STATE OF NEW YORK
DEPARTMENT OF LABOR

Divison of Safety and Health
Public Employee Safety and Health
State Office Campus
Building 12, Room 158
Albany, NY 12240

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

Calendar Year ____2024____

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 Pine Plains CSD Transportation Department	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS 10 Factory Lane	
CITY, STATE, ZIP CODE Pine Plains, NY 12567	AVERAGE NUMBER OF EMPLOYEES 43
INDUSTRY DESCRIPTION (e.g.,village fire department) Public School District - Transportation Department	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS). 6 1 1 1 1 0	53,036.00

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 35 (Col. K)	INJURIES 2 (Col.1)
DAYS AWAY FROM WORK 1 (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 1 (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 _Maria Sonnenberg (signature)_

PRINT NAME Maria Sonnenberg

TITLE District Treasurer

DATE 1/31/2025

SH-900.1 (10-05)