



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

Semi-Annual Report

1st Half Report due by July 15, 2018
(for current period January 1 - June 30, 2018)

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) ..... \_\_\_\_\_

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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
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conniec@cantonchamber.org
www.starkcountysafetycouncil.org