

Southern Ohio 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, 2015)

2nd [] due by January 15
(for current period July 1 – December 31, 2015)

Safety Council Account Number _____ / _____ / _____ / _____

Employer name _____ Phone _____

Address _____ Fax _____

City / State / Zip _____

Submitted by _____ Date _____

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:

Southern Ohio Safety Council
342 2nd Street – POB 509
Portsmouth, OH 45662
Phone 740-353-7647, fax 740-353-5824
info@southernohiosafetycouncil.com

Instructions for completing
BWC's Division of Safety & Hygiene Ohio Safety Council Program
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 column G or PERRP Form 300P Log, 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 Form 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 Form 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).

OHIO PUBLIC EMPLOYERS:

All Ohio Public Employers must complete the Public Employment Risk Reduction Program (PERRP) Form 300P (Rev. 1/2011). Questions on the Form 300P are consistent with the OSHA 300 Log and should be used to complete the safety council semi-annual report form.