

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

Calendar Year: _____

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: _____	If you don't have accurate figures, see the instructions on the back of this sheet. Average Number Of Employees: _____ Total Hours Worked By All Employees Last Year: _____
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Industry Description (e.g., village fire department): _____	
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: _____ (Col. G)	Away From Work: _____ (Col. K)	Injuries: _____ (Col. 1)
Days Away From Work: _____ (Col. H)	Job Transfer Or Restriction: _____ (Col. L)	Skin Disorders: _____ (Col. 2)
Job Transfer Or Restriction: _____ (Col. I)		Respiratory Conditions: _____ (Col. 3)
Other Recordable Cases: _____ (Col. J.)		Poisonings: _____ (Col. 4)
		Hearing Loss: _____ (Col. 5)
		All Other Illnesses: _____ (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: _____

Title: _____

Print Name: _____

Date: ___ / ___ / ___

CALCULATING EMPLOYMENT INFORMATION (Section 2)

If accurate figures regarding the average number of employees and the total hours worked by your employees are not available, please use the steps below to estimate these numbers.

Average Number of Employees

1. Add the total number of employees paid in all pay periods for the year. Include all full-time, part-time, temporary, seasonal, salaried, and hourly employees. _____ (a)
2. Count the number of pay periods for the year, including pay periods with no employees. _____ (b)
3. Divide the number of employees by the number of pay periods. $\frac{\text{_____}}{a} / \frac{\text{_____}}{b}$ _____ (c)
4. Round the answer to the next whole number. Enter this number in the line for "Annual average number of employees" in Item 2 on the front. _____ (d)

Total Hours Worked By All Employees

1. Enter the number of full-time employees in your establishment for the year. _____ (e)
2. Enter the number of work hours for a full-time employee in a year. _____ (f)
3. Multiply (e) by (f) to find the number of full-time hours worked. **x** _____ (g)
4. Add number of overtime hours and number of hours worked by other employees (part-time, temporary, seasonal). **+** _____ (h)
5. Round the answer to the next highest whole number. Enter this number in the lines for "Total Hours Worked by All Employees Last Year" in Item 2 on the front. _____ (i)