

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.

Employees, former employees, and their representatives have the right to review this form. They also have fimited 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	If you don't have accurate figures, see the
PARKS/REC/CONSERV-WC	instructions on the back of this sheet.
STREET ADDRESS	
450 Saw Mill River Road	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	252
Ardsley, NY 10502	232
INDUSTRY DESCRIPTION (e.g., village fire department)	
PARKS, RECREATION & CONSERVATION	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	642,096

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 DAYS AWAY FROM WORK JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES O(Col. I) (Col. J.)	AWAY FROM 2271 (Col. K) JOB TRANSFER OR RESTRICTION (Col. L)	INJURIES 51 (Col.1) (Col.1) (Col.2) (Col.2) (Col.2) (Col.3) (Col.3) (Col.4) (Col.4) (Col.5) (Col.5) (Col.5) (Col.6) (Col.6)

6. CERTIFICATION		
I certify that have examined this document and that to the best of my known	owledge	the entries are true, accurate, and complete.
SIGNATURE DAVY SMITH	TITLE	Administrative Assistant
PRINT NAME Darryl C. Smith	DATE	January 24, 2023



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

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If you don't have accurate figures, see the instructions on the back of this sheet.
AVERAGE NUMBER OF EMPLOYEES
252
OTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
642,096
•

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 DAYS AWAY FROM WORK JOB TRANSFER OR RESTRICTION OTHER RECORD-	0 (Col. G) 31 (Col. H) 0 (Col. I)	AWAY FROM WORK JOB TRANSFER OR RESTRICTION	1024 (Col. K)	INJURIES SKIN DISORDERS RESPIRATORY CONDITIONS POISONINGS HEARING LOSS	27 (Col.1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4)
ABLE CASES	(Col. J.)			ALL OTHER ILLNESSES	(Col. 5) 12 (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my kr	
SIGNATURE DAVY C Smith	TITLE Administrative Assistant
PRINT NAME Darryl C. Smith	DATE January 15, 2022



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
PARKS/REC/CONSERV-WC	instructions on the back of this sheet.
450 SAW MILL RIVER RD.	AVERAGE NUMBER OF EMPLOYEES
ARDSLEY, NY 10502	252
PARKS, RECREATION & CONSERVATION	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	642,096

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	0			INJURIES	34 (Col.1)
DEATHS	(Col. G)	AWAY FROM		SKIN DISORDERS	0
DAYS AWAY	30	WORK	<u>737</u>		(Col. 2)
FROM WORK	(Cot. H)		(Col. K)	RESPIRATORY CONDITIONS	0
JOB TRANSFER	(44)				(Col. 3)
OR RESTRICTION	0	JOB TRANSFER OR	0	POISONINGS	0
OTHER RECORD-	(Col. I)	RESTRICTION	(Col. L)	HEARING LOSS	(Col. 4)
ABLE CASES	4		, <i>j</i>	1100 1110 2000	(Col. 5
	(Col. J.)			ALL OTHER ILLNESSES	0
					(Col. 6

6. CERTIFICATION	N
Dinay a Civil	TITLE ADMINISTRATIVE ASST.
PRINT NAME VARRYL C. SMITH	DATE January 21, 2021



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME PARKS/REC/CONSERV-WC	If you don't have accurate figures, see the instructions on the back of this sheet.
450 SAW MILL RIVER RD.	AVERAGE NUMBER OF EMPLOYEES
ARDSLEV, NY 10502	
PARKS RECREATION & CONSERVATION	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	642,096

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 C	3. NUMBER OF CASES		F DAYS	5. INJURIES AND ILLNESS TYPES	
DEATHS DAYS AWAY FROM WORK JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES	0 (Col. G) 36 (Col. H) 0 (Col. I) 6 (Col. J.)	AWAY FROM WORK JOB TRANSFER OR RESTRICTION	1328 (Col. K) 0 (Col. L)	INJURIES SINJURIES SKIN DISORDERS RESPIRATORY CONDITIONS POISONINGS HEARING LOSS ALL OTHER ILLNESSES	42 (Col. 1) 0 (Col. 2) 0 (Col. 3) 0 (Col. 4) 0 (Col. 5)

6. CERTIFICATION	
SIGNATURE DARRYL C SMITH	TITLE ADMINISTRATIVE ASST. DATE January 20, 2020



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME PARKS/REC/CONSERV-WC	If you don't have accurate figures, see the
STREET ADDRESS	instructions on the back of this sheet.
450 SAW MILL RIVER RD.	AVERAGE NUMBER OF EMPLOYEES
ARDSLEY, NY 10502	252
INDUSTRY DESCRIPTION (e.g., village fire department)	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
PARKS, RECREATION & CONSERVATION NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	TOTAL HOURS WORKED BY ALL EMPLOYEES DAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION STSTEM (NAICS).	642, 090

Enter the column totals from the Log of Occupational injuries and illnesses (8H 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		UMBER OF CASES 4. NUMBER OF DAYS		5. INJURIES AND ILLNESS	TYPES
DEATHS DAYS AWAY FROM WORK JOB TRANSFER OR RESTRICTION OTHER RECORD- ABLE CASES	0 (Col. G) 31 (Col. H) 0 (Col. I) 13 (Col. J.)	AWAY FROM WORK JOB TRANSFER OR RESTRICTION	902 (Col. K) 0 (Col. L)	INJURIES SKIN DISORDERS RESPIRATORY CONDITIONS POISONINGS HEARING LOSS ALL OTHER ILLNESSES	(Col. 1) (Col. 2) (Col. 3) (Col. 4) 0 (Col. 5) 0 (Col. 6)

6. CERTIFICATION			
signature DARRYL C, SMITH	TITLE ADMINISTRATIVE A SST. DATE January 19, 2019		



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	If you don't have accurate figures, see the
PARKS/REC/CONSERV-WC	instructions on the back of this sheet.
STREET ADDRESS	
450 SAW MILL RIVER RD.	AVERAGE NUMBER OF EMPLOYEES
CITY, STATE, ZIP CODE	252
ARDSLEY, NY 10502	
INDUSTRY DESCRIPTION (e.g., village fire department)	
PARKS, RECREATION & CONSERVATION	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	642.096

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	
				INJURIES	34
DEATH\$	(Col. G)	AWAY FROM		SKIN DISORDERS	(Coł.1) 0
DAYS AWAY FROM WORK	28 (Col. H)	WORK	827 (Col. K)	RESPIRATORY CONDITIONS	(Col. 2)
JOB TRANSFER OR RESTRICTION	0	JOB TRANSFER OR		POISONINGS	(Col. 3)
OTHER RECORD-	(Col. I) 6	RESTRICTION	(Col. L)	HEARING LOSS	(Col. 4)
ABLE CASES	(Col. J.)			ALL OTHER ILLNESSES	(Col. 5) (Col. 6)

6. CERTIFICATI	ON
signature David C Smith	y knowledge the entries are true, accurate, and complete. TITLE ADMINISTRATIVE ASST.
PRINT NAME DARRYL C. SMITH	DATE January 12, 2018



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

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION	
ESTABLISHMENT NAME	If you don't have accurate figures, see the	
PARKS/REC/CONSERV-WC	instructions on the back of this sheet.	
STREET ADDRESS 450 SAW MILL RIVER ROAD	AVERAGE NUMBER OF EMPLOYEES	
ARDSLEY, NY 10502	252	
INDUSTRY DESCRIPTION (e.g., village fire department)]	
PARKS, RECREATION & CONSERVATION	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS).	642,096	

Enter the column totals from the Log of Occupational Injuries and Illnesses (SH 900) for each category (column labels under each tine 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	
	0			IMURIES	42 (Col.1)
DAYS AWAY	(Col. G)	AWAY FROM	1482	SKIN DISORDERS	(Col. 2)
FROM WORK	(Col. H)	WORK	(Col. K)	RESPIRATORY CONDITIONS	(Cpl. 3)
JOB TRANSFER OR RESTRICTION	0 (04.15)	JOB TRANSFER OR RESTRICTION	Λ	POISONINGS	0
OTHER RECORD- ABLE CASES	(Col. I)	RESTRICTION	(Col. L)	HEARING LOSS	(Col. 5)
	(Col. J.)			ALL OTHER ILLNESSES	0 (Col. 6)

6. CERTIFICATION				
I certify that I have examined this document and that to the best of my				
SIGNATURE DADY CONTROL	TITLE ADMINISTRATIVE A SST.			
PRINT NAME DARRYD C. SMITH	DATE January 11, 2017			