

SAFETY COUNCIL OF NORTHWEST OHIO INDUSTRIAL SAFETY CAMPAIGN

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

Semi-Annual Report

REQUIREMENT FOR BWC REBATE & AWARDS!

1st 1/2 report, due by July 15th
(January 1 thru June 30, 2018)

2nd 1/2 report, due by January 15th
(July 1 thru December 31, 2018)

Safety Council Account Number: _____

Company Name: _____

Phone: _____

Attn: _____

Fax #: _____

Address: _____

Email: _____

City: _____ State: _____

Zip Code: _____

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 a full 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 # 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 (rev. 1/1/02).
The columns listed below correspond to the columns in the OSHA 300 Log.

4. Number of Deaths that resulted from an occupational accident: _____
(Column G on OSHA 300 Log)

5. Number of occupational injuries and/or illnesses resulting in days away from work: _____
(Column H on OSHA 300 Log)

6. Number of days away from work as a result of occupational injuries and/or illnesses: _____
(Column K on OSHA 300 Log)

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:

Safety Council of Northwest Ohio
8015 Rinker Pointe Court
Northwood, Ohio 43619
Phone #: (419) 662-7777 Fax #: (419) 662-8888

Instructions for completing the safety council semi-annual report form

- The top portion of the form is self-explanatory. Your account number has been completed for you (account number, company name, address, etc.). **Make any corrections that are necessary to your employer identification.** The person completing the semi-annual report should fill in the "Submitted by" information.

- **(1) Date of Most Recent Lost-Time Injury or Illness**

This is the date of the most recent injury that resulted in an employee missing at least one full day of work. The date does not necessarily have to be during this reporting period. If no injuries have ever occurred, you may leave the date blank.

- **(2) and (3) Average Number of Employees/Total Hours Worked**

Multiply *the average number of employees x the average number of hours worked per week x the number of weeks in the six-month period.* (i.e. 725 employees x 40 hours = 29,000 hours x 26 weeks in the six month period = 754,000 hours).

- **(4) Deaths**

Taken from OSHA 300 Log column G, the number of deaths that resulted from an occupational accident during this six-month period.

- **(5) Number of Injuries/Number of Workdays Lost**

Taken from OSHA 300 Log column H, the number of occupational injuries or illness resulting days away from work.

- **(6) Number of Workdays Lost**

Taken from OSHA 300 Log column K, the total number of days away from work as a result of occupational accidents during the six-month period. **NOTE:** If the days away from work resulted from an accident which occurred in a previous six-month period, please report the additional workdays missed.

IMPORTANT!

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- If the date of last injury or illness resulting in days away from work **(1)** was during the current six-month period within which you are reporting, there should be at least a 1 for **(5)** the number of injuries or illnesses, and **(6)** the number of days away from work.
- If the date of last injury or illness resulting in days away from work was during a previous six-month period, **(5)** and **(6)** should be **0** unless an employee is still having lost days as a result of a previous injury (then there **may** be a number on line **6**).