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

### 1. ESTABLISHMENT INFORMATION
- **ESTABLISHMENT NAME:** SUNY Buffalo
- **STREET ADDRESS:** 205 Hayes Road, Townsend Hall
- **CITY:** Buffalo
- **STATE:** NY
- **ZIP CODE:** 14260
- **INDUSTRY DESCRIPTION:** COLLEGES UNIVERSITIES AND PROF SCHOOLS
- **NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS):** 611310

### 2. EMPLOYMENT INFORMATION
- **AVERAGE NUMBER OF EMPLOYEES:** 5,702
- **TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR:** 11,840,287

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
- **DEATHS:** 0
- **DAYS AWAY FROM WORK:** 41
- **JOB TRANSFER OR RESTRICTION:** 0
- **OTHER RECORDABLE CASES:** 21

### 4. NUMBER OF DAYS
- **AWAY FROM WORK:** 3319
- **JOB TRANSFER OR RESTRICTION:** 0

### 5. INJURIES AND ILLNESS TYPES
- **INJURIES:** 58
- **SKIN DISORDERS:** 1
- **RESPIRATORY CONDITIONS:** 1
- **POISONINGS:** 0
- **HEARING LOSS:** 0
- **ALL OTHER ILLNESSES:** 2

### 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:** Amy Myszka
**TITLE:** Director, Benefit Services (State)
**PRINT NAME:** Amy Myszka
**DATE:** 2/1/2022