



**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 PARKS/REC/CONSERV-WC	If you don't have accurate figures, see the instructions on the back of this sheet.  AVERAGE NUMBER OF EMPLOYEES  <u>252</u>  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  <u>642,096</u>
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 <u>0</u> (Col. G)	AWAY FROM WORK <u>902</u> (Col. K)	INJURIES <u>63</u> (Col. 1)
DAYS AWAY FROM WORK <u>40</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>23</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 Assistant</u>
PRINT NAME <u>Darryl C. Smith</u>	DATE <u>January 27, 2026</u>



**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 PARKS/REC/CONSERV-WC	If you don't have accurate figures, see the instructions on the back of this sheet.  AVERAGE NUMBER OF EMPLOYEES  <u>252</u>  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  <u>642,096</u>
STREET ADDRESS 450 Saw Mill River Road	
CITY, STATE, ZIP CODE Ardley, 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>438</u> (Col. K)	INJURIES <u>44</u> (Col. 1)
DAYS AWAY FROM WORK <u>29</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>16</u> (Col. J)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>1</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 Assistant</u>
PRINT NAME <u>Darryl C. Smith</u>	DATE <u>January 21, 2025</u>



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

CY 2023

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>	If you don't have accurate figures, see the instructions on the back of this sheet.  AVERAGE NUMBER OF EMPLOYEES  <u>252</u>  TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR  <u>642,096</u>
STREET ADDRESS <b>450 Saw Mill River Road</b>	
CITY, STATE, ZIP CODE <b>Ardley, NY 10502</b>	
INDUSTRY DESCRIPTION (e.g., village fire department) <b>PARKS, RECREATION &amp; CONSERVATION</b>	
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>1040</u> (Col. K)	INJURIES <u>64</u> (Col. 1)
DAYS AWAY FROM WORK <u>32</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>34</u> (Col. J)		POISONINGS <u>0</u> (Col. 4)
		HEARING LOSS <u>0</u> (Col. 5)
		ALL OTHER ILLNESSES <u>2</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 Assistant</u>
PRINT NAME <u>Darryl C. Smith</u>	DATE <u>01/24/2024</u>