

Tuscarawas Valley 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, 2011)

2nd [] due by January 15
(for current period July 1 – December 31, 2011)

Safety Council Account Number _____ **WE HAVE ON FILE** _____

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:

Tuscarawas Valley Safety Council
1323 4th Street NW
New Philadelphia, Ohio 44663
(330) 343-4474 Phone/ (330) 343-6526 Fax #
info@tuschamber.com

*Instructions for completing the
BWC's Division of Safety & Hygiene semi-annual report form.*

- **(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. The date does not necessarily have to be during this reporting period. If no injuries have ever occurred, you may leave the date blank.

- **(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 or PERRP 300P 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 or PERRP 300P 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 or PERRP 300P, column K, 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 report the additional workdays missed.

IMPORTANT:

- If the date of last injury or illness resulting in days away from work (1) was during the current six-month period within which you are reporting, there should be at least 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 unless an employee is still having lost days as a result of a previous injury (then there **may** be a number on line 6).