



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

Calendar Year 2012

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 <u>Town of Minerva</u>	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS <u>5 Morse Memorial Highway</u>	
CITY, STATE, ZIP CODE <u>Minerva NY 12851</u>	AVERAGE NUMBER OF EMPLOYEES <u>34</u>
INDUSTRY DESCRIPTION (e.g., village fire department) <u>municipality - Town of Minerva</u>	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>26,013</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>7</u> (Col. K)	INJURIES <u>2</u> (Col. 1)
DAYS AWAY FROM WORK <u>1</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>0</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>Sue Montgomery Corey</u>	TITLE <u>Supervisor</u>
PRINT NAME <u>Sue Montgomery Corey</u>	DATE <u>2/6/13</u>