

SHELBY COUNTY SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene

Semi-Annual Report

1st [] due by JULY 15; 2nd [] due by JANUARY 15
(1st – JANUARY 1 – JUNE 30) (2nd - JULY 1 – DECEMBER 31)

Safety Council Account Number:

Company Name: _____ **Phone:** _____
Address: _____ **Fax:** _____
City / State / Zip: _____
Submitted By: _____ **Date** _____
E-Mail Address: _____

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 (can not be left blank)

____ / ____ / ____
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:

Shelby County Safety Council
Sidney-Shelby County Chamber of Commerce
Attention: Dawn Eilert
101 South Ohio Avenue, Floor 2
Sidney, Ohio 45365
(937) 492-9122 / (937) 498-2472 Fax