

Lake County SAFETY COUNCIL
Co-sponsored by BWC's Division of Safety and Hygiene

Semi-Annual Report

1st Half - due by July 31, 2015
 (for current period January 1 – June 30, 2015)

2nd Half - due by January 19, 2016
 (for current period July 1 – December 31, 2015)

Safety Council Account Number:

Company Name:		Phone:	
Address:		Fax:	
City / State / Zip:			
Submitted By:		Date:	
E-mail Address:			

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:

Lake County Safety Council
6972 Spinach Drive
Mentor, OH 44060
Phone: 440.255.1616 Fax: 440.255.1717