



SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene
Semi-Annual Report

1st [ ] due by July 15
(for current period January 1 - June 30, 2009)

2nd [X] due by January 15
(for current period July 1 - December 31, 2009)

Safety Council Account Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City / State / Zip \_\_\_\_\_

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

4.) Number of Deaths . . (column G in OSHA 300 Log) ..... \_\_\_\_\_

5.) Number of occupational injuries and/or illnesses resulting in days away from work
(column H in the OSHA 300 Log) ..... \_\_\_\_\_

6.) Number of days away from work as a result of occupational injuries and/or illnesses
(column K in the 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:

UNION COUNTY SAFETY COUNCIL
ATTN: DEBRA SCHANER
227 E. FIFTH ST. MARYSVILLE, OH 43040
Phone #(937) 642-6279/ Fax#(937) 644-0422 e-mail: dschaner@unioncounty.org