



Semi-Annual Report

Enclosed is your *Semi-Annual Report Form for the (2nd Half 2009)*

This instruction sheet should be used as a guide in completing the BWC's Division of Safety & Hygiene semi-annual report form.

Directions:

- 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 company 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. That date does not necessarily have to be during this period. The word "None" cannot be used. There must be a date identified. If no injuries have ever occurred, you should report the last day of the year prior to the year the business opened (i.e. a business opened 6/1/00, no injuries, the default date would be 12/31/99).

- **(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 illnesses resulting in days away from work.

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

Taken from OSHA 300 Log column L, 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 send an updated form for that period, adding on the additional workdays lost.

IMPORTANT:

- If the date of last injury or illness resulting in days away from work (1) was during the current six-month period you are reporting on, there should at least be 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.

VERY IMPORTANT: The Safety Council's funding is dependent upon how many area companies participating in the Ohio Division of Safety & Hygiene's safety campaign send in semi-annual reports for both the first half and the second half of the year, therefore, your support and cooperation is appreciated!

PLEASE MEET THE DEADLINE FOR SUBMITTING YOUR REPORTS BY January 15th 2010.