



Co-sponsored by BWC's Division of Safety and Hygiene

Semi-Annual Report

1st Half Report due by July 15, 2019
(for current period January 1 - June 30, 2019)

Employer name _____ Phone : _____

Address: _____ Fax: _____

City / State / Zip: _____

Name of Person Submitting: _____ Date _____

Email Address: _____ Title: _____

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 identified above)

2.) Average Number of Employees..... _____

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

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 300P.

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