





## 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 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 <b>PARKS/REC/CONSERV-WC</b>	<p>If you don't have accurate figures, see the instructions on the back of this sheet.</p>  <p style="text-align: center;">AVERAGE NUMBER OF EMPLOYEES</p> <p style="text-align: center; margin-left: 100px;">252</p>  <p style="text-align: center;">TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR</p> <p style="text-align: center; margin-left: 100px;">642,096</p>
STREET ADDRESS  450 Saw Mill River Road	
CITY, STATE, ZIP CODE Ardsley, NY 10502	
INDUSTRY DESCRIPTION (e.g., village fire department)  PARKS, RECREATION & CONSERVATION	
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 <div style="text-align: right;">0 (Col. G)</div>	AWAY FROM WORK <div style="text-align: right;">1024 (Col. K)</div>	INJURIES <div style="text-align: right;">27 (Col. 1)</div>
DAYS AWAY FROM WORK <div style="text-align: right;">31 (Col. H)</div>		SKIN DISORDERS <div style="text-align: right;">0 (Col. 2)</div>
JOB TRANSFER OR RESTRICTION <div style="text-align: right;">0 (Col. I)</div>	JOB TRANSFER OR RESTRICTION <div style="text-align: right;">0 (Col. L)</div>	RESPIRATORY CONDITIONS <div style="text-align: right;">0 (Col. 3)</div>
OTHER RECORDABLE CASES <div style="text-align: right;">8 (Col. J)</div>		POISONINGS <div style="text-align: right;">0 (Col. 4)</div>
		HEARING LOSS <div style="text-align: right;">0 (Col. 5)</div>
		ALL OTHER ILLNESSES <div style="text-align: right;">12 (Col. 6)</div>

### 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

*Darryl 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 PARKS/REC/CONSERV-WC	<p>If you don't have accurate figures, see the instructions on the back of this sheet.</p> <p>AVERAGE NUMBER OF EMPLOYEES <u>252</u></p> <p>TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>642,096</u></p>
STREET ADDRESS <u>450 SAW MILL RIVER RD.</u>	
CITY, STATE, ZIP CODE <u>ARDSLEY, NY 10502</u>	
INDUSTRY DESCRIPTION (e.g., village fire department) <u>PARKS, RECREATION &amp; CONSERVATION</u>	
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)	<p>AWAY FROM WORK <u>737</u> (Col. K)</p> <p>JOB TRANSFER OR RESTRICTION <u>0</u> (Col. L)</p>	INJURIES <u>34</u> (Col. 1)
DAYS AWAY FROM WORK <u>30</u> (Col. H)		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>4</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>Darryl C. Smith</u>	TITLE <u>ADMINISTRATIVE ASST.</u>
PRINT NAME <u>DARRYL C. SMITH</u>	DATE <u>January 21, 2021</u>



**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.
STREET ADDRESS 450 SAW MILL RIVER RD.	
CITY, STATE, ZIP CODE ARDSLEY, NY 10502	
INDUSTRY DESCRIPTION (e.g., village fire department) PARKS RECREATION & CONSERVATION	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) _____	AVERAGE NUMBER OF EMPLOYEES 252
	TOTAL 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 0 (Col. G)	AWAY FROM WORK 1328 (Col. K)	INJURIES 42 (Col. 1)
DAYS AWAY FROM WORK 36 (Col. H)		SKIN DISORDERS 0 (Col. 2)
JOB TRANSFER OR RESTRICTION 0 (Col. I)	JOB TRANSFER OR RESTRICTION 0 (Col. L)	RESPIRATORY CONDITIONS 0 (Col. 3)
OTHER RECORDABLE CASES 6 (Col. J.)		POISONINGS 0 (Col. 4)
		HEARING LOSS 0 (Col. 5)
		ALL OTHER ILLNESSES 0 (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

*Darryl C Smith*

TITLE

ADMINISTRATIVE ASST.

PRINT NAME

DARRYL C SMITH

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 instructions on the back of this sheet.
STREET ADDRESS 450 SAW MILL RIVER RD.	
CITY, STATE, ZIP CODE ARDSLEY, NY 10502	AVERAGE NUMBER OF EMPLOYEES 252
INDUSTRY DESCRIPTION (e.g., village fire department) PARKS, RECREATION & CONSERVATION	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR 642,096
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 0 (Col. G)	AWAY FROM WORK 902 (Col. K)	INJURIES 44 (Col. 1)
DAYS AWAY FROM WORK 31 (Col. H)		SKIN DISORDERS 0 (Col. 2)
JOB TRANSFER OR RESTRICTION 0 (Col. I)	JOB TRANSFER OR RESTRICTION 0 (Col. L)	RESPIRATORY CONDITIONS 0 (Col. 3)
OTHER RECORD-ABLE CASES 13 (Col. J.)		POISONINGS 0 (Col. 4)
		HEARING LOSS 0 (Col. 5)
		ALL OTHER ILLNESSES 0 (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>Darryl C. Smith</u>	TITLE <u>ADMINISTRATIVE ASST.</u>
PRINT NAME <u>DARRYL C. SMITH</u>	DATE <u>January 19, 2019</u>



**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	<p>If you don't have accurate figures, see the instructions on the back of this sheet.</p> <p>AVERAGE NUMBER OF EMPLOYEES <u>252</u></p> <p>TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>642,096</u></p>
STREET ADDRESS 450 SAW MILL RIVER RD.	
CITY, STATE, ZIP CODE ARDSLEY, NY 10502	
INDUSTRY DESCRIPTION (e.g., village fire department) PARKS, RECREATION & CONSERVATION	
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>827</u> (Col. K)	INJURIES <u>34</u> (Col. 1)
DAYS AWAY FROM WORK <u>28</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>6</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>Darryl C. Smith</u>	TITLE <u>ADMINISTRATIVE ASST.</u>
PRINT NAME <u>DARRYL C. SMITH</u>	DATE <u>January 12, 2018</u>



**SUMMARY OF WORK-RELATED  
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FORM SH-900.1**

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1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME PARKS/REC/CONSERV-WC	<p>If you don't have accurate figures, see the instructions on the back of this sheet.</p> <p>AVERAGE NUMBER OF EMPLOYEES <u>252</u></p> <p>TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>642,096</u></p>
STREET ADDRESS <u>450 SAW MILL RIVER ROAD</u>	
CITY, STATE, ZIP CODE <u>ARDSLEY, NY 10502</u>	
INDUSTRY DESCRIPTION (e.g., village fire department) <u>PARKS, RECREATION &amp; CONSERVATION</u>	
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>1482</u> (Col. K)	INJURIES <u>42</u> (Col. 1)
DAYS AWAY FROM WORK <u>33</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>9</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>Darryl C. Smith</u>	TITLE <u>ADMINISTRATIVE ASST.</u>
PRINT NAME <u>DARRYL C. SMITH</u>	DATE <u>January 11, 2017</u>