

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

Semi-Annual Report

**1st [XXXXXXXX] due by July 20, 2018**

(for current period January 1 – June 30, 2018)

2nd [xxxxx] due by January 18, 2019

(for current period July 1 – December 31, 2018)

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**