

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

Semi-Annual Report

1st [x] due by July 15
(for current period January 1 – June 30, 2015)

2nd [] due by January 15
(for current period July 1 – December 31, 2015)

Safety Council Account Number _____ / ____ ____ / ____ ____ / ____ ____

Employer name _____ Phone _____

Address _____ Fax _____

City / State / Zip _____

Submitted by _____ Date _____

1.) **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:

Columbiana Area Safety Council
333 N. Main Street
Columbiana, OH 44408
Fax 330-482-3960
Phone 330-482-3822
Email: info@columbianachamber.com