

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

Calendar Year 2016

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: SUNY Buffalo | If you don't have accurate figures, see the instructions on the back of this sheet. AVERAGE NUMBER OF EMPLOYEES <u>5,467</u> TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>8,415,391</u> |
| STREET ADDRESS 120 Crofts Hall | |
| CITY STATE ZIP CODE BUFFALO NY 14260 | |
| INDUSTRY DESCRIPTION (e.g., village fire department) COLLEGES UNIVERSITIES AND PROF SCHOOLS | |
| NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) 611310 | |

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>4040</u> (Col. K.) | INJURIES <u>119</u> (Col. 1) |
| DAYS AWAY FROM WORK <u>62</u> (Col. H.) | | SKIN DISORDERS <u>0</u> (Col. 2) |
| JOB TRANSFER OR RESTRICTION <u>2</u> (Col. I.) | JOB TRANSFER OR RESTRICTION <u>332</u> (Col. L.) | RESPIRATORY CONDITIONS <u>1</u> (Col. 3) |
| OTHER RECORDABLE CASES <u>57</u> (Col. J.) | | POISONINGS <u>0</u> (Col. 4) |
| | | HEARING LOSS <u>1</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>Amy Myszyka</u> | TITLE | <u>Director, Benefits</u> |
| PRINT NAME | <u>Amy Myszyka</u> | DATE | <u>8/31/17</u> |