

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

Semi-Annual Report

**1st [x]** due by July 15, 2018  
(for current period January 1 – June 30, 2018)

**2nd []** due by January 15, 2019  
(for current period July 1 – December 31, 2018)

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Submitted By \_\_\_\_\_ Date \_\_\_\_\_

1.) DATE OF **MOST RECENT** INJURY OR ILLNESS RESULTING IN AT LEAST **ONE FULL DAY** AWAY FROM WORK

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

- The date does not necessarily have to be during this reporting period (Example: If the last injury that resulted in an employee missing at least one full day of work was March 2, 2003 enter 03/02/2003).
- If no injuries have ever occurred, you may leave the date blank.
- **Salary continuation does not preclude reporting injury and lost days on this report.**
- **Temporary Employment Agencies report for local office staff only. The host employer is responsible for reporting all information for contract employees**

\*\*\*\*\*  
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 (rev. 1/1/02). 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: **E-mail – [SummitCountySafetyCouncil@gmail.com](mailto:SummitCountySafetyCouncil@gmail.com) or Fax -- 330-315-2012**