

STARK COUNTY SAFETY COUNCIL

Semi-Annual Report

1st [] due by July 15, 2017
(for current period January 1 – June 30, 2017)

2nd [X] due by January 15, 2018
(for current period July 1 – December 31, 2017)

Safety Council Account Number _____ / _____ / _____ / _____

Employer Name _____ Phone _____

Address _____ Fax _____

City/State/Zip _____

Submitted By _____ Date _____

Please check here if information provided above has been updated on this report.

1.) DATE OF MOST RECENT INJURY OR ILLNESS RESULTING IN DAY(S) AWAY FROM WORK

____ / ____ / ____
Month Day Year

Report All Information Below For CURRENT SIX MONTH PERIOD ONLY (corresponds with period July 1 - Dec. 31, 2017)

2.) Average Number of Employees _____

3.) Total Hours Worked (entire six month period, all employees) _____

3A) Group Designation: Please check the most appropriate group that best describes your company:

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction, Heavy | <input type="checkbox"/> Waste Management, Remediation Services, Environmental | <input type="checkbox"/> Public Administration, Non-Incorporated |
| <input type="checkbox"/> Construction, Light | <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Real Estate, Sales, Rental, & Leasing |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Arts, Entertainment, and Recreation | <input type="checkbox"/> Technical Services |
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Education Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Manufacturing, Heavy | <input type="checkbox"/> Information/Media | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Manufacturing, Light | <input type="checkbox"/> Mining/Drilling | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Manufacturing - Food | <input type="checkbox"/> Office | <input type="checkbox"/> Wholesale Trade/Sales |
| <input type="checkbox"/> Retail Trade - Non Food | <input type="checkbox"/> Public Administration, Cities | <input type="checkbox"/> Vehicle Repairs/Service |
| <input type="checkbox"/> Retail Trade - Food/Grocery | | <input type="checkbox"/> Landscaping/Lawn care |
| <input type="checkbox"/> Safety Forces - Public | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Safety Forces, Misc. - Private | | |
| <input type="checkbox"/> Accommodation Services | | |

Items 4, 5 and 6 are based on the Recordkeeping Requirements under the Occupational Safety & Health Act of 1970.

The columns listed below correspond to the columns in the OSHA 300 Log and PERRP Form 300 P.

4.) Number of Deaths . . (column G in OSHA 300 Log/PERRP Form 300P)..... _____

5.) Number of occupational injuries and/or illnesses resulting in days away from work
(column H in the OSHA 300 Log/PERRP Form 300P) _____

6.) Number of days away from work as a result of occupational injuries and/or illnesses
(column K in the OSHA 300 Log/PERRP Form 300P)..... _____

Note: If you report a death, injury or illness resulting in days away from work in the current six month period (item 4 or 5), the most recent date of death, injury or illness must correspond with item 1.

Please return this form to:

Stark County Safety Council, Attn: Connie Cerny, 222 Market Ave N, Canton, OH 44702
Phone #(330) 458-2061 / Fax # (330) 489-6012, conniec@cantonchamber.org, www.starkcountysafetycouncil.org,
Revised 12/17