

The following illnesses will be treated as privacy cases on the OSHA/PESH logs:-

1. An injury/illness to an intimate body part of the reproductive system;
2. An injury/illness resulting from a sexual assault;
3. Mental illnesses
4. HIV infection, hepatitis, or tuberculosis;
5. Needle stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material;

For other illness cases:

Check this box if you, the employee, have experienced a recordable illness AND you independently and voluntarily request that your name NOT be entered on the DOSH Form SH-900 log.

SUPERVISOR COMPLETE

Did the employee complete the shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you release the employee to leave early? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you remind employee to follow-up with you the next business day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was employee provided with an Injury Envelope? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	
What needs to <u>change</u> in order for this type of incident/accident not to reoccur?	
1.	
2.	
3.	
Was a Work Order necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Work Order sent to: _____
Supervisor Signature: _____	Date: _____
Supervisor Print Name: _____	

By signing below, I verify that the information provided in the report is true, complete and accurate to the best of my knowledge. I understand that any willful omission of and/or falsification is fraudulent and may be punishable to the fullest extent under Section 114a of the NYS Workers Compensation Law. Furthermore, I also understand that completion of this document does not imply or guarantee acceptance of this claim by my employer or insurance carrier.

Employee Signature: _____ **Date:** / /

Supervisor Signature: _____ **Date:** / /

Supervisor Print Name: _____

Office Use Only: _____ Case number from the SH-900 Log: _____.
 (Transfer the case number from the SH-900 log after you record the case.)

**** Due to strict Workers Compensation Guidelines, this form must be forwarded A.S.A.P. to: Sherry Murray, Employee Leave Administrator – HR Dept.****