

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
Scotia genville High School street address	If you don't have accurate figures, see the instructions on the back of this sheet.
1 Tartan Way	AVERAGE NUMBER OF EMPLOYEES
Scotia hy 12302	_106
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	145,318

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. I)	AWAY FROM (Col. K) JOB TRANSFER OR RESTRICTION (Col. L)	5. INJURIES AND ILLNESS TYPES INJURIES SKIN DISORDERS (Col. 1) (Col. 2) (Col. 3) (Col. 3) (Col. 4) (Col. 4) (Col. 5)	
(Col. J.)		ALL OTHER ILLNESSES (Col. 6)	

6. CERTIFICATION	V
I certify that I have examined this document and that to the best of my SIGNATURE PRINT NAME Andrew Siaguinte	TITLE School Business Manager DATE



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		2022
Calendar	Year	

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
Glen Worden Elenestary School	instructions on the back of this sheet.
STREET ADDRESS	
30 Worden Rd	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	141
Scotia ny 12302	
INDUSTRY DESCRIPTION (e.g., village fire department)	
	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	60,025

3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESS TYPES	
DEATHO	0			INJURIES	17
DEATHS DAYS AWAY	(Col. G)	AWAY FROM	0	SKIN DISORDERS	(Col. 1)
FROM WORK	(Col. H)	WORK	(Col. K)	RESPIRATORY CONDITIONS	(Col. 3)
JOB TRANSFER OR RESTRICTION	(Col. I)	JOB TRANSFER OR RESTRICTION	0	POISONINGS	0
OTHER RECORD- ABLE CASES	(Cdi. 1)	RESTRICTION	(Col. L)	HEARING LOSS	(Col. 4) (Col. 5)
	(Col. J.)			ALL OTHER ILLNESSES	(Col. 6)

6. CERTIFICATIO	N
I certify that I have examined this document and that to the best of my	knowledge the entries are true, accurate, and complete. School Bus. Manage
PRINT NAME Andrew Singuister	DATE 1/24/23



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

Calendar Year 2622

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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Slendaal Elenestary School	If you don't have accurate figures, see the instructions on the back of this sheet.
174 Sacandaja Rd	AVERAGE NUMBER OF EMPLOYEES
Scotia Ny 12302	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	40,000

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

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 $School\ Bus.\ Manaye$
PRINT NAME Andrew Siaguinto	DATE



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ee 801.35 and instructions for rather as	
1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
Scotia glenuille District Office	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS	
900 Preddice Parkwas	AVERAGE NUMBER OF EMPLOYEES
	dO
Scotia 1412302	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
THE COLFICATION SYSTEM (NAICS)	42 293
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	10/0-10

3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESS TYPES	
3. NUMBER OF	0,1020			INJURIES	(Col.1)
DEATHS	(Col. G)		<u>()</u>	SKIN DISORDERS	(Col. 2
DAYS AWAY FROM WORK	0	AWAY FROM WORK	(Col. K)	RESPIRATORY CONDITIONS	(Col. 3
JOB TRANSFER	(Col. H)	JOB TRANSFER OR	0	POISONINGS	(Col
OR RESTRICTION	(Col. I)	RESTRICTION	(Col. L)	HEARING LOSS	(Col
OTHER RECORD- ABLE CASES	(Col. J.)			ALL OTHER ILLNESSES	(Col.

6. CERTIFICATIO	ON
I certify that I have examined this document and that to the best of m	y knowledge the entries are true, accurate, and complete.
MIL	TITLE School Bus. Marcages
PRINT NAME Andrew Graguenty	DATE 1/24/23



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2. EMPLOYMENT INFORMATION
If you don't have accurate figures, see the instructions on the back of this sheet.
AVERAGE NUMBER OF EMPLOYEES
78
TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
107,130

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

	6. CERTIFICATIO	
I certify that I have examined this do	current and that to the best of m	y knowledge the entries are true, accurate, and complete.
SIGNATURE	<i>ff</i>	TITLE School Bus. Marager
PRINT NAME Andrew Sag	lingthe	DATE 1/24/23



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Building & E grounds	If you don't have accurate figures, see the instructions on the back of this sheet.
street address 500 Saeandaya Rd	AVERAGE NUMBER OF EMPLOYEES
Scatia ny 12302	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	23,227

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

6. CERTIFICATION	N
I certify that I have examined this document and that to the best of my	knowledge the entries are true, accurate, and complete.
C_1/f	TITLE School Bus. Manager
IGNATURE	10 1/2
RINT NAME Andrew Gicquists	DATE 1/24/23
RINT NAME PRUTEW STORY	J. 1. 2



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

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

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.
	TITLE School Bus. Manager
SIGNATURE	DATE 1/24/23
PRINT NAME Andrew Gid granto	



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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME Transportation Topt	If you don't have accurate figures, see the instructions on the back of this sheet.
street address 500 Sacanda sa Rd	AVERAGE NUMBER OF EMPLOYEES
Scotia, Ny 12302	
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEA
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	10/1001

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

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my	y knowledge the entries are true, accurate, and complete	
SIGNATURE	TITLE School Bus. Marajer	
PRINT NAME Andrew Siaguinto	DATE	



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

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. I) (Col. I) (Col. J.)	AWAY FROM (Col. K) JOB TRANSFER OR RESTRICTION (Col. L)	INJURIES SKIN DISORDERS RESPIRATORY CONDITIONS POISONINGS HEARING LOSS INJURIES (Col. 1) (Col. 2) (Col. 3) (Col. 4)
(2.3.1.)		ALL OTHER ILLNESSES (Col. 6)

6. CERTIFICATION		
I certify that I have examined this document and that to the best of my SIGNATURE PRINT NAME Andrew Sia symbo	knowledge the entries are true, accurate, and complete. TITLE School Bus. Manajes DATE 134123	