necessary.
- This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Refer to the instructions (SH-901) for types of illness and injuries defined as privacy concern cases.

A. Case No.	B. Employee Name	C. Job Title	D. Date of Injury or Onset of Illness (Mo./day)	E. Where the Event Occurred (e.g., Loading dock, north end)	F. Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case.					Enter No. of Days Injured or Ill Worker Was:		M. Check the Injury Column or Check One Type of Illness					
						G. Death	H. Days Away From Work	Remained at Work		K. Away from Work	L. On Job Transfer or restriction	1. Injury	2. Skin Disorder	3. Respiratory Condition	4. Poisoning	5. Hearing Loss	6. All Other Illnesses	
								I. Job Transfer or Restriction	J. Other Recordable Cases									
1	David St. Hubbins		01/15	ramp	slipped on ice, spinal injury		✓			333	0	✓						
2	Derek Smalls		01/19	loading area	picking up crates, strained back		✓			23	0	✓						
3	Nigel Tufnel		01/27	entrance ramp	slipped on ramp ice, hip/leg injury		✓			33	0	✓						
4	Russell Hammond		01/28	entrance ramp	fell on ramp, ice, broke tooth injured jaw		✓			24	0	✓						
5	Randall Savage		02/12	outside ramp	fell jumping over ice puddle on ramp, arm injury					0	0	✓						
6	Tori Beckham		02/12	outside entrance	fell attempting to help up co-worker, left forearm					0	0	✓						
7	Melanie Brown		02/22	parking lot	scratched by cat on left and and forearm					0	0	✓						
8	Melanie Chisholm		03/01	kitchen	burned on stove top, right hand					0	0	✓						
9	Emma Bunton		03/05	parking lot	tripped exiting vehicle before work					0	0	✓						
10	Geri Halliwell		03/05	entrance door	trapped toe under door, bruised toe					0	0	✓						
11	(redacted)		03/17	medical room	accidentally stuck self with contaminated needle				✓	1	0							✓
12	Laura Kinney		03/19	back entrance	icicle fell on leg and foot, bruise and cut		✓			5	0	✓						
13	Quintin Quire		04/04	parking lot	got headache while standing in parking lot					0	0	✓						
14	Derek Smalls		05/04	bedroom	picking up hamper, strained back		✓			27	0	✓						
15	Quintin Quire		05/15	common room	toothache after eating hot soup					0	0	✓						
16	Nate Summers		06/01	entrance	slipped in puddle pushing in wheelchair, twist knee		✓			8	0	✓						
17	Emma Frost		06/29	1st floor stairwell	fell over on stairs, struck head		✓			35	0	✓						
TOTALS																		

Additional forms and information: If you require additional forms or information concerning the completion of this form, contact: Department of Labor, Division of Research and Statistics, 75 Varick St., 7th Floor, New York, NY 10013. Telephone (212) 775-3344.



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18	Melanie Brown		07/05	back yard	scratched by squirrel after trying to feed					0		<input checked="" type="checkbox"/>							
19	Melanie Chrisholm		08/01	kitchen	heating up hot soup, burned hand and mouth					0		<input checked="" type="checkbox"/>							
20	Derek Smalls		08/14	common area	lifting couch, injured back		<input checked="" type="checkbox"/>			40		<input checked="" type="checkbox"/>							
21	Tori Beckham		08/25	entrance	slipped in puddle, injured back and leg		<input checked="" type="checkbox"/>			15		<input checked="" type="checkbox"/>							
22	Roberto Alomar, Jr.		10/10	loading area	struck by handcart, injured lower right leg					0		<input checked="" type="checkbox"/>							
23	Calvin Ripken Jr.		10/31	entrance ramp	slipped on puddle, no injuries					0		<input checked="" type="checkbox"/>							
24	James Thome		11/01	entrance ramp	fell, bruised hip					0		<input checked="" type="checkbox"/>							
25	Franklin Thomas		11/02	entrance ramp	fell off ramp, broken ankle and injured right side		<input checked="" type="checkbox"/>			57		<input checked="" type="checkbox"/>							
26	(redacted)		11/02	outside walkway	traumatized by witnessing broken ankle		<input checked="" type="checkbox"/>			18								<input checked="" type="checkbox"/>	
27	Quintin Quire		11/06	common area	headache while caring for residents					0		<input checked="" type="checkbox"/>							
28	Laura Kinney		11/29	entrance ramp	slipped on ice, fell down ramp, head injury		<input checked="" type="checkbox"/>			19		<input checked="" type="checkbox"/>							
29	Kenneth Griffey Jr.		12/04	kitchen	allergic reaction to spices									<input checked="" type="checkbox"/>					
30	Nolan Ryan		12/24	front entrance	slipped on ice, rolled ankle		<input checked="" type="checkbox"/>			5		<input checked="" type="checkbox"/>							
31	Roger Clemens		12/24	entrance ramp	attempted to jump over ice, slipped, left knee		<input checked="" type="checkbox"/>			6		<input checked="" type="checkbox"/>							
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