

Tuscarawas Valley 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, 2016)

2nd [] due by January 15
(for current period July 1 – December 31, 2016)

Safety Council Account Number We Have on File

Employer Name _____ Phone: _____

Address: _____ Fax: _____

City / State / Zip _____

Submitted By: _____ Date _____

Email Address: _____ Title: _____

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:

Tuscarawas Valley Safety Council
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New Philadelphia, OH 44663
330.343.4474/ fax 330.343.6526
info@tuschamber.com