Print Form

New York State Department of Labor
Log of Work Related Injuries and Illnesses Form
SH-900

Political Subdivision (Employer)____________________________________

Establishment Name____

Street Address____

City____________________ State _____ Zip Code __________

Calendar Year 20 ____

Page ____of ____

1. This form is required by the Commissioner of Labor's Rules and Regulations Part 801 (12 NYCRR Part 801) and must be kept in the establishment for five years. Failure to maintain this form can result in the issuance of a Notice of Violation and Order to Comply.
2. You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injures and illnesses that meet any of the specific recording criteria found in 12 NYCRR 801.7 - 801.12 and instructions.
3. Use more than one line for a single case if necessary.
4. This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Refer to the instructions (SH-901) for types of illness and injuries defined as privacy concern cases.

A.Case No.	B. Employee Name	C. Job Title	D. Date of Injury or Onset of Ilness (Mo./day)	E. Where the Event Occurred (e.g., Loading dock, north end)	F. Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these categores, check ONLY the most serious result for each case.				Enter No. of Days Injured or Ill Worker Was:		M. Check the Injury Column or Check One Type of Illness					
								Remained at Work									
						G. Death	H. Days Away From Work	I. Job Transfer or Restriction	J. Other Recordable Cases	K. Away from Work	L. On Job Transfer or restriction	1. Injury	2. Skin Disorder	3. Respiratory Condition	4. Poisoning	5. Hearing Loss	6. All Other Illnesses
					TOTALS												

Additional forms and information: If you require additional forms or information concerning the completion of this form, contact: Department of Labor, Division of Research and Statistics, 75 Varick St., 7th Floor, New York, NY 10013. Telephone (212) 775-3344.