



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

Calendar Year 2022

All establishments covered by PART 801 **must** complete this summary annually, even if no occupational injuries or illnesses occurred during the year. Employees, former employees, and their representatives have the right to review this form. They also have limited access to the Log (SH 900) or its equivalent. See 801.35 and instructions for further details on access provisions for these forms.

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Scotia Glenville High School</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>106</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>145,318</u>
STREET ADDRESS <u>1 Tartan Way</u>	
CITY, STATE, ZIP CODE <u>Scotia NY 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) _____	

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

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS <u>0</u> (Col. G)	AWAY FROM WORK <u>0</u> (Col. K)	INJURIES <u>4</u> (Col. 1)
DAYS AWAY FROM WORK <u>0</u> (Col. H)		SKIN DISORDERS <u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION <u>0</u> (Col. I)	JOB TRANSFER OR RESTRICTION <u>0</u> (Col. L)	RESPIRATORY CONDITIONS <u>0</u> (Col. 3)
OTHER RECORD-ABLE CASES <u>0</u> (Col. J.)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>0</u> (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 <u>[Signature]</u>	TITLE <u>School Business Manager</u>
PRINT NAME <u>Andrew Siaguirre</u>	DATE <u>1/24/23</u>



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Allen Worden Elementary School</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>44</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>60,025</u>
STREET ADDRESS <u>30 Worden Rd</u>	
CITY, STATE, ZIP CODE <u>Scotia NY 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) _____	

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

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS <u>0</u> (Col. G)	AWAY FROM WORK <u>0</u> (Col. K)	INJURIES <u>17</u> (Col. 1)
DAYS AWAY FROM WORK <u>0</u> (Col. H)		SKIN DISORDERS <u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION <u>0</u> (Col. I)	JOB TRANSFER OR RESTRICTION <u>0</u> (Col. L)	RESPIRATORY CONDITIONS <u>0</u> (Col. 3)
OTHER RECORD-ABLE CASES <u>0</u> (Col. J.)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>0</u> (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 <u>[Signature]</u>	TITLE <u>School Bus Manager</u>
PRINT NAME <u>Andrew Giagrinta</u>	DATE <u>1/24/23</u>



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Mtendaal Elementary School</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>33</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>45,505</u>
STREET ADDRESS <u>774 Sacandaga Rd</u>	
CITY, STATE, ZIP CODE <u>Scotia NY 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	

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

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS <u>0</u> (Col. G)	AWAY FROM WORK <u>0</u> (Col. K)	INJURIES <u>2</u> (Col. 1)
DAYS AWAY FROM WORK <u>0</u> (Col. H)		SKIN DISORDERS <u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION <u>0</u> (Col. I)	JOB TRANSFER OR RESTRICTION <u>0</u> (Col. L)	RESPIRATORY CONDITIONS <u>0</u> (Col. 3)
OTHER RECORDABLE CASES <u>0</u> (Col. J.)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>0</u> (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 <u>[Signature]</u>	TITLE <u>School Bus. Manager</u>
PRINT NAME <u>Andrew Giaguino</u>	DATE <u>1/24/23</u>



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1. ESTABLISHMENT INFORMATION		2. EMPLOYMENT INFORMATION	
ESTABLISHMENT NAME <u>Scotia Glenville District Office</u>		If you don't have accurate figures, see the instructions on the back of this sheet.	
STREET ADDRESS <u>900 Preddice Parkway</u>			
CITY, STATE, ZIP CODE <u>Scotia NY 12302</u>			
INDUSTRY DESCRIPTION (e.g., village fire department)			
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)			
		AVERAGE NUMBER OF EMPLOYEES <u>20</u>	
		TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>42,293</u>	

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

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

6. CERTIFICATION

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

SIGNATURE [Signature] TITLE School Bus. manager

PRINT NAME Andrew Fragumty DATE 1/24/23



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Scotia Glenville Middle School</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>78</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>107,130</u>
STREET ADDRESS <u>10 Prestige Parkway</u>	
CITY, STATE, ZIP CODE <u>Scotia ny 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	

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

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

6. CERTIFICATION

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

SIGNATURE [Signature] TITLE School Bus. Manager

PRINT NAME Andrew Giacchino DATE 1/24/23



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Buildings & Grounds</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>11</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>23,227</u>
STREET ADDRESS <u>500 Saecandasa Rd</u>	
CITY, STATE, ZIP CODE <u>Sectia ny 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	

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

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS <u>0</u> (Col. G)	AWAY FROM WORK <u>7</u> (Col. K)	INJURIES <u>2</u> (Col. 1)
DAYS AWAY FROM WORK <u>1</u> (Col. H)		SKIN DISORDERS <u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION <u>0</u> (Col. I)	JOB TRANSFER OR RESTRICTION <u>0</u> (Col. L)	RESPIRATORY CONDITIONS <u>0</u> (Col. 3)
OTHER RECORD-ABLE CASES <u>0</u> (Col. J.)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>0</u> (Col. 6)

6. CERTIFICATION

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

SIGNATURE [Signature] TITLE School Bus. manager

PRINT NAME Andrew Figueredo DATE 1/24/23



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Lincoln Elementary</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>44</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>60,825</u>
STREET ADDRESS <u>40 Albion St</u>	
CITY, STATE, ZIP CODE <u>Scotia, NY 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	

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

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

6. CERTIFICATION

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

SIGNATURE [Signature] TITLE School Bus Manager

PRINT NAME Andrew Gigliante DATE 1/24/23



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Transportation Dept</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>35</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>72,627</u>
STREET ADDRESS <u>500 Sacandaga Rd</u>	
CITY, STATE, ZIP CODE <u>Scotia, NY 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	

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

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS <u>0</u> (Col. G)	AWAY FROM WORK <u>19</u> (Col. H)	INJURIES <u>10</u> (Col. 1)
DAYS AWAY FROM WORK <u>3</u> (Col. I)	JOB TRANSFER OR RESTRICTION _____ (Col. J)	SKIN DISORDERS <u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION <u>0</u> (Col. K)		RESPIRATORY CONDITIONS <u>0</u> (Col. 3)
OTHER RECORDABLE CASES <u>0</u> (Col. L)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>0</u> (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 <u>[Signature]</u>	TITLE <u>School Bus. Manager</u>
PRINT NAME <u>Andrew Giaguinto</u>	DATE <u>11/24/23</u>



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Sacandaga School</u>	If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>52</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>70,887</u>
STREET ADDRESS <u>300 Wren St</u>	
CITY, STATE, ZIP CODE <u>Scotia NY 12302</u>	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) _____	

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

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS <u>0</u> (Col. G)	AWAY FROM WORK <u>0</u> (Col. K)	INJURIES <u>2</u> (Col. 1)
DAYS AWAY FROM WORK <u>0</u> (Col. H)		SKIN DISORDERS <u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION <u>0</u> (Col. I)	JOB TRANSFER OR RESTRICTION <u>0</u> (Col. L)	RESPIRATORY CONDITIONS <u>0</u> (Col. 3)
OTHER RECORD-ABLE CASES <u>0</u> (Col. J.)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>0</u> (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 <u>[Signature]</u>	TITLE <u>School Bus Manager</u>
PRINT NAME <u>Andrew Giagunto</u>	DATE <u>1/24/23</u>